

February 14, 2018

MEMO

To: Representative Maida Townsend, Chair
Members of the House Government Operations Committee

From: Heather Holter, Coordinator
Vermont Council on Domestic Violence

RE: H.689

Thank you so much for the opportunity to testify to the committee last week in support of H.689. As you know, during my testimony, there were several questions from Committee members regarding research the efficacy of domestic violence accountability programming. I have prepared this memo in order to provide more information. I have created the chart below connecting research to the three curricula currently in use in Vermont.

Over the last year and a half I have worked closely with communities across the state, supporting the piloting of the ACTV curriculum, and supporting DV Accountability programs in their efforts to continue providing programming despite lack of state funding. I have observed that there are multiple variable factors that vary from county to county and change the way domestic violence accountability is delivered by the community. Judges, law enforcement, state's attorneys, defense bar, probation and parole offices, advocacy programs, and DVAPs all shape the way in which offenders are held accountable in a county.

A coordinated, state funded approach to holding DV offenders accountable and supporting their process of change will ensure that Vermont's response is consistent and effective. It will also allow Vermont to collect and analyze data that may demonstrate what the best approach is for Vermont.

Below please find an excerpt from "[Domestic Violence Accountability in Vermont: Report and Recommendations prepared for the Vermont Council on Domestic Violence](#)" by the Center for Court Innovation and the Vermont Network Against Domestic and Sexual Violence (I have sent the full report to the Committee)¹:

III. Evidence-based VS Other Ways of Knowing: A Brief Summary of the Debate

Much recent research has questioned the efficacy of batterer intervention programs.² Simultaneously, many criminal justice institutions have been examining their approach to the general offender population in light of the growing body of research from criminal justice, social science and public policy on what *is* working. This move towards evidenced based best practice involves the application of 5 key principles: assessment, treatment, deterrence, procedural justice and collaboration.

If applied to abusive partner intervention programming and supervision, what might the outcome be? Both the Canadian and Iowa Department of Corrections have restructured their programming and supervision to incorporate these principles with their domestic violence offender population, implemented guidelines for supervision, trained staff to oversee the delivery of programming, and have seen lower recidivism in the domestic violence offender population than previously.

¹Hauser Rebecca Thomforde and Gascon, Zoe (2014) Domestic Violence Accountability in Vermont

² See Aldarondo, E and Fernandez, M.C. (2008). Intimate Partner Violence and Recidivism Following Interventions With Men Who Batter: Cultural Considerations; Labriola, M. Rempel, M. and Davis, R (2005) Testing the Effectiveness of Abusive partner intervention programs and Judicial Monitoring: Results from a Randomized Trial at the Bronx Misdemeanor Domestic Violence Court.

Interestingly, focus group participants, many of whom were not versed in the evidence based programming lingo, voiced the importance of moving away from a “one size fits all” model of accountability (including programming), indicating a desire for early domestic violence specific risk assessment, programming for domestic violence offenders that is limited to those offenders who would most benefit from it, and looking at the community and family structures that support healthy relationships—all key features of the “Risk, Need, Responsivity” core of evidence based best practice—Risk (who to target), Needs (what to target) and Responsivity and Treatment (how to target)³.

In his book, The Future of Abusive Partner Intervention Programs⁴, Dr. Edward Gondolf examines the latest research through the lens of “evidence-based practice” and calls for progressive changes that take in to account other ways of knowing such as qualitative analysis. Additionally, Dr. Gondolf and others encourage researchers and practitioners to consider the context in which batterer intervention programs are situated when evaluating efficacy. That is, the very same curriculum offered in two communities may greatly vary in reducing recidivism depending on factors such as supervision, court oversight, facilitator experience and training and other elements of a coordinated community response. Gondolf’s assessment of the limitations of batterer program research to date corresponds with the literature from research with the general criminogenic population which indicates that quality of implementation is as important as the type of intervention and the type of offender....⁵

....The Mirabel Project, investigating abusive partner intervention program success in England asks, “What does it mean for a programme to ‘work’, to ‘be successful’, to have ‘positive outcomes’, and whose perspectives on these questions should we be mindful of?”⁶ The project expands the realm of inquiry from a traditional focus on recidivism and examines such issues as improved relationships, decreased isolation, enhanced parenting, reduction or cessation of violence and abuse and improved school performance for children. As one Vermont survivor noted, “they (the abusive partner) may go in with a bad attitude and come out better.”

The question “do batterer intervention programs work” is clearly not a simple one but it has become clear that a program is only as “good” as the community in which it is situated. Factors such as appropriate screening and supervision of defendants, facilitator skill, experience and training, completion and retention rates, and how a program is connected to the larger coordinated community response are critical. It is impossible to measure the true efficacy of a program outside of context.

This is why funding and coordination are so critical. The Emerge Program in Massachusetts identified nine outcomes in addition to recidivism that indicate program effectiveness:

1. Helping abusers to recognize and take responsibility for their abusive behavior
2. Helping abusers to practice respectful and empathic communication with their partners and children.

³ Latessa, E., Listwan, S. Koetzle, D. 2014. What Works (and Doesn't) in Reducing Recidivism

⁴ Gondolf, Edward. The Future of Abusive partner intervention programs: Reassessing Evidence-Based Practice. Northeastern University Press, 2012.

⁵ Cont'd Page 2

⁶ Westerland, Nicole, et al. *Domestic Violence Perpetrator Programmes: What Counts As Success?* August 2010, Briefing Note 1, p. 2.

3. Helping abusers to set a more positive example for their children.
4. Helping to validate and empower partners of Emerge program participants (victims of abuse) so that they recognize that the abuse is not their fault or their responsibility.
5. Providing referral sources (courts and child welfare and partners) with accurate information about Emerge's goals and approach as well as documentation about any noncompliance on the part of program participant, such as problems with attendance or participation, minimizing or denying abusive behavior, or blaming his/her partner for the abuse.
6. Identifying risk factors for serious re-assaults and/or lethality.
7. Providing information to the communities we serve that helps them to better recognize domestic violence and ways for people to support victims and hold abusers responsible for their abuse.
8. Helping to improve institutional responses to abuse.
9. We firmly believe that the work to end domestic violence must extend beyond working with individual abusers to community and institutional change that helps everyone to see that domestic violence is not just a private matter between the victim and the offender but is everyone's responsibility.

Data and Studies Related to Efficacy of DV Accountability Program Curricula used in Vermont		
Curricula	Studies	Significant Results
<ul style="list-style-type: none"> • Currently, 7 programs in Vermont use the Duluth model Curriculum <i>“Creating A Process of Change for Men Who Batter”</i> • The Duluth model is an educational intervention, deliberately not described as treatment, focusing on “exploring and understanding power relationships and the effects of violence and controlling behavior on domestic partners.”⁷ • “Treatment” implies a psychological condition that results in violence; an “intervention” assumes men are capable of stopping violence, regardless of past traumas or current 	<ul style="list-style-type: none"> • Researchers in Scotland found that offenders ordered to counseling using the Duluth curriculum who were threatened with immediate consequences for failure to participate—the Duluth Model—had a success rate of 73 percent as opposed to only 33 percent for those offenders who were simply placed on probation (Dobash and Dobash 1999)¹⁰ • In a seven-year, multi-site evaluation (Gondolf 2003) concluded that “well established batterer intervention programs with sufficient reinforcement from the courts do contribute to a substantial decline in re-assault. 	<ul style="list-style-type: none"> • Babcock, Green and Robie do state that we shouldn't abandon traditional treatment programs if there is a strong coordinated community response, the centerpiece of the Duluth Model: “Based on partner reports, treated batterers have a 40 percent chance of being successfully nonviolent, and without treatment, men have a 35 % chance of maintaining nonviolence.¹¹ • At the 30-month follow up, less than 20% of the men had re-assaulted their partner in the previous year (in Gondolf's multi-site evaluation).

⁷ Paymar & Barnes 2013, p. 7.

<p>Data and Studies Related to Efficacy of DV Accountability Program Curricula used in Vermont</p>		
<p>psychological problems, and are responsible for doing so.⁸</p> <ul style="list-style-type: none"> • Most importantly, the Duluth model is based on a coordinated community response of law enforcement, prosecution, and advocacy of which BIPs are only one component. • Trained facilitators lead groups through a 26 or 52-week curriculum including didactic presentations, dialogic exchange of ideas, videos, role playing and homework assignments • Used in all 50 states and 17 countries and is identified in nearly all state standards and guidelines⁹ 	<ul style="list-style-type: none"> • Studies criticizing the efficacy of the model have gained attention, however, researchers cited in the National Institute of Justice <i>Report “Batterer Intervention Programs: Where Do We Go From Here?”</i> admit to flaws and limitations of study • The NIJ report examines only the “Batterers treatment” component of the Duluth Model and the researchers do not indicate to what extent, or even whether, the two treatment sites were part of a “coordinated community response (CCR), a core element of the Duluth Model 	<ul style="list-style-type: none"> • At the 48 month follow up approximately 10% had re-assaulted in the previous year • Over two-thirds of the women said their quality of life had improved
<ul style="list-style-type: none"> • 2 programs in Vermont use the Emerge Curriculum • Emerge was the nation’s first batterer intervention program • Largest program in New England • Nationally and internationally recognized as a training and resource center on domestic violence • Model replicated across the world • Consulted with many states on development 	<ul style="list-style-type: none"> • Independent outcome study of Emerge, conducted in 2015 by MaryRose Mazzola of the Kennedy School of Government at Harvard University found evidence of Emerge's effectiveness in terms of abuser recidivism as indicated by re-arrest and the issuance of new protective orders • Findings part of a larger study of three batterer intervention programs 	<ul style="list-style-type: none"> • Recidivism rate was 11.6% for program completers compared to a recidivism rate of 29.9% for noncompleters and an overall rate of 20% for all program participants. • Program completers were 2.6 times less likely to re-offend than non-completers.¹²

¹⁰ Ferraro, Kathleen J. PhD, Current Research on Batterer Intervention Programs and Implications for Policy

¹¹ Paymar, Michael and Barnes, Countering Confusion About the Duluth Model, Battered Women’s Justice Project

⁸ Ferraro, Kathleen J. PhD, Current Research on Batterer Intervention Programs and Implications for Policy

⁹ (Gondolf 2012, p. 113).

¹² www.emergedv.com

Data and Studies Related to Efficacy of DV Accountability Program Curricula used in Vermont		
of certification standards for batterer intervention programs	commissioned by the Massachusetts Department of Probation	
<ul style="list-style-type: none"> • 3 programs in Vermont are piloting the ACTV Curriculum • <u>Achieving Change through Value-Based Behavior (ACTV)</u> adapted from evidence-based acceptance and commitment training techniques, a therapeutic modality used to address a multitude of psychological and emotional disorders ¹³ • Goals of ACTV are to reduce or end psychologically, emotionally, and physically abusive and controlling behaviors, and to increase respectful, adaptive, and healthy behaviors • Modules focus on: barriers to change, emotion regulation skills, and cognitive and behavioral skills. • 24-week program with each session lasting 90 minutes. 	<ul style="list-style-type: none"> • Research on the general criminal population suggests that cognitive-behavioral skills-based programming can reduce recidivism.¹⁴ • Initial research on the effectiveness of the new curriculum (ACTV) showed a decrease in recidivism and lower rates of psychological, physical, and sexual aggression.¹⁵ 	<ul style="list-style-type: none"> • Evaluation of 3,696 men arrested for domestic assault in Iowa who were court-mandated to treatment from 2011-2013 showed participants in ACTV had half the recidivism rates for domestic assault and two-thirds less violent charges than those who participated in treatment as usual (a combination of Duluth and CBT) • ACTV participants who were re-arrested had significantly fewer charges than those in treatment as usual. • Results held for both people who completed the ACTV program and those who left before completion¹⁶

¹³ Iowa Department of Corrections

¹⁴ Latessa, E., Listwan, S. Koetzle, D. 2014. What Works (and Doesn't) in Reducing Recidivism.

¹⁵ Lawrence, Erika. University of Iowa, 2013.

¹⁶ Zarling, A., Lawrence, E., & Marchman, J. (2015). A randomized controlled trial of acceptance and commitment therapy for aggressive behavior. *Journal of consulting and clinical psychology*, 83(1), 199.

Vermont Research

In October of 2014, the Crime Research Group conducted an outcome evaluation report based on an evaluation of the records of 430 participants of the Domestic Violence Solutions (DVS) program. **Although the DVS program is no longer operating, it is helpful to see the results of a Vermont study of a program which used a similar approach to the Duluth Model.** The subjects were referred to and accepted into the program from January 1, 2007-December 27, 2013.

The outcome evaluation of DVS appears to show potential for reducing recidivism among domestic violence offenders:

- Of the 430 participants, 279 finished the program for a completion rate of 65%.
- Participants who successfully completed the program had a recidivism rate of 31.2%.
- Participants who were terminated from the program had a recidivism rate of 43%.
- This recidivism rate also represents a significant improvement in comparison to the recidivism rate of 53.3% reported in a 2011 domestic violence study done by the Vermont Center for Justice Research.

Recidivism rates with respect to post-DVS elapsed time and how long a subject is eligible to recidivate, revealed that most post-DVS convictions occurred within one to two years of leaving the program:

- Significantly fewer participants who completed DVS recidivated (16.1%) within one year of leaving the program compared to those who were terminated from DVS (25.2%)
- As post-DVS elapsed time increased, recidivism rates dropped significantly for both study segments, and beyond two years, the research indicates that there is a high probability that DVS participants will remain conviction free.¹⁷

¹⁷ Spectrum Youth and Family Services: DV Solutions Outcome Evaluation Report | October 2014