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**To:** Jim Greiner  
**From:** Melissa Gayton  
**RE:** Robert Davis et al., *Does Batterer Treatment Reduce Violence? A Randomized Experiment in Brooklyn*, US Department of Justice, National Institute of Justice, (2000), <https://www.ncjrs.gov/pdffiles1/nij/grants/180772.pdf> (last visited Aug 10, 2018)  
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**Title:** Does Batterer Treatment Reduce Violence? A Randomized Experiment in Brooklyn

**Authors:** Robert Davis, Bruce Taylor, Christopher Maxwell

**Location:** King's County Criminal Court, New York, NY

**Sample:** N = 376

**Timeline:** February 19, 1995 to March 1, 1996

**Target group:** Offenders convicted of misdemeanor spousal assault

**Intervention type:** Batterer treatment programs

**Research papers:** <https://www.ncjrs.gov/pdffiles1/nij/grants/180772.pdf>

**Partners:** National Institute of Justice, Victim Services Research

## **Abstract**

Pro-arrest laws increased the number of men prosecuted to assaulting spouses and girlfriends, and courts, seeking effective sanctions for convicted abusers, had come to rely on group treatment programs as a means of altering the behavior of abusers. This study attempted to assess the efficacy of batterer treatment in reducing recidivism.

### ***I. Policy Issue***

Since the 1980s, police departments across the country had begun to adopt pro-arrest policies. Prosecutors have also begun to pursue cases of domestic violence regardless of victim desires. This led to an increasing number of men facing prosecution for domestic violence. However, it was difficult to alter their behavior. Searching for effective means of sanctioning abusers and reducing recidivism, courts had come to rely on batterer treatment programs. These programs were popular because victims, many of whom stayed with their partner post-prosecution, were interested more in protection from violence than retribution such as jail time that would prevent their partner from earning a

living. As batterer programs expanded, they also diversified in the treatment models and interventions used. Did batterer programs effectively reduce recidivism?

## ***II. Context of Evaluation***

The study focused on misdemeanor spousal assault cases in Kings County (New York) Criminal Court. In this court, batterer treatment programs were an alternative to incarceration. Because misdemeanor batterer defendants were not facing jail time, batterers would generally know that the choice was between various alternatives to incarceration. Probation for misdemeanor spouse abuse charges were very rare. The batterer treatment program offered was Victim Services' Alternatives to Violence (ATV), mandating 26 weeks of attendance at hour long weekly group meetings, which took a feminist perspective on domestic violence based on the Duluth model.

## ***III. Details***

Intake for the study began on February 19, 1995 and ended on March 1, 1996. In order for a batterer to be eligible for the study, the prosecution, defense, and judge all had to agree that treatment was appropriate, which occurred in only a small percentage of cases due to the defense's refusal. After all parties had agreed to batterer treatment if available based on randomization, researchers randomized 376 defendants into either a 40-hour batterer treatment program or 40 hours of community service. The randomization took place after an intake interview with the ATV office. A research assistant or an ATV intake employee entered the defendant's name and case identifier into a logbook in which each line had a pre-assigned treatment designation determined through a random number table.

From August 15<sup>th</sup>, 1995 on, in order to increase intake, the researchers offered an alternative, compressed version of the usual ATV program. The alternative batterer treatment program offered to study participants consisted of bi-weekly 2 and a half hour sessions across 8 weeks with lower fees per session than the standard 26-week program. All defendants after this date chose the 8-week program. Therefore, there were three groups analyzed: a control group sentenced to community service (n = 186), a treatment group assigned to an 8-week batterer program (n = 61), and a treatment group assigned to a 26-week batterer program (n = 129).

Researchers interviewed defendants and victims at case intake (the date of court disposition), six months after intake, and twelve months after intake. Researchers aggressively sought victim responses, sending offers of cash rewards via mail and private investigators to track down victims who had moved. Interviews collected information about recidivism, beliefs about domestic violence, conflict management strategies, locus of control, well-being (for victims only), and self-esteem. Official records tracked new crime reports and new arrests for batterers.

## ***IV. Results and Policy Lessons***

The judge overrode the lottery treatment for 28 percent of those assigned to the community service group, and none of treatment for those assigned to the batterer treatment program. The researchers analyzed the results as assigned.

For victims, interview completion rates were 50 percent for the intake interview, 46 percent for the six-month interview, and 50 percent for the twelve-month interview. For batterers, interview completion rates were 95 percent for the intake interview, 40 percent for the six-month interview, and 24 percent for the twelve-month interview. Interview completion rates did not vary significantly by treatment but did vary by some case characteristics – victims in 62 percent of cases involving black batterers and 76 percent of those involving non-black batterers completed interviews ( $p < 0.01$ ).

Graduation rates were much higher in the 8-week treatment group. 67 percent of the 8-week treatment group graduated, which is significantly different from the 27 percent of the 26-week treatment group that graduated ( $p < 0.001$ ), indicating that a larger proportion of the 8-week treatment group received full treatment.

The 26-week treatment significantly reduced recidivism against the same victim when measured using official police reports. At six months, 7 percent of the 26-week group had a new report to the police of new violence involving the same victim, compared to 15 percent of the 8-week group and 22 percent of the control group ( $p < 0.01$ ). At 6 months, 10 percent of the 26-week group had such a report filed against them, compared to 25 percent of the 8-week group and 26 percent of the control group ( $p < 0.01$ ).

Using Poisson analysis, the researchers found that only the 26-week treatment group had a significant reduction (40 percent) in the average number of new offenses compared with the control group, even after adding control measures to account for age, ethnicity, employment status, and prior arrest ( $p < 0.05$ ). By adding covariates to the analysis, the researchers tested for ways marital status and employment status might mediate the effect of treatment on recidivism. They found that neither 8-week or 26-week treatment was more or less effective at reducing recidivism among the employed versus the not employed. The final regression model with marriage added as a covariate showed that unmarried couples may have accounted for the significant direct treatment effect, since unmarried offenders in the 26-week treatment group were the only ones with a reduce number of officially recorded offenses.

Using Cox regression, the researchers found that the odds of a new offense significantly reduced among the 26-week treatment group and that this effect was likely not variant overtime ( $p < 0.05$ ). With marriage and employment status added as covariates, the results showed that offenders who were marriage and/or employed were more likely than others assigned to the 26-week treatment to recidivate ( $p < 0.05$ ). The overall trend was still towards decreasing recidivism among those in this longer treatment group, even though the effect was not equal across all offenders.

Victim reports of violence at 6 and 12 months after assignment were not significantly different among the treatment and control groups. The result is the same whether analyzed using Poisson regression or the negative binomial model.

None of the measures for cognitive change were statistically significant.

The researchers conclude that their data best supports the suppression model of batterer intervention, in which treatment suppressed violent behavior without permanent changes, since the 8-week treatment did not effectively reduce recidivism and no cognitive changes were documented.

### ***V. Quality of the Study***

The researchers changed their procedure two-thirds through randomization without proper discussion nor justification. The comparison groups were not comparable.

Additionally, because all parties had to agree to treatment in order to be eligible for the study and most of the defense refused to agree to treatment, the results are not easily generalizable to most batterers, and may only reflect the effects of treatment for relatively motivated groups.

In the case of missing data that the researchers could not locate, the authors used multiple regression analysis of valid data to produce a quasi-valid data point. They did the same in the case of missing victim interviews to minimize selection bias. They did not expound upon the inputs or outputs of this analysis nor its implications for study validity.

The scales used to measure cognitive change all have problems for use as a measure for cognitive change in batterers. Both the scale measuring domestic violence scale and the conflict management strategies scale have limited reliability statistics. The locus of control test assumes a fairly high level of cognitive functioning, which led the researchers to use a children's version of the scale in order to mitigate the issue. The internal validity of the scales was low. The conflict resolution scale averaged 0.71, while the reliability of the locus of control scale averaged 0.69. The beliefs about domestic violence scale had the lowest reliability, averaging 0.57 over the six-month and twelve-month follow-ups. There was also a fairly small number of cases with batterer interviews – 149 at the six-month follow-up point and 88 cases at the 12-month follow-up point. One may argue that the batterer treatment programs may teach a batterer to “correctly” answer the items on each scale without true cognitive change.