

A Multidimensional Evaluation of a Treatment Program for Female Batterers: A Pilot Study

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The purpose of the study was to conduct a preliminary evaluation of a batterer intervention program by investigating changes in psychological variables related to abuse (i.e., truthfulness, violence, lethality, control, and stress coping abilities) between pretreatment and posttreatment assessments in a sample of women involuntarily placed in treatment. This study evaluated arrest records for a period of 12 months following treatment completion to determine the association between changes on these psychological variables and recidivism. The study employed a secondary analysis of 26 treatment completers involuntarily referred into treatment for domestic violence offenses. Analysis indicated that treatment completers were less passive/aggressive and less likely to use physical force on their partners at the conclusion of the treatment program. Implications of the findings for social workers providing treatment services to female domestic violence offenders are explored and discussed.

Keywords: women offenders; court-ordered batterers

In the effort to eradicate domestic violence, researchers and policy makers have focused on violence initiated by men in their intimate relationships. This focus has been important as data from the Bureau of Justice Statistics (BJS) has consistently indicated that women are 5 times more likely than men to have been the victims of domestic violence (Rennison & Welchans, 2000). More interesting, the BJS data contrasts sharply with data from the national family violence surveys, which have consistently indicated that men and women are equally violent in their intimate relationships (for an excellent review, see Straus, 1999). For years, this discrepancy has resulted in confusion and animosity between feminists and sociologists (Johnson, 1995). However, the debate has changed as women are increasingly being arrested, prosecuted, and sentenced to intervention programs for domestic violence offenses.

The presence of women, as offenders, in treatment programs for domestic violence offenders is the direct result of legislation mandating the arrest of perpetrators in cases where police respond to a call and determine that domestic violence has occurred. In brief, in the late 1980s, most states enacted law enforcement protection legislation. This legislation, commonly referred to as "warrantless arrest," allows police who respond to a domestic violence call to arrest the abuser and press charges themselves. In these cases, the victim does not have to file a warrant against the abuser before an arrest is made. These laws remove the burden of pressing charges from the victim and have resulted in a substantial increase in the number of domestic violence arrests and convictions. More interesting, this same legislation has resulted in a significant number of women being arrested and prosecuted for domestic violence offenses (Martin, 1997). Although the arrest of women was clearly an unintended consequence of mandatory arrest statutes, their sudden appearance in court-mandated treatment programs has had a dramatic impact on the national debate regarding female-initiated violence. In brief, as a result of women being court mandated into batterer treatment programs, it is no longer possible to suggest that women are infrequently the initiators of violence in their intimate relationships (Carlsten, 2002). If this were true, there would be very few women arrested, successfully prosecuted, and mandated into treatment as part of a

Authors' Note: This research was supported by a grant from the Tulane University Committee on Research-Summer Fellowship. We gratefully acknowledge the assistance of the anonymous reviewers and the editor, Bruce Thyer, for their constructive feedback on earlier versions of this article. Correspondence may be addressed to Michelle M. Carney, Ph.D., Assistant Professor, College of Social Work, University of South Carolina, Columbia, SC 29208; e-mail: michelle.carney@sc.edu

Research on Social Work Practice, Vol. 14 No. 4, July 2004 249-258

DOI: 10.1177/1049731503262223

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criminal sentence. Consequently, as women are increasingly visible in batterer treatment programs, debate about the nature of female-initiated violence has shifted, and the most recent exchanges involve (a) exploring the context in which female violence occurs (Fiebert & Gonzalez, 1997; Hamberger, 1997b; Hamberger, Lohr, & Bonge, 1994; Hamberger & Potente, 1994; Martin, 1997; Miller, 2001; Morse, 1995; Swan, 2002) and (b) developing effective intervention strategies for working with women arrested for domestic violence offenses (Buttall, 2002; Hamberger, 1997b; Hamberger & Potente, 1994).

Unfortunately, despite the presence of women in court-mandated treatment programs for batterers, very little is known about the role of violence in their lives or the usefulness of treating female offenders in programs designed for men (Dowd, 2001). Specifically, because of the long-standing debate about the existence of female-initiated violence, very little research is available on the topic, and women are currently being treated in programs designed for male batterers. In theory, this is less than ideal, as there is widespread uniformity in the treatment of male batterers (Bennett & Williams, 2001), and an important element of that treatment is a patriarchal analysis of violence against women. Perhaps more important, recent research on batterer intervention programs (BIPs) for male batterers has indicated that few of the men who complete treatment demonstrate positive changes in their behaviors as a result of program completion.

The effectiveness of conventional BIPs for male batterers has been called into question. Three recent experimental evaluations of BIPs, involving random assignment to different treatment conditions and a no-treatment control condition, have indicated that BIPs are having either a small effect or no effect on batterer recidivism (Davis & Taylor, 1999; Davis, Taylor, & Maxwell, 1998; Dunford, 2000; Feder & Forde, 2000). Although the Dunford (2000) study involved Navy personnel and may not extrapolate well outside of that context and the other experimental evaluations were compromised by several problems, including attrition and follow-up issues (Gondolf, 2001), two recent meta-analyses also suggest that BIPs are either ineffective or, if effective, yield a very small effect size (Babcock, Green, & Robie, in press; Levesque, 1999). Unfortunately, this research on the treatment of male batterers has important implications for the treatment of female batterers in these same programs. Specifically, although female batterers have been treated in BIPs designed for male batterers because of convenience and speculation that violent women would respond to the same strategies used to address violence in men, this research on BIP program effectiveness for male

batterers suggests that this premise is flawed. This growing body of research evidence suggests that BIPs do not work for the men whom they were initially designed for and, in all likelihood, the women offenders also being treated in them.

Further inhibiting meaningful understanding of the issues surrounding female violence in intimate relationships and the treatment of female offenders is that the existing research documents significant variability in the reasons women provide for their violent behaviors in intimate relationships, ranging from self-defense and retaliatory violence to power and control (Hamberger, 1997b; Hamberger et al., 1994; Hamberger & Potente, 1994). For example, in a study of 52 women arrested for domestic violence offenses, Hamberger (1997) discovered that approximately two thirds reported that they were also the victims of violence in their intimate relationships. However, 75% of the women reported that they initiated violence against their partner at some time in the relationship, and 25% reported initiating violence 100% of the time (Hamberger, 1997b). Data from this research is troubling because it suggests the presence of different subtypes of female batterers (e.g., those who use violence in self-defense and those who use violence as coercive tool) among women in treatment. If true, it would appear that treating these women side by side in the same treatment program may not be useful and that the current idea of treating women in programs designed for male batterers might adequately address only a portion of the women in treatment (e.g., those women who use violence as a coercive or controlling strategy in their intimate relationships). Such a conclusion seems plausible as there is recent evidence documenting the presence of different subtypes of batterers among male domestic violence offenders.

Since Holtzworth-Munroe and Stuart's (1994) seminal review of the literature and identification of three different subtypes of male batterers, several other studies have investigated the phenomena of batterer subtypes (Gondolf, 1999; Gottman et al., 1995; Hamberger, Lohr, Bonge, & Tolin, 1996; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Tweed & Dutton, 1998; Waltz, Babcock, Jacobson, & Gottman, 2000). With relatively minor differences (e.g., four subtypes rather than three), these studies have supported the conceptualization of three subtypes of batterers identified by Holtzworth-Munroe and Stuart (1994), and there is general consensus in the field that male batterers are not a homogeneous group.

Related to the BIP evaluation research discussed previously, in all of the evaluation studies, experimental and

quasi-experimental, data was aggregated across all batterers in a treatment condition. Specifically, none of the studies evaluated the effect of different types of intervention efforts on different subtypes of batterers. In fact, only one study investigated the differential impact of client-treatment matching for different subtypes of batterers (Saunders, 1996), and the findings suggested that such efforts may lead to better outcomes. Consequently, the findings of null or small effects in the BIP evaluation literature may be attributable to the fact that male batterers are not a homogeneous group and different types of batterers may have responded differently to the standardized intervention model being evaluated. If true, then some men may have gotten better in treatment, some men may have stayed largely the same, and some men may have gotten worse.

Regarding the effectiveness of BIPs for male batterers, as a result of this differential response to the intervention program, the evaluation studies and meta-analyses would suggest that, on average, the intervention program was ineffective, when, in fact, change may be related to subtype. When viewed from this perspective, the recent findings from research on male batterers suggest the possibility that female batterers may not be a homogeneous group. This certainly appears to be the case in regard to motivations for engaging in domestic violence. If true, it may also prove important to begin to identify subtypes among female batterers and evaluate the effectiveness of client-treatment matching. However, initial research is needed on every aspect of female-initiated violence so that an informed investigation of treatment effectiveness and client-treatment matching can proceed.

Given the general lack of available information, empirical or otherwise, about female batterers, women arrested, prosecuted, and convicted of domestic violence offenses are being mandated into treatment programs designed for male batterers. As discussed above, there is currently no information available regarding the effectiveness of these programs for women offenders. Consequently, because of these limitations in the literature, the purpose of the current study was to conduct a preliminary evaluation of a BIP by investigating changes in psychological variables related to abuse (i.e., truthfulness, violence, lethality, control, alcohol use, drug use, and stress coping abilities) between pretreatment and posttreatment assessments in a sample of women involuntarily placed in treatment. In addition, the current study evaluated arrest records for a period of 12 months following treatment completion to determine the association between changes on these psychological variables and recidivism.

METHOD

Data Collection and Design

This study employed a secondary analysis of data collected by the Domestic Abuse Center, a nonprofit agency in Columbia, South Carolina, that has been providing counseling services to individuals court ordered into treatment since 1982. At the intake interview, clients are required to complete a demographic questionnaire and four psychological instruments: Balanced Inventory of Desirable Responding (BIDR), Spouse-Specific Assertiveness Scale (SSAS), Control of Partner Scale (CPS), and the Propensity for Abusiveness Scale (PAS). The agency uses this information to create a pretreatment assessment of the individual.

To protect the privacy of the women in the study, the researchers were not given direct access to client files. Rather, an employee of the agency deleted personal information from the demographic information form (e.g., name, address, place of employment), copied this form and the psychological instruments, and provided the researchers with this modified data. In using these procedures, the researchers were able to generate the information needed to conduct the research, while maintaining the privacy of the women in the treatment program.

The current study employed a one-group, pretest-posttest design (Campbell & Stanley, 1966). As a pre-experimental design, it is vulnerable to many threats to internal and external validity. Specifically, such a design can determine only if change occurs. It is not possible to identify what may have caused those changes. Despite the limitations associated with this design, the lack of any meaningful evaluation data on BIPs for female batterers and the fact that this is a pilot study provide a context for this research that make this design acceptable.

Participants

The agency has been using the combination of assessment tools described above since August 1999. Since that time, 139 women have been referred to the 16-week program by the courts. Of this group of women, 77 women (55%) dropped out of the program, 26 women (19%) graduated from the program, and 36 women (26%) are still active in the program. The sample for the current study included all 16-week treatment completers ($n = 26$). Within this sample, 85% entered the program following an arrest for domestic violence, with the majority of the women being referred by the court (92.3%). Probation or

TABLE 1: Participant Characteristics (n = 26) SUBSAMPLE

| Characteristic | Program Participants % (n) | |
|---|-------------------------------|------|
| Relationship status | | |
| Married | 30.8 | (8) |
| Not Married | 69.2 | (18) |
| Arrest prior to program | | |
| Yes | 84.6 | (22) |
| No | 15.4 | (4) |
| Race/ethnicity | | |
| African American | 50.0 | (13) |
| White | 50.0 | (13) |
| Alcohol use | | |
| Past use | 56.0 | (14) |
| Current use | 36.0 | (9) |
| Marijuana use | | |
| Past use | 46.2 | (12) |
| Current use | 0.0 | (0) |
| Crack/cocaine use | | |
| Past use | 7.7 | (2) |
| Current use | 0.0 | (0) |
| Prescription drug use | | |
| Past use | 33.3 | (8) |
| Current use | 29.2 | (7) |
| Age | | |
| M | 32.4 | |
| SD | 7.4 | |
| Education (years) | | |
| M | 13.1 | |
| SD | 2.0 | |
| Length of current relationship (months) | | |
| M | 59.7 | |
| SD | 45.3 | |

parole officers (3.8%) and the Department of Social Services (3.8%) referred the remaining women.

Given the lack of information on female batterers, program participants were examined using a variety of variables consistent with the literature on male batterers. The majority of the participants were not married (69.2%), were still involved in their relationship with the victim (58.3%), and were employed (81.8%), most full-time (85.7%). The majority of the participants reported using alcohol at one time but not currently (56.0%), with just more than one third of the women reporting current alcohol (36%) or prescription drug (29.2%) usage. All participants were involuntarily in the program. The average age of the sample was 32 years, and the average level of educational attainment was 1 year of education beyond high school. The sample included African American (50.0%) and White (50.0%) women averaging 5-year relationships. Table 1 shows the general characteristics of the sample at the pretreatment assessment.

The Batterer Intervention Program

The site for the current study was the Domestic Abuse Center, a nonprofit organization that has been providing counseling services to the Columbia, South Carolina, community since 1982. The intervention program is feminist informed and cognitive-behavioral in orientation and is consistent in organization and focus to those programs described in the literature (Bennett & Williams, 2001; Hamberger, 1997a). Perhaps most important, the intervention program is similar to the national model in that it was designed for male batterers. Women offenders meet in same sex groups and experience the same curriculum as the male batterers. The intervention program is a structured, intensive, 16-week, group treatment program that focuses primarily on anger management and skills development. The intervention program incorporates three phases: (a) orientation and intake interview (two sessions), (b) psychoeducational classes (12 sessions), and, (c) group therapy regarding termination (two sessions). Groups consist of approximately 15 batterers and meet one night each week for approximately 2 hr. This batterer treatment program incorporates confrontation, therapy, and educational components. In this setting, the common proximal events of domestic violence are directly addressed with clients, and they are given an opportunity to make changes that will positively affect their personal relationships with others.

The 12-week psychoeducational program curriculum can be broken up into three successive series of group experiences. Because most offenders share a common set of defenses (minimization, denial, and blame) that foster aggressive behavior, the first series of group sessions helps participants to recognize and overcome these defense mechanisms. In this series, which lasts 3 weeks, participants are assisted in overcoming their natural resistance to change by helping them achieve insight into their use of defense mechanisms. Thus, the first step toward modifying behavior occurs when clients recognize and accept the fact that the problem is their behavior. In the first session, program rules are reviewed and reasons for using anger are explored. Participants are instructed to examine their use of anger and identify ways to begin to change the ways they interact with their partner and family. More important, the women are required to "tell their story" and explain to the other group members the reason for their arrest and referral to the intervention program. In the second session, the women are educated about the importance of responsibility and honesty in achieving program goals and "roadblocks to responsibility" (i.e.,

minimization, denial, and blame) are discussed. Following this educational piece, the women are required to retell their story, and group members provide corrective feedback to each other when they hear women utilizing roadblocks in their retelling of the incident that led to the program referral. In the third session, the cycle of violence is explained, and the women are asked to consider their relationships from this perspective and share their experiences with the group. At the end of the session, the concept of partnership in relationships is explored and discussed as an alternative to power and control.

The second series of sessions, which last 3 weeks, flows from the fact that the belief and value systems of most batterers are very similar and foster the notion of traditional sex roles stereotypes. This series challenges the batterers' beliefs and values. The sessions are designed to help clients restructure their thinking by modifying the beliefs that promote violent behavior. In the fourth session, a modified form of rational emotive therapy (RET) is explained, and participants are encouraged and assisted in applying the model to their own experience. In addition, in the fourth session, the concept of time-out is explained as a method to avoid the escalation that frequently accompanies arguments that result in violence. In the fifth session, irrational beliefs that contribute to violence (e.g., If my partner doesn't do what I want, he is deliberately trying to make me angry) are explored and discussed, and the concept of rational self-talk is proposed as a method of avoiding the kind of irrational thinking that results in anger. In the sixth session, the concept of "thinking traps" (e.g., exaggeration and personalization) are presented to members, and they are required to explore in group how they have used these thinking errors to justify the violence they have inflicted on their partner.

The final series of sessions, which last 6 weeks, is designed to help clients increase interpersonal skills by providing them with a repertoire of alternate and appropriate behaviors. In this series, skills such as problem solving, assertiveness, and negotiation are taught and practiced in the group setting. In the seventh session, the concept of assertiveness is explained, and the women are required to role-play scenarios where an assertive response is required for successful resolution of a problem situation. In the eighth session, roadblocks to communication (e.g., telling other what to do, preaching, and judging) are explained, and participants are encouraged to explore their own use of these concepts in communicating with their partners. In addition, in the eighth session, the concept of assertiveness is continued, and the women are required to role-play problematic communication scenarios with each other in group. In the ninth session, a

problem-solving model is presented and applied to the experiences of the women in group. In the tenth session, the generational cycle of violence is presented, and childhood exposure to domestic violence is explored with participants. In the eleventh session, negotiation skills are presented and practiced in the group. In the final session, the concepts of trust, support, tolerance, and acceptance are presented, with an emphasis on how they relate to successful negotiation. Participants are required to discuss and role-play strategies for incorporating negotiation into their interactions with their partners.

Instruments

As mentioned previously, the current study involved a secondary analysis of data previously collected by the Domestic Abuse Center. The instruments used in the current study were selected by the agency because they represent a multidimensional construct of abuse and because the literature suggests they represent important constructs in understanding domestic violence perpetrated by men. When the agency began receiving court referrals for female offenders, they simply required women participants to complete the same assessment package as the men.

INSTRUMENTS

Social desirability. Socially desirable responding was measured using the Balanced Inventory of Desirable Responding (BIDR) (Paulhus, 1984). The BIDR is a 40-item Likert-type scale that is equally divided between questions related to self-deception and impression management. Respondents who score high in self-deception are considered to believe their positive self-reports. Conversely, respondents who score high on impression management are considered to be responding in a calculated way to give a favorable impression of themselves. Self-deception and impression management scores range from 0 to 20, or low (0 to 6), moderate (7 to 13) and high (14 to 20). This two-factor model of socially desirable responding was found to be more effective than the often-used attribution/denial models, which some authors suggest are equivalent measures of the same construct (Paulhus, 1984; Ramanaiah & Martin, 1980). Internal consistency reliability was tested for each subscale (Kroner & Weeks, 1996), resulting in a .84 for the Impression Management scale and a .73 for the Self-Deception scale. External validity was demonstrated through a comparison of scale differences (see Kroner & Weeks, 1996). The research

suggests that the BIDR is useful in measuring socially desirable responding among offenders (Kroner & Weeks, 1996). Currently there is no information available regarding the appropriateness of this measure for female batterers or ethnic minorities.

Spouse-specific behavior. Spouse-specific behavior, assertive and passive/aggressive, was measured using the Spouse-Specific Assertiveness Scale (SSAS) (O'Leary & Curley, 1986) adapted from a scale designed to measure spouse-specific assertion used by Rosenbaum and O'Leary (1981). The scale measures assertive behaviors and passive/aggressive responses directed toward their partner. Scores on the scale range from 12 to 102, with scores falling into low, moderate, and high categories. On the Assertiveness subscale, low scores range from 17 to 45, moderate scores from 46 to 74, and high scores from 75 to 102. On the Passive/Aggressive subscale, low scores range from 12 to 31, moderate scores from 32 to 51, and high scores from 52 to 72 (O'Leary & Curley, 1986). Internal consistency reliability (Cronbach's alpha) of the SSAS was tested for each subscale (O'Leary & Curley, 1986), resulting in a .87 for the Assertiveness subscale and a .82 for the Aggressive subscale, which is considered reliable for basic research purposes (Nunnally, 1978). Currently there is no information available regarding the appropriateness of this measure for female batterers or ethnic minorities.

Controlling behavior. The extent to which individuals exhibit controlling behavior with regard to a partner was measured using the Control of Partner Scale (CPS) (Follingstad, Rutledge, McNeill-Harkins, & Polek, 1988). The scale has seven subscales with values that range from 1 (*never or rarely*) to 4 (*quite frequently*). The seven subscales include: Jealousy Index, Verbal Criticism Index, Controlling Free Time Index, Controls Appearance or Duties Index, Physical Coercion Index, Verbal Coercion Index, and Forced to Talk About Past Sexual Behavior Index. The total control score is obtained by multiplying the mean of the subscale scores by 7, with higher scores indicating greater frequency of engaging in controlling behavior. The total control score was used in the current study. The scale has demonstrated excellent internal consistency reliability (coefficient alpha = .95) and excellent criterion validity, differentiating individuals who used physical force from those who did not (Follingstad, Bradley, Laughlin, & Burke, 1999). The racial/ethnic composition of the normative sample in the current was roughly equivalent to the racial composition

of the sample study (Follingstad et al., 1999). However, there is no information available regarding the appropriateness of this instrument for female batterers.

Propensity for abuse. The Propensity for Abusiveness Scale (PAS) (Dutton, 1995) was used to measure program participants' likelihood of using physical force on their partner. The scale has three factors: Affective Lability, Recalled Negative Parental Treatment, and Trauma Symptoms. Scores range from 32 to 160, with higher scores indicating an increased likelihood that the individual will use physical force on the partner. Internal consistency reliability (Cronbach's alpha) tests of the PAS resulted in a .88, which is considered reliable for basic research purposes (Nunnally, 1978). In a study exploring the utility of the scale, Dutton (1995) found the mean score of nonviolent men to be 44.7 ($SD = 11.7$), and violent men to be 59.2 ($SD = 17.1$). Currently there is no information available regarding the appropriateness of this measure for female batterers or ethnic minorities.

RESULTS

Psychological Testing Scales

The participant scores on the administered psychological testing scales at the pre- and posttreatment assessments are reported in Table 2. It should be noted that no program participants received scores on the CPS pre- or posttreatment assessments that reflected severe controlling behaviors, and that participant mean scores on the PAS at pre- and posttreatment assessments suggested a moderate-to-high likelihood of using physical force on their partners.

In addition, a series of paired-samples *t* tests were conducted to examine the extent to which participants' scale scores changed significantly between the pretreatment and posttreatment assessments as a result of the intervention. Given the small sample size and the large number of variables, multivariate analysis was contraindicated (Hinkle, Wiersma, & Jurs, 1994). However, because of the increase in the Type I error rate associated with multiple *t* tests, the following equation was utilized

$$1 - (1 - \alpha)^c$$

where α equals the level of significance for each separate *t* test and *c* equals the number of independent tests (Hinkle et al., 1994). Following this equation, we em-

TABLE 2: Pretest and Posttest Outcome Data (n = 26) SUBSAMPLE

| Psychological Testing Scale | Program Participants | |
|---|----------------------|----------------|
| | Pretest % (n) | Posttest % (n) |
| Balanced inventory of desirable responding (BIDR) | | |
| Self-deception subscale | | |
| Low | 50.0 (13) | 46.2 (12) |
| Moderate | 42.3 (11) | 53.8 (14) |
| High | 7.7 (2) | |
| Impression management subscale | | |
| Low | 34.6 (9) | 38.5 (10) |
| Moderate | 61.6 (16) | 57.7 (15) |
| High | 3.8 (1) | 3.8 (1) |
| Spouse-specific assertiveness scale (SASS) | | |
| Assertiveness subscale | | |
| Low | 3.8 (1) | |
| Moderate | 38.5 (10) | 46.2 (12) |
| High | 57.7 (15) | 53.8 (14) |
| Passive/aggressive subscale* | | |
| Low | 30.8 (8) | 92.3 (24) |
| Moderate | 50.0 (13) | 7.7 (2) |
| High | 19.2 (5) | |
| Control of partner scale (CPS) | | |
| Mild | 80.8 (21) | 88.5 (23) |
| Moderate | 19.2 (5) | 11.5 (3) |
| | <i>M (SD)</i> | <i>M (SD)</i> |
| Balanced inventory of desirable responding (BIDR) | | |
| Self-deception subscale | 7.3 (3.7) | 6.9 (3.5) |
| Impression management subscale | 7.9 (3.2) | 8.1 (4.0) |
| Spouse-specific assertiveness scale (SASS) | | |
| Assertiveness subscale | 74.7 (15.0) | 74.3 (12.5) |
| Passive/aggressive subscale* | 36.8 (13.0) | 30.8 (10.5) |
| Control of partner scale (CPS) | 80.6 (17.1) | 77.9 (17.1) |
| Propensity for abusiveness scale (PAS)** | 61.6 (16.9) | 54.2 (14.9) |

NOTES: * $p = .007$. ** $p = .011$.

ployed an α of .01 in each separate test, however the actual Type I error rate for each comparison was .04, and the following analyses should be interpreted using this value. The results, as summarized in Table 2, indicated that participant scores were significantly higher on the SSAS Passive/Aggressive subscale at the pretreatment assessment ($M = 36.77$, $SD = 13.02$) compared to the posttreatment assessment sample mean ($M = 30.77$, $SD = 10.51$), $t(25) = 2.93$, $p = .007$. The standardized effect size index, d , was .57, a moderate value. The mean difference was 6.0 points between the pretreatment assessment score and the posttreatment assessment score. Similarly, the results indicated that participant scores were significantly higher on the PAS at the pretreatment assessment ($M = 61.58$, $SD = 16.91$) compared to the posttreatment assessment ($M = 54.19$, $SD = 14.88$), $t(25) = 2.74$, $p =$

.011). The standardized effect size index, d , was .54, a moderate value. The mean difference was 7.38 points between the pretreatment assessment score and the posttreatment assessment score. There were no significant differences between pretreatment and posttreatment assessments on the SSAS Assertiveness subscale or the CPS.

Analysis of Rearrest Data

At the 12-month follow-up assessment, only one program completer had been rearrested. Because of this lack of variability, no further analysis of the relationship between these psychological variables and rearrest was possible.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

The results of the current study are important because they represent the first empirical investigation of the effect of an intervention program on women mandated into treatment for domestic violence offenses. Specifically, the findings are noteworthy because, as Dowd (2001) acknowledged in her review of the scant literature on female batterers, "Group interventions for women [batterers] . . . have not been evaluated in published outcome studies" (p. 90). The findings from the current study suggest that the women constituting this sample were less passive/aggressive and less likely to use physical force on their partner at the conclusion of the treatment program. Although these positive findings are tempered somewhat by the small sample size and the limitations inherent in the design, they are nonetheless instructive in that they suggest that women arrested, convicted, and sentenced to community-based treatment for domestic violence offenses experience change, in the desired direction, on constructs related to a multidimensional conceptualization of violence. Perhaps most important, they suggest that the issues addressed in batterer intervention programs may have relevance for male and female domestic violence offenders. Certainly, this is not meant to ignore the context in which female violence takes place (e.g., defensive violence, retaliatory violence), however it is an argument for a pragmatic focus on issues relevant to batterers of both genders, because women continue to be treated in programs designed for male batterers.

In some respects, it is quite difficult to discuss the implications of the findings from the current study because the politics of batterer intervention have been so clear. Specifically, as Richard Gelles (2001), one of the architects of the national family violence surveys and a prolific author on family violence, has argued, ideology has trumped empirical research in the field of domestic violence. Regarding the conceptualization of domestic violence, this ideology has led to an exclusive focus on male-initiated violence in intimate relationships. As a direct result, there has been very little information developed on female domestic violence offenders, and what little research is available is devoted to exploring the motivations of violent women and developing ideas about the context in which their violence takes place. Unfortunately, what this has meant for female offenders is that there is very little information about how effective intervention for women may be similar or dissimilar to that of male batterers. Currently, as mentioned previously, women are being treated in programs with curriculums

designed for male batterers. Given the lack of meaningful information on issues unique to female-initiated violence, this situation is unlikely to change in the near future. Consequently, the findings from the current study are important because they suggest that this arrangement might prove useful to women who complete the program. Certainly, however, more research is needed before any definitive recommendations regarding treatment for female batterers can be made.

The results of the current study, although preliminary, are reminiscent of the initial evaluation literature on male BIPs (for an excellent review, see Gondolf, 1997). At the time, pre-experimental and quasi-experimental designs indicated that these programs were quite effective. However, experimental evaluations and meta-analyses have suggested the opposite may be true. It is certainly possible that more rigorous investigations of the effectiveness of BIPs for female batterers will, similar to the literature on male batterers, discover little or no treatment effect for program completers. If true, it may prove useful to extrapolate from the literature on male batterers and begin to explore the presence of subtypes among female batterers. In this way, our understanding of effective intervention efforts for female batterers may benefit from the false starts and erroneous assumptions that have served to hinder the development of meaningful information on tenets of effective intervention for male batterers.

More interesting, in an effort to further evaluate program effectiveness, arrest records were monitored for program completers for a period of 1 year following treatment completion. The State Law Enforcement Division (SLED), the state's computerized central repository for all law enforcement departments (e.g., City of Columbia, Richland County), checked arrest records. This check indicated that only one program completer was rearrested in the year following program completion. The most positive interpretation of this situation is that the women who completed the program altered their beliefs about the appropriateness of using violence in their intimate relationships and acquired new skill sets that allowed them to use nonviolent conflict resolution strategies in arguments with their partners. Another possible interpretation for this situation, albeit less positive than the preceding explanation, is that the treatment program serves as a specific deterrent to further violence, outside of changes on constructs related to abuse. Specifically, it is possible that the women learned to redirect their anger and avoid violence because of the negative consequences (i.e., time and cost) associated with participating in a treatment program, thereby avoiding arrest by not being physically violent. Finally, it should be acknowledged that arrest, at

best, is an imperfect indicator of program success, as there is no way to assess whether women not rearrested are also not being violent in their intimate relationships. Nevertheless, it appears that the intervention program is having some success with women completers, as evidenced by the changes on the psychological variables and the lack of significant numbers of treatment completers rearrested for domestic violence offenses one year following treatment completion.

There are three drawbacks to the current study that limit the conclusions that can be drawn from it, and it is important to keep these limitations in mind when evaluating the findings. First, the current study employed a small sample of treatment completers. Second, the sample was drawn from a predominantly rural, southern state. It is clear that these women are not representative of female batterers in general, and the results of the current study may not be applicable to female batterers in different geographic regions and clinical settings. Finally, and perhaps most important, the current study used a pre-experimental design. Consequently, it is not possible to determine what may have caused the changes observed in the sample, and caution must be exercised in concluding it was the treatment program.

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