

BATTERER INTERVENTION:

Thoughts, Challenges and Future Directions

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Where are we now?

- Factionalized –diversification of multiple approaches
- Paradigm shift—need overhaul of approach
- Evolution of accommodation—build on fundamentals

MAIN POINTS

- “Evidence-Based Practice” may not of itself hold direction
- Experimental evaluations in demand but faces limitations
- Systems Perspective shows an intervention effect and unresponsive subgroup
- Risk management needed and CCR to accomplish it
- Implementation, implementation, implementation

Evolution rather than Shift

Fundamentals

- Role of arrest and court oversight
- Focus on accountability and safety
- Use of group format and cognitive-behavioral techniques

Trends

- Development of risk assessment and safety planning
- Increasing supplemental use of MH & D&A Tx
- Towards on-going case management

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See also: Mederos, F. (2002). Changing our visions of intervention: The evolution of programs for physically abusive men. In E. Aldarondo & F. Mederos (Eds.), *Men who batter: Intervention and prevention strategies in a diverse society* (pp. 1-2-1-26). New York: Civic Research Institute.

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How we answer this questions Evolution, shift or factionalism influences how we approach perspective differences. accommodation and integration vs. tangents and new directions--accomdation vs. overhaul and even replacement.

egondolf, 5/7/2009

Bridging Perspectives

- Research vs. practitioner perspectives in EBP
- Medical model (behavioral medicine) vs. system perspective (public health model) in BIP evaluation
- BIP vs. other agency perspectives (e.g., MH & D&A Tx) in on-going risk management



PART I

Broadening Evidence-Based Practice

From conclusion of “Evidence-Based Practice” with Domestic Violence perpetrators (Corvo, Dutton, & Chen, 2008)

The current best evidence clearly does not support investing substantial public funds in the continuation, let alone the mandating, of the standard DV program model.

JOD response—no effect

Accumulating evidence shows that only a few criminal justice interventions have even a weak deterrent effect, and many have no effect....Little evidence suggests that current criminal justice interventions effectively deter recidivism by IPV offenders....A stronger conclusion...is that the criminal justice system is ineffective at deterring recidivism by IPV offenders. – Peterson, 2008.

Consequences

- BIP funding cut or reduced
- Court referrals to BIP reduced or diverted
- State standards revised to include multiple options and clinician-determined duration

EVIDENCED-BASED PRACTICE

- Empirical research to sort out “what works”
- Needed for efficiency and funding and accountability
- Referee differences in approaches and improve them
- Bring uniformity and consistency to practice
- BUT whose evidence, and whose interpretation?

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Does EBP drive policy or is it used as a tool in a politically charged field. Increased polarization also abortion or gun control. Is it the political back drop that has made EBP so intensely debated. Point is that there is much more debate and legitimate counters than meets the ear.

egondolf, 5/7/2009

EBP Objectives

- Seek the “objectivity” of science
- Isolate causal relationships (internal validity)
- Achieve methodological precision, control and objectivity
- Experimental designs (randomized assignment) is the “gold standard”

Misuses of EBP

- Used as a bottom-line rather than a process
- Sets up outside “experts” over grounded view
- Marginalizes practitioner and client concerns
- Neglects social context over individual measures
- Dismisses other forms of knowledge (e.g., clinical observation, action/participatory research, qualitative description, social constructionist, feminist methodologies, naturalistic longitudinal) ewg3

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fascism and ethics (see notes)

egondolf, 5/6/2009

Articles on EBP Issues

APA Presidential Task Force on Evidence-Based Practice (2006).

Evidence-based practice in psychology. *American Psychologist*, 61, 271-285.

Gambrill, E. (1999). Evidence-based practice: An alternative to authority-based practice. *Families in Society*, 80, 341-350.

Gilgun, J. (2005). The four cornerstones of evidence-based practice in social work. *Research on Social Work Practice*, 15, 52-61.

Holmes, D., Murray, S., Perron, A., & Rali, G. (2006). Deconstructing the evidence-based discourse in health sciences: truth, power and fascism. *International Journal of Evidence Based Healthcare*, 4, 180-186.

Mullen, E., Bledsoe, S., & Bellamy, J. (2008). Implementing evidence-based social work practice. *Research on Social Work Practice*, 18, 325-338.

Norcross, J., Beutler, L., & Levant, R. (Eds.) (2005). *Evidence based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Associations.

- Pollio, D. (2006). The art of evidence-based practice. *Research on Social Work Practice, 16*, 224-232.
- Ramey, H., & Grub, S. (2006). Modernism, postmodernism and evidence-based practice. *Contemporary Family Therapy, 31*, 75-86.
- Reed, G., & Eisman, E. (2006). Uses and misuses of evidence: Managed care, treatment guidelines, and outcome measurement in professional practice. In C. Goodheart, A., Kazdin, & R. Sternberg (Eds.), *Evidence-based psychotherapy: Where practice and research meet* (pp. 13-35). Washington, DC: American Psychological Association.
- Shlonsky, A. & Gibbs, L. (2004). Will the real evidence-based practice please stand up? Teaching the process of evidence-based practice to the help professions. *Brief Treatment and Crisis Intervention, 4*, 137-153.
- Thyer, B. (2004). What is evidence-based practice? *Brief Treatment and Crisis Intervention, 4*, 167-176.

A number of arguments exist regarding whether EBP should continue to be the standard in mental health practices and, if so, how practitioner should be implementing it. These arguments are creditably well-aided in the psychology and mental health literature and include:

- 1) EBP does poorly with non-dominant cultures and minority groups (Sue et al., 2006).
- 2) Efficacy in controlled settings and clinical trials does not necessarily translate into effectiveness in clinical practice (Franklin et al, 2006; Western et al, 2006)
- 3) Manualization might or might not improve outcomes (Addis et al., 2006), and
- 4) empirically supported treatment might or might not be more effective than other therapies (Wampold et al., 2006).
- 5) There are also arguments about what should constitute evidence (Chwaliz, 2003; Reed et al., 2006),
- 6) What should constitute research (Stiles et al., 2006), and
- 7) what components of therapy should be validated (Chambless et all., 2006).

Ramey, H., & Grub, S. (2006). Modernism, postmodernism and evidence-based practice. *Contemporary Family Therapy*, 31, 75-86 (p. 76).

Arguments regarding whether EBP should continue to be the standard in mental health practices:

- 1) does poorly with non-dominant cultures and minority groups (Sue et al., 2006).
- 2) not necessarily translate into effectiveness in clinical practice (Franklin et al, 2006; Western et al, 2006)
- 3) Manualization might or might not improve outcomes (Addis et al., 2006), and
- 4) treatment might or might not be more effective than other therapies (Wampold et al., 2006).
- 5) what should constitute evidence (Chwaliz, 2003; Reed et al., 2006) and research (Stiles et al., 2006).
- 6) what components of therapy should be validated (Chambless et all., 2006).

Ramey, H., & Grub, S. (2006). Modernism, postmodernism and evidence-based practice. *Contemporary Family Therapy*, 31, 75-86 (p. 76).

If government agencies and private grant makers, afraid of being considered not rigorous, unscientific, or wasteful, choose to support only those efforts that meet the randomized-trial test, we will be robbed of:

- Good programs that do not lend themselves to random-assignment evaluations.
- Reforms that are deeper and wider than individual programs.
- Innovations of all kinds.

Lisabeth Schorr; *The Chronicle of Philanthropy*,

August 20, 2009

But the chances of achieving meaningful social change in today's world are sharply reduced if we fail to recognize that this methodology is only useful in a small proportion of real-world circumstances. Unless we embrace the alternative approaches that incorporate many ways of knowing, many sources of knowledge, and more-inclusive methodologies, we will be robbed of essential information, and the nation's children and youths will be robbed of a more hopeful future.

Lisbeth B. Schorr is a senior fellow at the Center for the Study of Social Policy and a lecturer in social medicine at Harvard University.

The Chronicle of Philanthropy: August 20, 2009

EBP and interpretation

Science or evidence lies in the eye of the beholder, changes with time, place and circumstance.

Rmbihar, V.S. (May 13, 2000). Science, evidence and the uses of the word scientific. *The Lancet.* , 355 (9216), 1730.

Interpretation Bias

Stanford Un. Study: “Students were shown the same two studies about capital punishment.: one suggested that executions have a deterrent effect that reduces subsequent murders, and the other doubted that. The students found the study that supported their position to be well-conducted and persuasive and the other one to be profoundly flawed...Students on each side accepted the evidence that conformed to their original views while rejecting the contrary evidence. As a result, they became polarized...”

Cited in Manjoo, F. (2008). *True enough: Learning to live in a post-fact society*. Hoboken, NJ: Wiley

Alternative Approaches

- Judgment-based practice (practitioner application)
- Researcher-practitioner collaborations (research integration)
- Consensus panels (best practices)
- Standard of care (medical insurance)



EVALUATIONS OF BATTERER PROGRAMS

Quasi-Experimental—many methodological problems with mixed outcomes

Approx. 50 single site studies—20 review articles (e.g., Saunders, 2008)

Experimental—four major studies showing little or no effect

- Rempel, Labriola, & Davis (2005)—New York City programs & courts
- Feder & Dugan (2004)—Broward County, South Florida
- Dunford (2000)—San Diego Navy Base
- Davis, Taylor, & Maxwell (1998)—New York City programs

META-ANALYSIS—combined analysis of evaluations showing little or no effect

- Feder & Wilson (2005)—10 “rigorous” experimental and quasi-experimental evaluations
- Babcock, Green, & Robie (2004)—16 studies of “sound” methodology
- Davis & Taylor (1999)—6 studies of “best” methodology”
- Levesque (1998)—numerous evaluations with unrestricted criteria

From conclusion of “Evidence-Based Practice” with Domestic Violence perpetrators (Corvo, Dutton, & Chen, 2008)

The current best evidence clearly does not support investing substantial public funds in the continuation, let alone the mandating, of the standard DV program model.

Conclusion from Center for Court Innovation Batterer Program and Judicial Monitoring Evaluation:

“Programs using popular educational and/or cognitive-behavioral models do not reduce future domestic violence (confirmed in this and other previous experimental studies). “

--Labriola, Rempel, & Davis (2005)

Consequences

- BIP funding cut or reduced
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SOME NEGATIVE INTERPRETATIONS AND IMPLICATIONS

Positivists—narrow view of evaluations

- 1) Accountability/containment—NY State standards
- 2) Enhance batterer treatment—stages, types, individual, trauma, neuroscience, medications

Alternative Approaches in Response to “No Effect”

- Couples and individual counseling
- Motivational counseling
- Engagement and alliance strategies
- Racial and ethnic sensitivity and competency
- Developmental stages (i.e., stages of change)
- Batterer types
- Trauma treatment/attachment disorder
- Biomedical (Neuroscience, genetics, serotonin, IED)

**Memo to Judges in Domestic Violence
Courts from Deputy Chief Administrative
Judge of New York State (2005):**

“...it is worth reiterating that batterer intervention programs should not be relied upon to change offenders’ behavior.”

Gender neutral—“mutual combat” interpretation from societal surveys

- Treat women’s violence and men as victims too
- Couples counseling & psychotherapy (e. g., attachment disorder)
- Treatment by MH professionals
- Move treatment out of CJS

Problems with “mutual combat”

- Extrapolates from general populations samples
- Court samples primarily male-dominated violence
- Constellation and history of abuses neglected
- Motive, intent, impact, and context slighted
- Issue of undetected coercion (Stark, 2007)
- Naïve to effect of social context (e.g., rape and harassment, sex traffic, on-line porn, child molestation, men’s sports, slasher movies, MTV)

Secondary Effects

- new field—learning opportunity
- address the most violent men
- cost & practically efficient
- jailing option overloaded and ineffective
- secondary message—“need and can change”
- prompts institutional reform
- serve as a resource for many women
- provide oversight and monitoring of men

LIMITATIONS TO EXPERIMENTAL EVALUATIONS

Batterer programs may work

LIMITS OF EXPERIMENTAL DESIGNS

Implementation Issues

- Random assignment poorly implemented
- Judicial or advocate “override”
- Ethical opposition from advocates and defense attorney’s
- Low response rate in follow-up (20% in S. Florida evaluation)

Interpretation Issues

- Program poorly operated (high dropout rates, artificial program)
- Addresses “intention-to-treat” rather than “dose response”
- Effect of context not considered (Navy Base evaluation)
- Not “realistic” (programs dynamic, part of a system)

Academic articles on Experimental Limitations

Berk, R. (2005). Randomized experiments as the “bronze standard.” *Journal of Experimental Criminology*, 1, 416-433.

Angrist, J. (2005). Instrumental variables methods in experimental criminological research: What, why, and how? *Journal of Experimental Criminology*, 1, 23-44.

Goldkamp, J. (2008). Missing the target and missing the point: “Successful” random assignment but misleading results. *Journal of Experimental Criminology*, 4, 83-115.

Durlak, J., & DuPre, E. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.

Matt, G., & Navarro, A., (1997). What meta-analysis have and have not taught us about psychotherapy effects: A review and future directions. *Clinical Psychology Review, 17*, 1-32.

Dobash, R. E., & Dobash, R. P. (2000). Evaluating criminal justice interventions for domestic violence. *Crime and Delinquency, 46*, 252-271.

Gondolf, E. (2001). Limitation of experimental evaluations of batterer programs. *Trauma, Violence, and Abuse, 2*, 79-88.

“In both studies (Broward and New York City Experimental Evaluations), response rates were low, many people dropped out of the program, and victims could not be found for subsequent interviews.

The tests used to measure batterers’ attitudes toward domestic violence and their likelihood to engage in future abuse were of questionable validity.

In the Brooklyn study, random assignment was overridden to a significant extent. Which makes it difficult to attribute effects exclusively to the program.”

-- NIJ Special Report: Batterer Intervention Programs, June 2003.

NIJ Research Summary for Judges (Worden, 2003)

Despite an accumulation of studies evaluating programs for domestic violence offenders, rigorous studies are few, and firm conclusions cannot be made yet about intervention effectiveness (Saunders & Hamill, 2003). One of the biggest problems with this sentencing option is compliance, which remains the responsibility of the courts or probation officers (Worden, 2003).



But the chances of achieving meaningful social change in today's world are sharply reduced if we fail to recognize that this methodology is only useful in a small proportion of real-world circumstances. Unless we embrace the alternative approaches that incorporate many ways of knowing, many sources of knowledge, and more-inclusive methodologies, we will be robbed of essential information, and the nation's children and youths will be robbed of a more hopeful future.

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PART II

**A “Real World” Evaluation Approach:
Bridging medical model and systems perspectives
(adding context)**

SYSTEMS PERSPECTIVE

:

MULTI-SITE EVALUATION

Naturalistic quasi-experimental evaluation
with complex and longitudinal analyses

*Moderate Program Effect
and System Role*

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Evaluation Articles Using A Systems Perspective

Gamache, D., Edleson, J., & Schock, M. (1988). Coordinated police, judicial and social service response to woman battering: A multi-baseline evaluation across three communities. In G. Hotaling, D. Finkelhor, J. Kirkpatrick, & M. Straus (Eds.), *Coping with family violence: Research and policy perspectives* (pp. 193-209). Newbury Park, CA: Sage Publications.

Murphy, C., Musser, P., & Maton, K. (1998). Coordinated community intervention for domestic abusers. *Journal of Family Violence, 13*, 263-285.

Bennett, L., Stoops, C., Call, C., & Flett, H. (2007). Program completion and re-arrest in a batterer intervention system. *Research on Social Work Practice, 17*, 42-54.

Bouffard, J., & Muftic, L. (2007). An examination of the outcomes of various components of a coordinated community response to domestic violence by male offenders. *Journal of Family Violence*, 22, 353-366.

Bledsoe, L., Bibhuti, S., & Barbee, A. (2006). Impact of coordinated response to intimate partner violence on offender accountability. *Journal of Aggression, Maltreatment & Trauma*, 13, 109-129.

Visher, C., Newmark, L., & Harrell, A. (2006). *Final report on the evaluation of the Judicial Oversight Demonstration, Volume 2: Findings and Lessons on Implementation*. Washington, DC: Urban Institute. (see www.ojp.usdoj.gov/nij/pubs-sum/219077.htm)

Macleod, D., Pi, R., Smith, D., & Rose-Goodwin, L. (2008). *Evaluation of California Batterer Intervention Systems*. Final report to the National Institute of Justice, Washington, DC.

Multi-site Evaluation of Batterer Intervention: Main Points

- “Conventional” batterer counseling/educational programs do contribute to behavioral change and victim safety
- Linkages to CJS play a key role in program outcomes
- A core group of unresponsive men warrant more intensive and extensive intervention
- A coordinated response is needed to increase effectiveness of programs and risk management

Components of Batterer Intervention Systems in Multi-Site Evaluation

Pittsburgh	Dallas	Houston	Denver
pre-trial	post-conviction	post-conviction	post-conviction
3-months	3-months	6-months	9-months
instructional	discussion	instructional	discussion
group screening & referral	assessment & referral; women's & children groups	assessment & referral; women's contact; women's groups	evaluation & in-house services: substance abuse, individual MH, women's casework

Cumulative Reassault Rates During Follow-up Periods

Follow-up Period	Women Reports
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0-15 mos. (1¼ yrs.)	32%
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0-30 mos. (2½ yrs.)	37%
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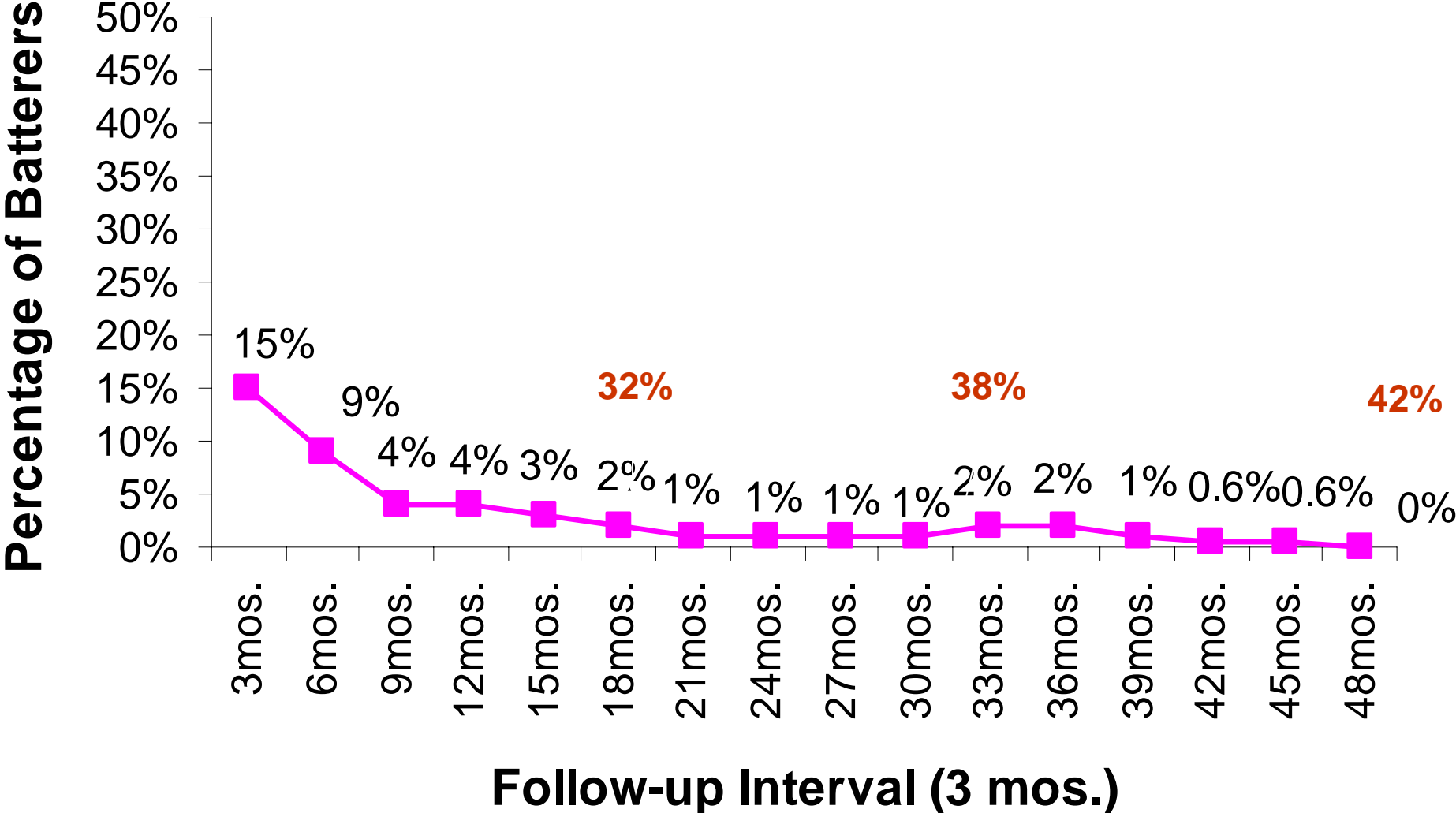
0-48 mos. (4 yrs.)	42%
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RE-ARREST RATES BY FOLLOW-UP

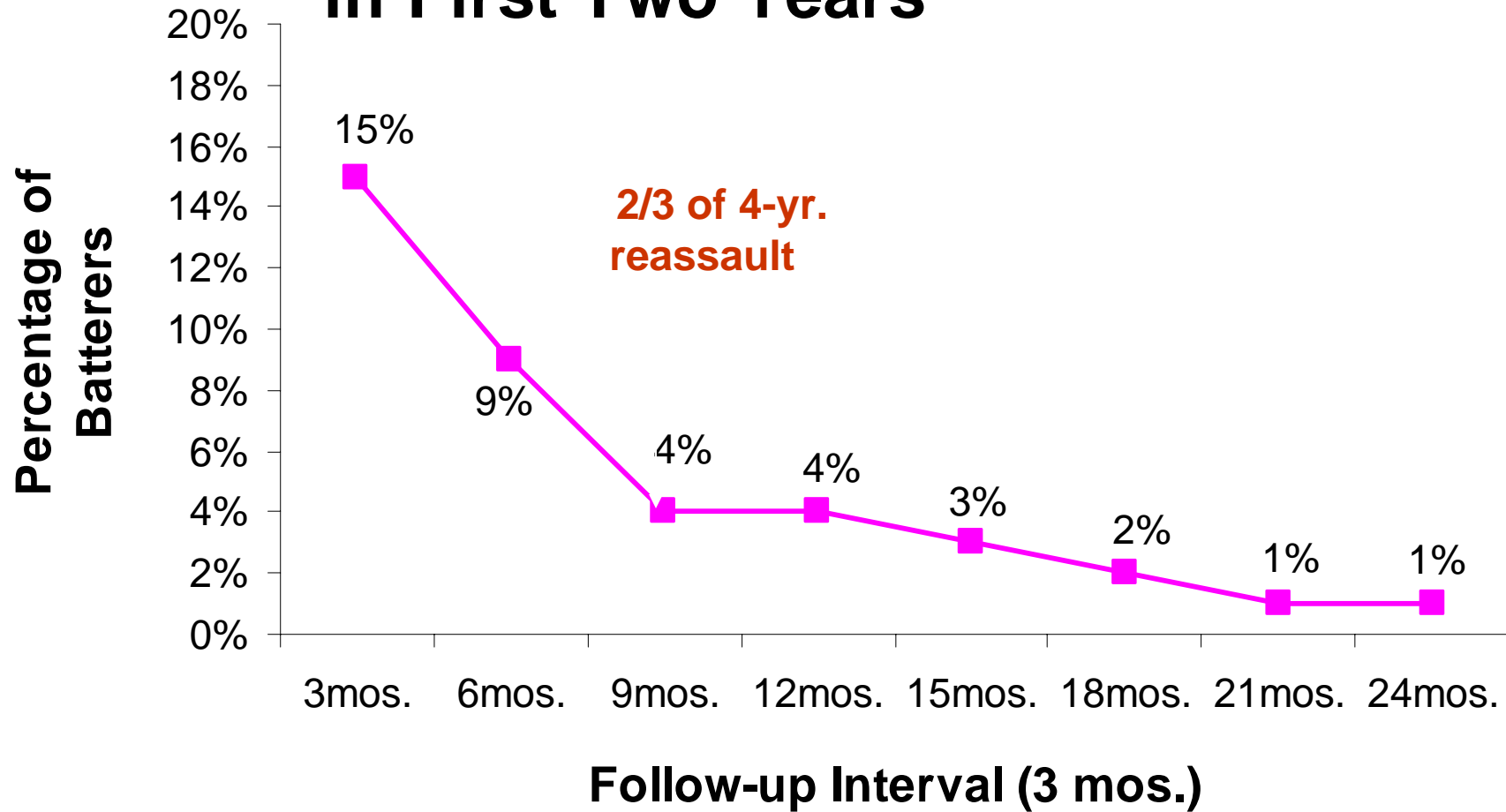
Type of Crime	0-15 months	0-48 months
Domestic violence ¹	8%	11%
Any violent crime	22%	29%
Any crime	39%	47%

1. Houston site deleted because “domestic violence” crimes not distinguished in records.

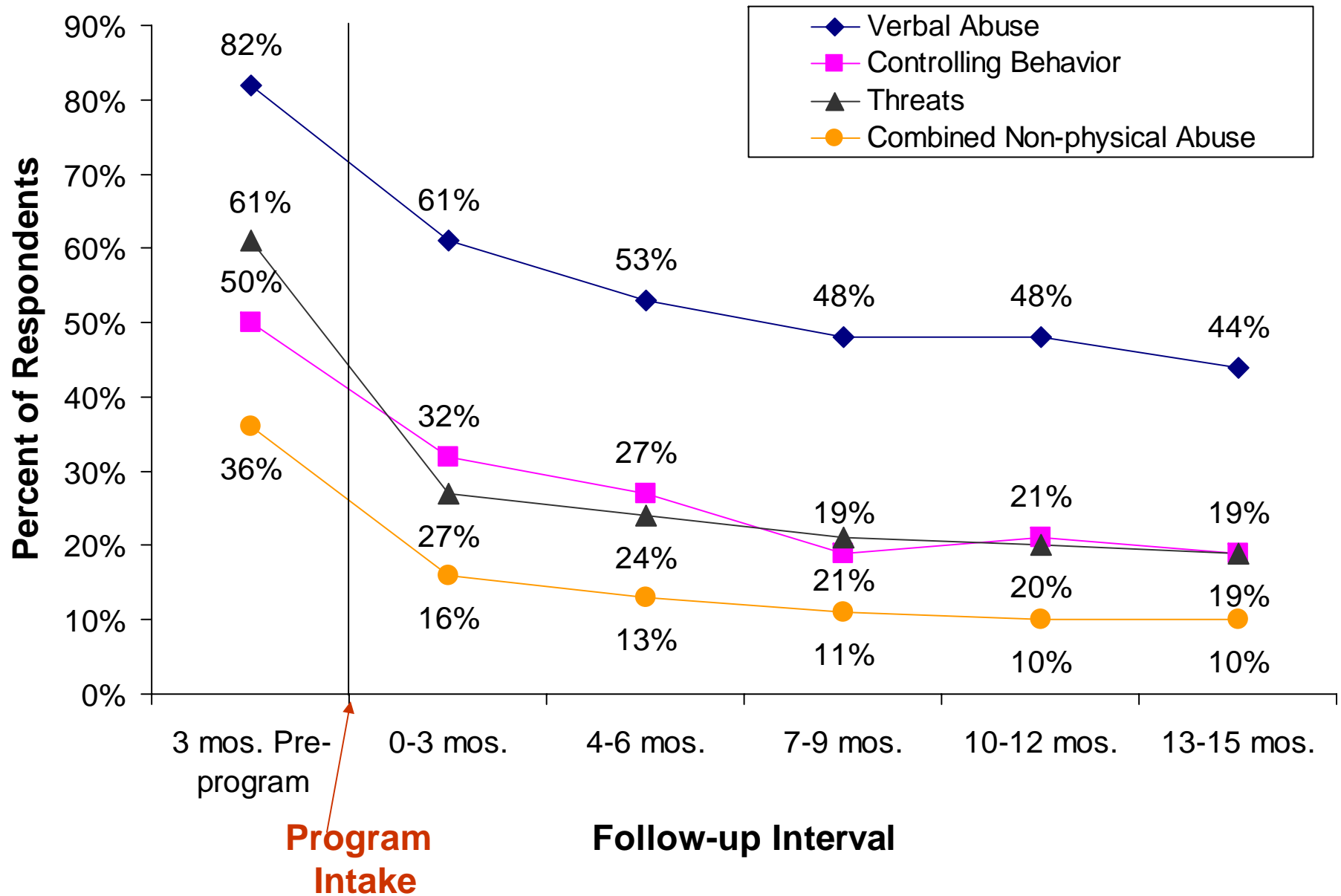
FIRST REASSAULTS REPORTED IN EACH FOLLOW-UP INTERVAL



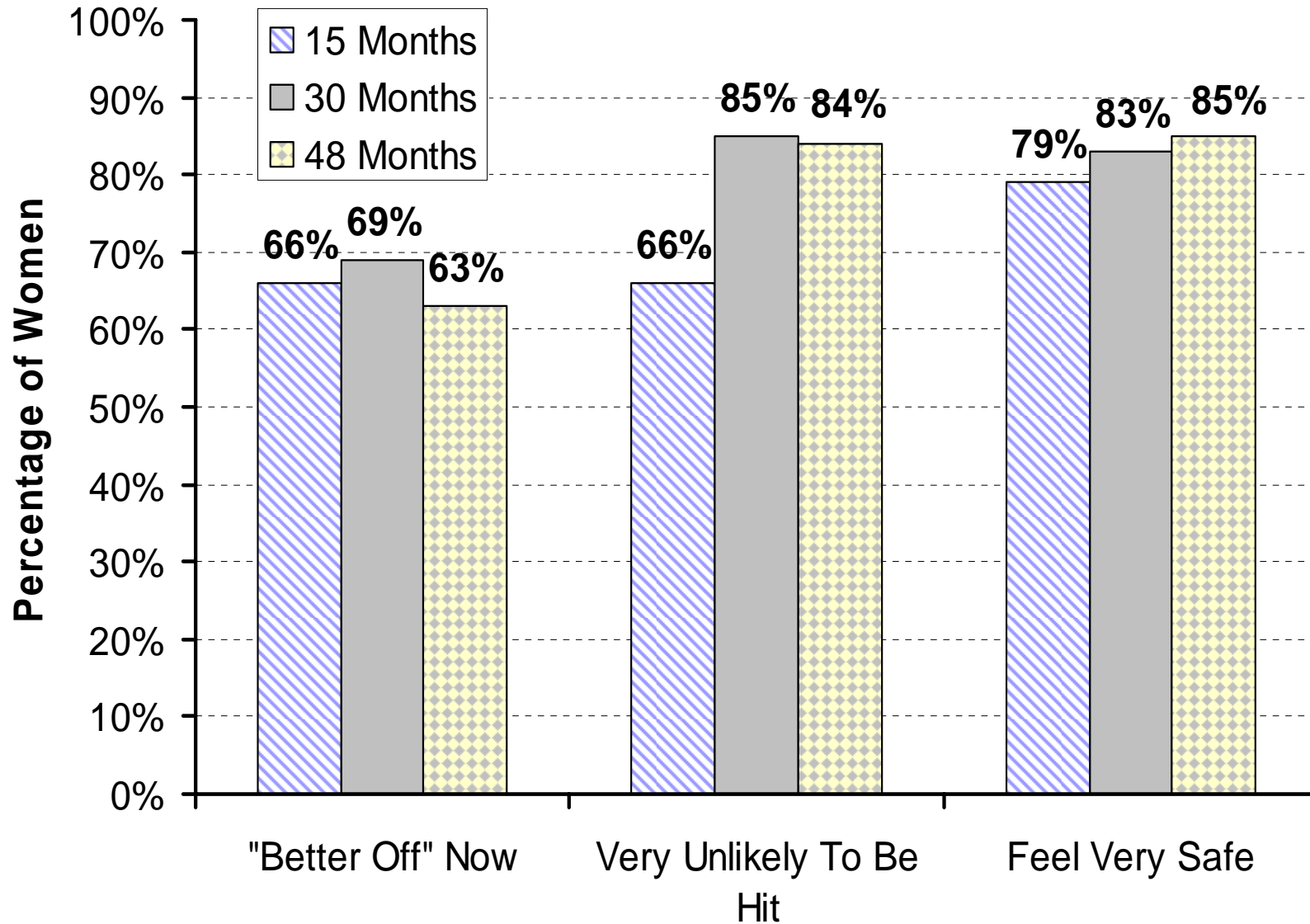
First-Time Reassault Reported in First Two Years



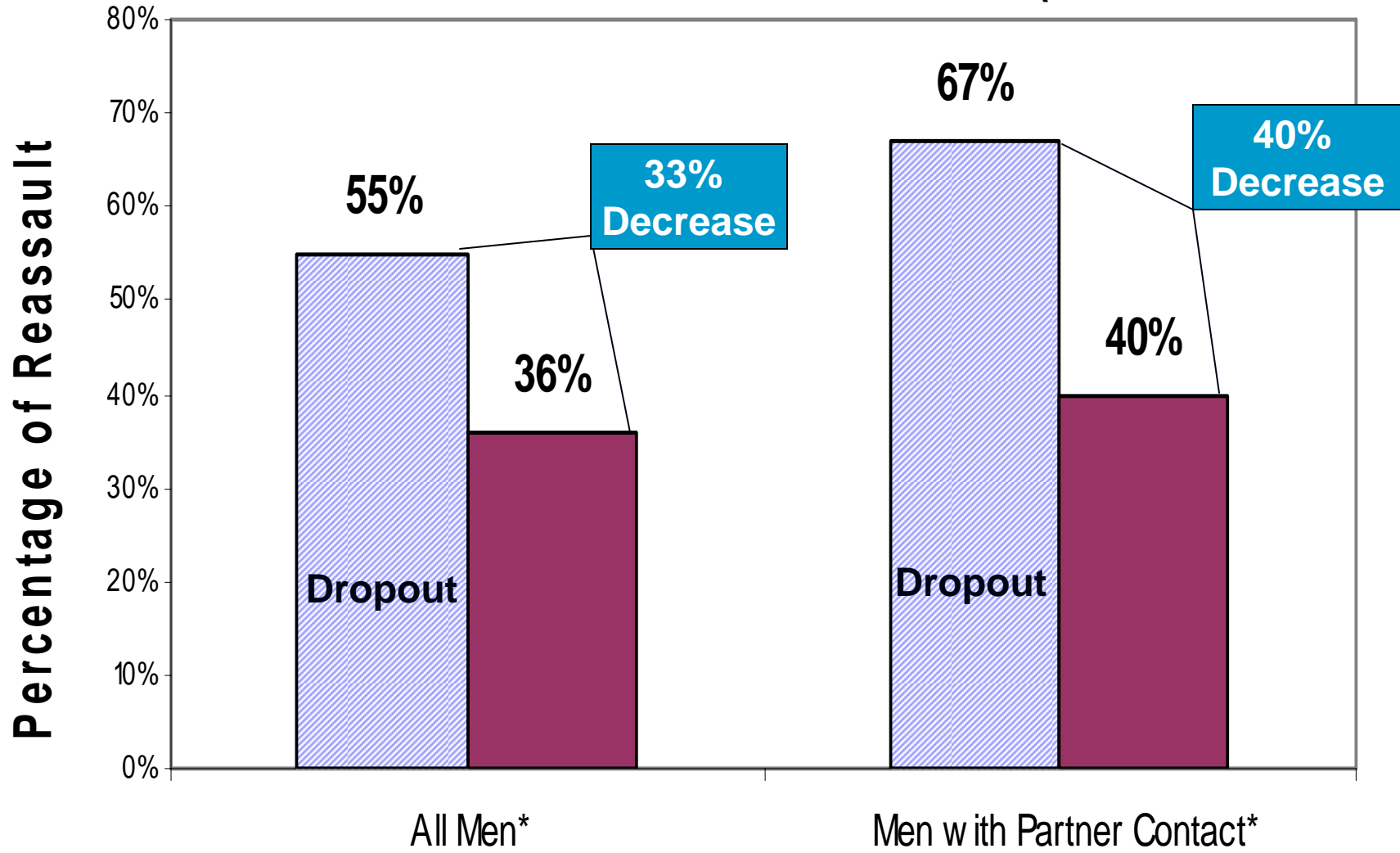
Non-Physical Abuse During Follow-up Intervals



WOMEN'S PERCEPTIONS OF QUALITY-OF-LIFE, LIKELIHOOD OF REASSAULT, AND SAFETY



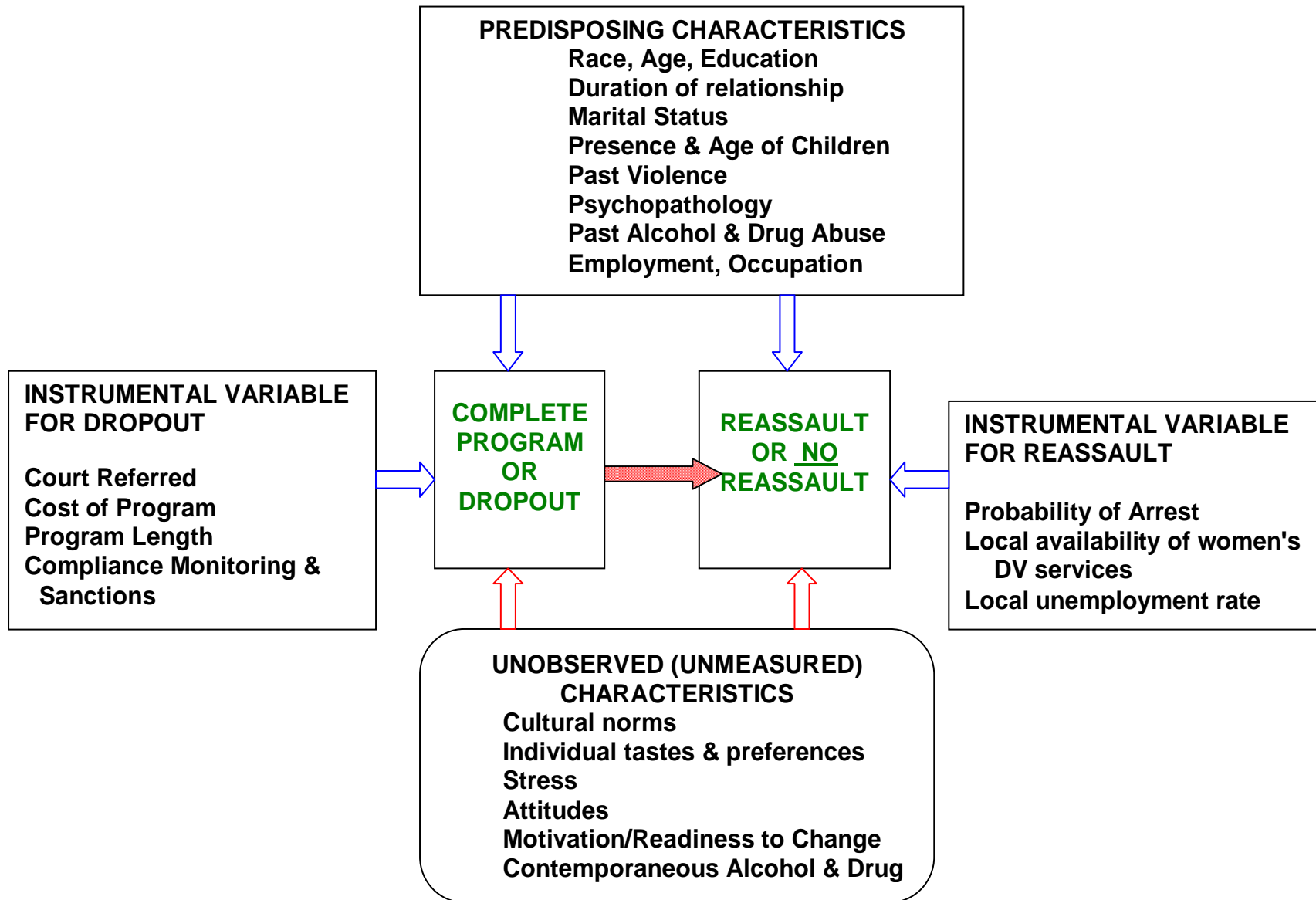
ANY REASSAULT BY PROGRAM DROPOUT (at 30 mos.)



PROGRAM DROPOUT (less than 3 mos.: 33%)

“Instrumental Variable” Structural Model of Re-assault

(A controlled test of program effect on outcome simulating experimental conditions)



EVIDENCE OF PROGRAM EFFECT

Other indicators

Deterrence (perception of sanctions) not a predictor of reassault

Majority of men's and women's program recommendations are positive

Majority of women attribute men's change to the program

Men identify program lessons as a means of avoiding abuse

Numerous personal accounts of program-based change

REASONS FOR EQUIVALENT SITE OUTCOMES

“Managed Care” Assumptions?

3 mos. Brief Therapy sufficient

Unique Differences in Sites

Different resources and local expectations

“Swift and Certain” response (Pittsburgh Site)

Drug Court Model with Judicial Oversight

MAJOR ISSUE

- About 20% were **repeatedly violent** throughout follow-up
- Lack of response to “repeaters”
- Low service contact or additional protections for women partners
- Need for identification and containment of repeaters (on-going risk management)

A CONCLUSION

- Some batterer programs contribute to reduction of abuse and violence
- Improve outcomes with on-going case-management of “repeaters”
- Increased CCR needed to reinforce programs and conduct risk management

JUDICIAL OVERSIGHT DEMONSTRATION (JOD)

Visher, C., Harrell, A., Newmark, L., & Yahner, J. (2008). Reducing intimate partner violence: An evaluation of a comprehensive justice system-community collaboration. *Criminology and Public Policy*, 7, 495-523.

Visher, C., Newmark, L., & Harrell, A. (2008). *The evaluation of the Judicial Oversight Demonstration: Findings and lessons on implementation*. Washington, DC; National Institute of Justice
(www.ojp.usdoj.gov/nij/pubs-sum/219077.htm)

Judicial Oversight Demonstration (JOD) project

- SITES: Dorchester, MA, vs. Lowell, MA;
Ann Arbor area, MI, vs. Lansing area, MI;
Milwaukee area., WI (pre-/post-design)
- OBJECTIVE: CCR overall impact (not strategies or components) on DV court cases service use, attitudes, & repeat offense
- RESULTS: mixed findings across sites & inconsistent across outcomes.

JOD other findings

- Victims received more & wider-range of services in CCR
- Reductions in repeat violence where revoked probation for non-compliance
- Higher probation revocation associated with perceived threat of legal sanctions associated (Dorchester) and lower re-arrests (Milwaukee)
- CCR more effective with subgroups of offenders (e.g., younger, more arrests)

JOD & BIPs

“Like many other studies, JOD found efforts to change offender perceptions and reduce IPV reoffending challenging. The results suggest, like those of other studies, that referral to batterer intervention programs does not have a powerful effect in reducing IPV. Until progress is made in changing offender beliefs and behavior, the implication is that the justice system must continue to focus on protecting victims and using the authority of its agencies to closely monitor offenders and respond rapidly with penalties when violations of court-ordered conditions are detected.” ewg18

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ewg18

BUT 1) the researchers note that they did not assess components and cannot assess component impact.

2) the assumption is that without changing attitudes (which the programs are expected to do), there is no behavior change. a) the measure of attitudinal change has been very difficult because of instruments and conception, b) behavioral change can occur despite major shifts in attitude, as our study showed.

egondolf, 5/6/2009

JOD Qualifications

- several implementation problems
- quasi-control sites
- inconsistent results (interpretation difficult)
- overall impact, not components
- no high-risk management (cases most in need)
- practitioner enthusiasm

JOD response--caution

...we strongly recommend caution in using their findings as a basis to reduce the level of support for efforts to improve coordination in the delivery of services to victims of intimate partner or family violence.... (no effect of CCR, compromised CCR implementation, limits of research design?)--Garner & Maxwell, 2008

JOD response—a success

Most practitioners—judges, prosecutors, batterer program staff, victim service staff—express enthusiastic support of CCR enhancements and continuing them.



PART III

**Need for On-going Case Management:
Bridging BIP and other agencies
(building CCR)**

Conclusion of Review of Risk Assessment Research

“...despite (Risk Assessment Instrument’s) principal aim to prevent violence, there is yet no evidence that it does so.”

“...the field has yet to produce an actuarial instrument that will yield cutoff scores that will allow decision makers, in an absolute sense, to determine risk categories for spousal violence.”
– Kropp (2004)

Why linkage to other services?

- Improves information for risk assessment
- Offers referrals from BIP for additional treatment (e.g., drug and alcohol)
- Assists with safety planning and emotional support of victims
- Intensifies message of “must and can change”

The need for On-going Risk Management

- Limits of static risk assessment
- Need for 'dynamic' information
- Input from variety of agencies required
- Multiple services for containment and change
- Case-management with periodic assessment and revised interventions

Research Support for Risk-Management

- “We believe that the research evidence supporting the Risk-Needs-Responsivity (RNR) principles is sufficient so that they should be a primary consideration in the design and implementation of intervention programs for sexual offenders. Evidence for the RNR principles is drawn from the current review and from the larger literature on effective correctional treatments.” Hanson et al., 2009

Implementing A Coordinated Community Response

Studies on Implementation of CCR

California State Auditor (2006, November). Batterer intervention programs: County probation departments, the courts and program compliance. Bureau of State Audits, Sacramento, CA.

Visher, C., Newmark, L., & Harrell, A. (2006). Final report on the evaluation of the Judicial Oversight Demonstration (Volume 2): Findings and lessons on Implementation. Washington, DC: Urban Institute.

Labriola, M., Rempel, M., O'Sullivan, C., & Frank, P. (2007, March) Court responses to batterer program noncompliance: A national perspective. Report submitted to the National Institute of Justice, Washington, DC.

Gondolf, E. (2008). Implementation of case management for batterer program participants. *Violence Against Women, 14*, 208-225.

Gondolf, E (2009). Implementing mental health treatment for batterer program participants: Interagency breakdowns and underlying issues. *Violence Against Women, 15*, 638-655.

Barriers to CCR

- Procedural non-compliance (more paper work!)
- training decay
- administrative absenteeism and turnover
- administrative-staff gaps
- client overload
- differing agency priorities

Structural Issues

- Clash of CJS and Service priorities
(adversarial CJS vs. autonomy & support)
(coercive vs. self-determination)
- Competition among services
- Get to most needed cases (and accepted)
- Sustaining institutionalization (DV councils)

(Most efficient recommendations)

- System audit to monitor breakdowns and “blue print” among frontline workers.
- Independent case-manager to track and support referrals
- System coordinator to ensure cross-system documentation and audits

Bridging Perspectives

- Research vs. practitioner perspectives in EBP
- Medical model (behavioral medicine) vs. system perspective (public health model) in BIP evaluation
- BIP vs. other agency perspectives (e.g., MH & D&A Tx) in on-going risk management



We should learn from the 20th century that progress in knowledge and in policies can occur but that progress in either area is unlikely to be quick or easy. –Garner & Maxwell, 2008.