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WHAT WORKS TO REDUCE RECIDIVISM BY DOMESTIC VIOLENCE OFFENDERS?

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APPENDICES

Appendix A: Meta-Analytic Procedures to Compute Effect Sizes and Standard Errors

Appendix B: Studies of Group-Based Approaches to Domestic Violence Treatment

Appendix C: Studies of System-Based Approaches to Domestic Violence Treatment

Appendix D: Studies of Community Supervision Used in Meta-Analyses

Appendix E: Survey of Domestic Violence Treatment Standards Used in Other States

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APPENDIX A:
META-ANALYTIC PROCEDURES TO COMPUTE EFFECT SIZES AND STANDARD ERRORS

To estimate the effects of programs and policies on outcomes, we employ statistical procedures researchers have been developing to facilitate systematic reviews of evaluation evidence. This set of procedures is called "meta-analysis" and we employ that methodology in this study.[1] A meta-analysis is only as good as the selection and coding criteria used to conduct the study.[2] Following are the key choices we made and implemented.

Study Selection. We used four primary means to locate studies for meta-analysis of programs: (1) we consulted the bibliographies of systematic and narrative reviews of the research literature in the various topic areas; (2) we examined the citations in the individual studies themselves; (3) we conducted independent literature searches of research databases using search engines such as Google, Proquest, Ebsco, ERIC, PubMed, and SAGE; and (4) we contacted authors of primary research to learn about ongoing or unpublished evaluation work. As we will describe, the most important criteria for inclusion in our study was that an evaluation have a control or comparison group. Therefore, after first identifying all possible studies via these search methods, we attempted to determine whether the study was an outcome evaluation that had a comparison group. We also determined if each study used outcome measures that were standardized or well-validated. If a study met these criteria, we then secured a paper copy of the study for our review.

Peer-Reviewed and Other Studies. We examined all evaluation studies we could locate with these search procedures. Many of these studies were published in peer-reviewed academic journals while many others were from reports obtained from the agencies themselves. It is important to include non-peer reviewed studies, because it has been suggested that peer-reviewed publications may be biased to show positive program effects. Therefore, our meta-analysis includes all available studies that meet our other criteria, regardless of published source.

Control and Comparison Group Studies. Our analysis only includes studies that had a control or comparison group. That is, we did not include studies with a single-group, pre-post research design. This choice was made because it is only through rigorous comparison group studies that causal relationships can be reliably estimated.

Exclusion of Studies of Program Completers Only. We did not include a study in our meta-analytic review if the treatment group was made up solely of program completers. We adopted this rule because there are too many significant unobserved self-selection factors that distinguish a program completer from a program dropout, and these unobserved factors are likely to significantly bias estimated treatment effects. Some studies of program completers, however, also contain information on program dropouts in addition to a comparison group. In these situations, we included the study if sufficient information was provided to allow us to reconstruct an intent-to-treat group that included both completers and non-completers, or if the demonstrated rate of program non-completion was very small. In these cases, the study still needed to meet the other inclusion requirements listed here.

Random Assignment and Quasi-Experiments. Random assignment studies were preferred for inclusion in our review, but we also included non-randomly assigned comparison groups. We only included quasi-experimental studies if sufficient information was provided to demonstrate comparability between the treatment and comparison groups on important pre-existing conditions such as age, gender, and prior criminal history.

Enough Information to Calculate an Effect Size. Following the statistical procedures in Lipsey and Wilson,[3] a study had to provide the necessary information to calculate an effect size. If the necessary information was not provided, and we were unable to obtain the necessary information directly from the study author(s), the study was not included in our review.

Mean-Difference Effect Sizes. For this study, we coded mean-difference effect sizes following the procedures in Lipsey and Wilson.[4] For dichotomous measures, we used the D-cox transformation to approximate the mean difference effect size, as described in Sánchez-Meca, Marín-Martínez, and Chacón-Moscoso.[5] We chose to use the mean-difference effect size rather than the odds ratio effect size because we code both dichotomous and continuous outcomes (odds ratio effect sizes could also have been used with appropriate transformations).

Outcome Measures of Interest. The primary outcome of interest is crime. Our preference was to code convictions; however, if primary researchers did not report convictions, we coded other available measures of crime. Some studies reported multiple measures of the same outcome (e.g., arrest and incarceration). In such cases, we meta-analyzed the similar measures and used the combined effect size in the meta-analysis for that program. As a result, each study sample coded in this analysis is associated with a single effect size for a given outcome. In addition to crime, we coded substance abuse outcomes when available.

Dichotomous Measures Preferred Over Continuous Measures. Some studies included two types of measures for the same outcome: a dichotomous (yes/no) outcome and a continuous (mean number) measure. In these situations, we coded an effect size for the dichotomous measure. Our rationale for this choice is that in small or relatively small sample of studies, continuous measures of

[1] In general, we follow the meta-analytic methods described in: Lipsey, M. W., & Wilson, D. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage Publications.
[2] All studies used in the meta-analysis are identified in the references in Appendix A of this report. Many other studies were reviewed, but did not meet the criteria set for this analysis.
[3] Lipsey & Wilson, 2001.
[4] Ibid
[5] Sánchez-Meca, J., Marín-Martínez, F., & Chacón-Moscoso, S. (2003). Effect-size indices for dichotomized outcomes in meta-analysis. *Psychological Methods*, *8*(4), 448-467.

treatment outcomes can be unduly influenced by a small number of outliers, while dichotomous measures can avoid this problem. Of course, if a study only presented a continuous measure, we coded the continuous measure.

Longest Follow-Up Periods. When a study presented outcomes with varying follow-up periods, we coded the effect size for the longest follow-up period. The longest follow-up period allows us to gain the most insight into the long-run benefits and costs of various treatments. Occasionally, we did not use the longest follow-up period if it was clear that a longer reported follow-up period adversely affected the attrition rate of the treatment and comparison group samples.

Procedures for Calculating Effect Sizes

Effect sizes summarize the degree to which a program or policy affects an outcome. In experimental settings this involves comparing the outcomes of treated participants relative to untreated participants. There are several methods used by analysts to calculate effect sizes, as described in Lipsey and Wilson.[6] The most common effect size statistic is the standardized mean difference effect size, and that is the measure we employ in this analysis.

Continuously Measured Outcomes. The mean difference effect size was designed to accommodate continuous outcome data, such as student test scores, where the differences are in the means of the outcome.[7] The standardized mean difference effect size is computed with:

$$(3)\ ES = \frac{M_t - M_c}{\sqrt{\frac{(N_t - 1)SD_t^2 + (N_c - 1)SD_c^2}{N_t + N_c - 2}}}$$

In this formula, ES is the estimated effect size for a particular program; M_t is the mean value of an outcome for the treatment or experimental group; M_c is the mean value of an outcome for the control group; SD_t is the standard deviation of the treatment group; and SD_c is the standard deviation of the control group; N_t is the number of subjects in the treatment group; and N_c is the number of subjects in the control group.

The variance of the mean difference effect size statistic in (3) is computed with:[8]

$$(4)\ ESVar = \frac{N_t + N_c}{N_t N_c} + \frac{ES^2}{2(N_t + N_c)}$$

In some random assignment studies or studies where treatment and comparison groups are well-matched, authors provide only statistical results from a t-test. In those cases, we calculate the mean difference effect size using:[9]

$$(5)\ ES = t\sqrt{\frac{N_t + N_c}{N_t N_c}}$$

In many research studies, the numerator in (3), $M_t - M_c$, is obtained from a coefficient in a regression equation, not from experimental studies of separate treatment and control groups. For such studies, the denominator in (3) is the standard deviation for the entire sample. In these types of regression studies, unless information is presented that allows the number of subjects in the treatment condition to be separated from the total number in a regression analysis, the total N from the regression is used for the sum of N_t and N_c, and the product term $N_t N_c$ is set to equal $(N/2)^2$.

Dichotomously Measured Outcomes. Many studies record outcomes not as continuous measures such as test scores, but as dichotomies; for example, high school graduation. For these yes/no outcomes, Sanchez-Meca, et al.[10] have shown that the Cox transformation produces the most unbiased approximation of the standardized mean effect size. Therefore, to approximate the standardized mean difference effect size for continuously measured outcomes, we calculate the effect size for dichotomously measured outcomes with:

$$(6)\ ES_{Cox} = \frac{\ln\left[\frac{P_t(1 - P_c)}{P_c(1 - P_t)}\right]}{1.65}$$

where P_t is the percentage of the treatment group with the outcome and P_c is the percentage of the comparison group with the outcome. The numerator, the logged odds ratio, is then divided by 1.65.

The ES_{Cox} has a variance of

[6] Lipsey & Wilson, 2001
[7] Ibid, Table B10, equation 1, p. 198
[8] Ibid, Table 3.2, p. 72
[9] Ibid, Table B10, equation 2, p. 198
[10] Sanchez-Meca et al., 2003

(7) $ESVar_{Cox} = .367\left[\frac{1}{O_{1t}} + \frac{1}{O_{2t}} + \frac{1}{O_{1c}} + \frac{1}{O2_{1c}}\right]$

where O_{1t}, O_{2t}, O_{1C}, *and* O_{2C} are the number of successes (1) and failures (2) in the treatment, t, and control, c groups.

Occasionally when outcomes are dichotomous, authors reported the results of statistical analysis such as Chi-Square (X^2) statistics. In these cases, we first estimate the absolute value of $ES_{arcsine}$ per Lipsey and Wilson[11], then based on analysis we conducted, we multiply the result by 1.35 to determine ES_{Cox}.

(8) $|ESCox| = 1.35 * 2\sqrt{\frac{X^2}{N_t + Nc - X^2}}$

Similarly, we determined that in these cases, using (B2) to calculate the variance underestimates $ESVar_{Cox}$ and, hence over estimates the inverse variance weight. We conducted analysis which showed that $ESVar_{Cox}$ is linearly related to *ESVar*. Our analysis indicated that by multiplying *ESVar* by 1.65 provides a very good approximation of $ESVar_{Cox}$.

Pre/Post Measures. Where authors report pre- and post-treatment measures without other statistical adjustments, first we calculate two between-groups effect sizes: (1) at pre-treatment and, (2) at post-treatment. Finally, we calculate the overall effect size by subtracting the post-treatment effect size from the pre-treatment effect size.

Adjusting Effect Sizes for Small Sample Sizes

Since some studies have very small sample sizes, we follow the recommendation of many meta-analysts and adjust for this. Small sample sizes have been shown to upwardly bias effect sizes, especially when samples are less than 20. Following Hedges,[12] Lipsey and Wilson[13] report the "Hedges correction factor," which we use to adjust all mean-difference effect sizes, (where N is the total sample size of the combined treatment and comparison groups):

(9) $ES'_m = \left[1 - \frac{3}{4N - 9}\right] * \ ES_m$

Computing Weighted Average Effect Sizes, Confidence Intervals, and Homogeneity Tests. Once effect sizes are calculated for each program effect, and any necessary adjustments for clustering are made, the individual measures are summed to produce a weighted average effect size for a program area. We calculate the inverse variance weight for each program effect and these weights are used to compute the average. These calculations involve three steps. First, the standard error, SE_T of each mean effect size is computed with:[14]

(10) $SE_T = \sqrt{\frac{N_t + N_c}{N_t N_c} + \frac{ES^2}{2(N_t + N_c)}}$

Next, the inverse variance weight w is computed for each mean effect size with:[15]

(11) $w = \frac{1}{SE_T^2}$

The weighted mean effect size for a group with i studies is computed with:[16]

(12) $\overline{ES} = \frac{\sum(w_i ES_{T_i})}{\sum w_i}$

Confidence intervals around this mean are then computed by first calculating the standard error of the mean with:[17]

(13) $SE_{\overline{ES}} = \sqrt{\frac{1}{\sum w_i}}$

[11] Lipsey and Wilson, 2001, Table B10, equation 23, p. 200
[12] Hedges, L. V. (1981). Distribution theory for Glass's estimator of effect size and related estimators. *Journal of Educational Statistics, 6*(2), 107-128.
[13] Lipsey & Wilson, 2001, equation 3.22, p. 49
[14] Lipsey & Wilson, 2001, equation 3.23, p. 49
[15] Ibid., equation 3.24, p. 49
[16] Ibid., p. 114
[17] Ibid

Next, the lower, ES_L, and upper limits, ES_U, of the confidence interval are computed with:[18]

$$(14)\ \overline{ES_L} = \overline{ES} - z_{(1-\alpha)}\left(SE_{\overline{ES}}\right)$$

$$(15)\ \overline{ES_U} = \overline{ES} + z_{(1-\alpha)}\left(SE_{\overline{ES}}\right)$$

In equations (14) and (15), $z_{(1-\alpha)}$ is the critical value for the *z*-distribution (1.96 for α = .05).

The test for homogeneity, which provides a measure of the dispersion of the effect sizes around their mean, is given by:[19]

$$(16)\ Q_i = \left(\sum w_i\, ES_i^2\right) - \frac{\left(\sum w_i\, ES_i^2\right)}{\sum w_i}$$

The Q-test is distributed as a chi-square with *k*-1 degrees of freedom (where *k* is the number of effect sizes).

Computing Random Effects Weighted Average Effect Sizes and Confidence Intervals. Next, a random effects model is used to calculate the weighted average effect size. Random effects models allow us to account for between-study variance in addition to within-study variance.[20]

This is accomplished by first calculating the random effects variance component, *v*[21]

$$(17)\ v = \frac{Q_i - (k-1)}{\sum w_i - \left(\sum wsq_i / \sum w_i\right)}$$

where wsq_i is the square of the weight of ES_i (Equation 11).

This random variance factor is then added to the variance of each effect size and finally all inverse variance weights are recomputed, as are the other meta-analytic test statistics. If the value of Q is less than the degrees of freedom (*k-1*), there is no excess variation between studies and the initial variance estimate is used.

[18] Ibid
[19] Ibid., p. 116
[20] Borenstein, M., Hedges, L. V., Higgins, J. P. T., & Rothstein, H. R. (2010). A basic introduction to fixed-effect and random-effects models for meta-analysis. *Research Synthesis Methods, 1*(2), 97-111.
[21] Ibid., p. 134

APPENDIX B:
STUDIES OF GROUP-BASED APPROACHES TO DOMESTIC VIOLENCE TREATMENT

In Exhibit B1 we list the studies of DV treatment that were included in the analysis. More information on these studies is provided in Exhibit 1 in the main report. Note that Chen et al. was not included in our analyses because it did not report domestic violence recidivism.

Exhibit B1
Studies of Group-Based DV Treatment Included in Analysis

Chen, H., Bersani, C., Myers, S. C., & Denton, R. (1989). Evaluating the effectiveness of a court sponsored abuser treatment program. Journal of Family Violence, 4(4), 309-322.

Davis, R. C., Taylor, B. G., & Maxwell, C. D. (2000, January). Does batterer treatment reduce violence? A randomized experiment in Brooklyn (Document No. NCJ 180772). New York: Victim Services Research.

Dunford, F. W. (2000). The San Diego navy experiment: An assessment of interventions for men who assault their wives. Journal of Consulting and Clinical Psychology, 68(3), 468-476.

Easton, C. J., Mandel, D. L., Hunkele, K. A., Nich, C., Rounsaville, B. J., & Carroll, K. M. (2007). A cognitive behavioral therapy for alcohol-dependent domestic violence offenders: An integrated substance abuse-domestic violence treatment approach (SADV). *American Journal on Addictions*, 16(1), 24-31.

Feder, L., & Forde, D. R. (2000, June). A test of the efficacy of court-mandated counseling for domestic violence offenders: The Broward experiment (Final report, Document No. NCJ 184752). Memphis, TN: University of Memphis, Department of Criminology and

Gordon, J. A., & Moriarity, L. J. (2003). The effects of domestic violence batterer treatment on domestic violence recidivism: The Chesterfield County experience. Criminal Justice and Behavior, 30(1), 118-134.

Harrell, A. V. (1991, October). Evaluation of court-ordered treatment for domestic violence offenders (Final report). Washington, DC: The Urban Institute.

Labriola, M., Rempel, M., & Davis, R. C. (2008). Do batterer programs reduce recidivism? Results from a randomized trial in the Bronx. Justice Quarterly, 25(2), 252-282.

Palmer, S. E., Brown, R. A., & Maru, B. E. (1992). Group treatment program for abusive husbands: Long-term evaluation. American Journal of Orthopsychiatry, 62(2), 276-283.

Waldo, M. (1998). Relationship enhancement counseling groups for wife abusers. Journal of Mental Health Counseling, 10(1), 37-45.

In Exhibit B2 (beginning next page) we describe studies of DV treatment that were excluded from the analysis. As described in the main portion of this report, we exclude studies where there is no comparison group; for example, where all participants were ordered to treatment and authors report pre-/post- crime. Similarly we exclude studies where the authors compare those who complete the program with those who drop out, or where authors provide information on completers only. The legislature directed the Institute to report on treatment for domestic violence offenders. Thus, we did not include studies of programs where men volunteered for treatment without criminal court involvement.

Exhibit B2
Description of Studies of DV Offender Group-Based Treatment Excluded from Meta-Analysis

Citation	Type of intervention	Reasons for exclusion
Babcock (1999).	Batterer Treatment	This study followed a cohort of 387 batterers who were mandated to batterer tx. No untreated comparison group.
Bennett (2005)	Batterer Treatment	Compares completers to dropouts.
Bowen (2005)	Batterer Treatment	Compares completers to dropouts.
Brannen (1996)	DV Couples Treatment	Compares couples' to men's. Over 50% lost to follow-up. Selection bias likely.
Buttell (2005).	Batterer Treatment	Compares outcomes for African American and White completers only. This program had 56% dropouts. No measure of crime or new DV
Coulter, M (2009)	Batterer Treatment	No non-treated comparison group.
Dobash (1999)	Batterer Treatment	Compares offenders sentenced to DV treatment or other sanctions (fines, prison, admonishment). Very high attrition: official records checked for 13 percent of the original sample.
Dutton. (1986)	Batterer Treatment/Unclear	Completers compared with dropouts, those rejected by the therapist and those whose employment was too distant to be able to attend treatment.
Edleson (1991)	Batterers Treatment	Compares 283 men seeking services to either self-help groups or education; most men were not involved in criminal justice system. No criminal records check Very high attrition. victim reports for 25 percent of original sample.
Faulkner (1992)	Batterer Treatment/CBT	Pre- post-. No untreated comparison.
Gondolf (2004)	Batterer Treatment	Compares completers to dropouts.
Gondolf (2006)	Batterer Treatment/Case management	No untreated comparison group. Case management for African American men court-mandated to treatment. This study compares offenders ordered to treatment before case management was implemented to men who were eligible to receive CM.
Hamberger (1988)	Batterer Treatment/ CBT Skills Training	Compares completers with dropouts
Hanson (2000)	Batterer Treatment/Mixed types	Compares completers with dropouts
MacLeod (2008)	Batterer Treatment	No comparison group.
Menton (1998)	Batterer Treatment/CBTLindsey (1993).	Compares completers (those attending at least 13 out of 18 possible sessions) to dropouts or those whose probation periods ended before they could attend treatment. The untreated controls were significantly less at-risk than treatment group.

Exhibit B2 (con'td)
Description of Studies of DV Offender Group-Based Treatment Excluded from Meta-Analysis

Citation	Type of intervention	Reasons for exclusion
National Crime Prevention Centre (Canada), & Canadian Research Institute for Law and the Family. (2005)	Batterer Treatment	No comparison group. Pre-post- study of a coordinated community response which included a spousal abuse program for offenders. Many participants not involved in criminal justice system.
Newell (1994).	Batterer Treatment/Duluth	This quasi-experimental (after sentencing) study evaluated effect of DV treatment (Duluth) on recidivism outcomes. 3 initial groups: DV, other tx (alcohol, indiv, marital) or no tx. The only significant group effect was for tx dropout who had higher recidivism rate. For analysis, the author separates DV tx into completers and non-completers and there is no way to construct ITT.
O'Leary (1999).	DV Couples Treatment	This study compared outcomes for intact couples who VOLUNTEERED for treatment. No criminal justice involvement.
Petrik (1994)	Batterers Treatment/Duluth	Abusive men treated at VA hospital. Not all were court ordered, not clear any were involved in criminal justice system. Compares completers to "non-cooperators" who had either dropped out or did not participate in follow-up.
Rynerson (1993)..	Batterers Treatment/Includes some couples.	DV offenders and (when married) their partners. No untreated controls, no crime measures, considerable attrition. Psychometrics pre- and post-tx; no follow-up.
Saunders (1996).	Batterer Treatment	Study compared men who completed feminist CBT with those who completed Process Psychodynamic tx. No non-tx controls and completers only so I did not include.
Saunders (1986)..	Batterer Treatment	No comparison group. Completers only. No crime.
Stewart (2005)	Batterer Treatment/Unclear	Comparison group comprised of dropouts (59%) and those who didn't go to treatment (no explanation).
Stith (2004).	DV Couples Group Treatment	Couples who wanted to stay together after DV, 35% referred by probation. Random assignment to couples' group or individual couple therapy. Untreated comparison group. No official crime measure, women's report of new DV, 51% responded..
Wolfus (1996).	Batterers Treatment/ Unclear	Abusive offenders treated while incarcerated. Only "behavioral outcome" was change on Conflicts Tactics Scale; no follow-up after incarceration (while at risk of future abuse)

Exhibit B3
Citations for Studies of Group-Based DV Treatment Excluded From the Meta-Analysis

Babcock, J. C., & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence. *Journal of Family Psychology*, 13, 1, 46-59.

Bennett, L., Call, C., Flett, H., & Stoops, C. (2005). *Program completion, behavioral change, and re-arrest for the batterer intervention system of Cook County Illinois: Final report to the Illinois Criminal Justice Information Authority*. Chicago: Illinois Criminal Justice Information Authority.

Bowen, E., Cilchrist, E. A., & Beech, A. R. (2005). An examination of the impact of community-based rehabilitation on the offending behaviour of male domestic violence offenders and the characteristics associated with recidivism. *Legal and Criminological Psychology*, 10(2), 189-209.

Brannen, S.J., & Rubin, A. (1996). Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program. *Research on Social Work Practice*, 6(4): 405-424.

Buttell, F. P., & Carney, M. M. (2005). Do batterer intervention programs serve African American and Caucasian batterers equally well? An investigation of a 26-week program. *Research on Social Work Practice*, 15(1), 19-28.

Coulter, M., VandeWeerd, C. (2009) Reducing domestic violence and other criminal recidivism: Effectiveness of a multilevel batterers intervention program. *Violence and Victims* 24(2): 139-152

Dobash, R.P., Dobash, R.M., Cavanagh, K., & Lewis, R. (1999). A research evaluation of British programmes for violent men. *Journal of Social Policy*, 28(2): 205-233.

Dutton, D.G. 1986. The outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation. *Violence and Victims* 1(3): 163-175.

Edleson, J.L., & Syers, M. (1991). The effects of group treatment for men who batter: An 18-month follow-up study. *Research on Social Work Practice*, 1(3): 227-243.

Faulkner, K., Stoltenberg, C.D., Cogen, R., Nolder, M., Shooter, E.. (1992). Cognitive-Behavioral Group Treatment for Male Spouse Abusers. *Journal of Family Violence,* 7, 1, 37-55.

Gondolf, E.W. (2004) Evaluating batterer counseling programs: A difficult task showing some effects and implications. Aggression and Violent Behavior 9, 605-631.

Gondolf, E. W., & Pennsylvania Commission on Crime and Delinquency. (2006). *Case management for African American men in a batterer counseling program: Final report of a demonstration project evaluation*. Harrisburg, PA: Pennsylvania Commission on Crime and Delinquency.

Hamberger, L. K., & Hastings, J. E. (1988). Skills training for treatment of spouse abusers: An outcome study. *Journal of Family Violence*, 3(2), 121-130.

Hanson, R.K. & Wallace-Capretta, S. (2000). *A multi-site study of treatment for abusive men*. User Report 2000-05. Ottawa: Department of the Solicitor General of Canada.

MacLeod, D., Pi, R., Smith, D., Rose-Goodwin, L. (2008). *Batterer Intervention Systems in California: An Evaluation.* San Francisco: Judicial Council of California, Administrative Office for the Courts.

Menton, P. C. (1998). *The Effect of a Domestic Violence Program on Incarcerated Batterers*. Dissertation Abstracts International, 59(08), 3217

National Crime Prevention Centre (Canada), & Canadian Research Institute for Law and the Family. (2005). *The domestic violence treatment option (DVTO), Whitehorse, Yukon: Final evaluation report*. Calgary, Alta.: Canadian Research Institute for Law and the Family.

Newell, R. G. (1994). *The effectiveness of court-mandated counseling for domestic violence: An outcome study*. Unpublished doctoral dissertation, University of Toledo.

O'Leary, K. D., Heyman, R. E., & Neidig, P. H. (January 01, 1999). Treatment of Wife Abuse: A Comparison of Gender-Specific and Conjoint Approaches. *Behaviour Therapy*, 30, 3, 475-506.

Petrik, N.D. (1994). The reduction of male abusiveness as a result of treatment; Reality or myth? *Journal of Family Violence*, 9:307-316.

Rynerson, B.C., & Fishel, A.H. (1993). Domestic violence prevention training; participant characteristics and treatment outcomes. *Journal of Family Violence*, 8(3): 253-266.

Saunders, D. G. (1996). Feminist-cognitive-behavioral and process-psychodynamic treatments for men who batter: Interaction of abuser traits and treatment models. *Violence and Victims*, 11(4), 393-414.

Saunders, D. G., & Hanusa, D. (1986). Cognitive-behavioral treatment of men who batter: The short-term effects of group therapy. *Journal of Family Violence*, 1(4), 357-372.

Stewart, L, Gabora, N. Kropp, R and Lee, Z. (2005) *Family Violence Programming: Treatment Outcome for Canadian Federally Sentenced Offenders*. Ottawa, Correctional Services Canada, Report 2008 No R-174 http://www.csc-scc.gc.ca/text/rsrch/reports/r174/r

Stith, S. M., Rosen, K. H., McCollum, E. E., & Thomsen, C. J. (2004). Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy. Journal of Marital and Family Therapy, 30, 3, 305-18.

Wolfus, B., & Bierman, R. (1996). An evaluation of a group treatment program for incarcerated male batterers. *International Journal of Offender Therapy and Comparative Criminology*, 40(4): 318-333.

APPENDIX C:
STUDIES OF SYSTEM-BASED APPROACHES TO DOMESTIC VIOLENCE TREATMENT

Exhibit 4 in the main report lists system approaches to DV with rigorous evaluations. Exhibit C provides brief descriptions of the individual studies.

Exhibit C1
Promising System Approaches with at Least One Rigorous Evaluation

Study	Location	Treatment Type	Treatment N	Comparison	Effect Size (p-value)	
					DV recidivism	Any recidivism
Gover, 2003	Lexington Co, SC	Domestic Violence Court (Misdemeanor)	199	Cases filed prior to establishment of DV court	-0.411 (p=.022)	NA
Newmark, 2001	Brooklyn, NY	Domestic Violence Court (Felony)	136	Cases filed prior to establishment of DV court	NA	0.310
Labriola, 2008	Bronx, NY	Judicial Monitoring	188	Infrequent judicial monitoring	-0.237 (p=0.119)	-0.066
Erez, 2012	Midwest	GPS Monitoring Pre-trial	531	Jail, or radio frequency monitoring (not GPS) or bail without supervision	-0.223 (p=.001)	0.128 (p=.055)
Klein, 2005	Rhode Island	Specialized DV Community Supervision High Risk	178	Traditional probation units	0.342 (p=0.10)	NA
Klein, 2005	Rhode Island	Specialized DV Community Supervision Low Risk	178	Traditional probation units	-0.342 (p=0.03)	NA

Exhibit C2
Citations for Studies of System Approaches with at Least One (1) Rigorous Evaluation

Erez, E., Ibarra, P.R., Bales, W.D., Gur, O.M. (2012) GPS Monitoring Technologies and Domestic Violence: An Evaluation Study. Report to the National Institute of Justice, Document 238910

Gover, A.R., MacDonald, J.M., Alpert, G.P., Geary, I.A., Jr. (2003) "The Lexington County Domestic Violence Courts: A Partnership and Evaluation" National Institute of Justice Grant 2000-WT-VX-0015.

Klein, A. R., Wilson, D., Crowe, A. H., & DeMichele, M. (2005). Evaluation of the Rhode Island Probation Specialized Domestic Violence Supervision Unit. National Institute of Justice Grant 2002-WG-BX-0011

Labriola, M., Rempel, M., & Davis, R. C. (2008). Do batterer programs reduce recidivism? Results from a randomized trial in the Bronx. Justice Quarterly, 25(2), 252-282.

Newmark, L., Rempel, M., Diffily, K., Kane, K.M. (2001) "Specialized Felony Domestic Violence Courts: Lessons on Implementations and Impacts from the Kings County Experience" Washington DC: Urban Institute.

Exhibit C3 (beginning next page) provides information on studies of system approaches to domestic violence lists which we exclude from analysis. Complete citations for this group of studies are provided in Exhibit C4 (page 12).

Exhibit C3
Studies of Systems Approaches Excluded from Analysis

Citation	Type of intervention	Reasons for exclusion
Bouffard, 2007	Coordinated Community Response	No comparison group.
Murphy, 1998	Coordinated Community Response	No comparison group.
Orchowsky, 1999	Coordinated Community Response	This study compared recidivism of offenders prosecuted in Alexandria VA where there was a CCR, to that of offenders in Virginia Beach VA which did not have CCR. These two cities were quite different wrt median income and crime rates. No controls for city differences.
Salazar, 2007	Coordinated Community Response	Measures community arrests before and after implementation of CCR. No crime measure or measures of prevalence of DV.
Shepard, 2002	Coordinated Community Response	DAIP was modified. This study was an interrupted time series analysis. Not used because 40% of men were either volunteers or were ordered by civil court (i.e. not offenders.)
Kleinhesselink, 2003	Domestic Violence Court	Descriptive process evaluation. No outcomes. No comparison group.
Lyon, 2002	Domestic Violence Court	Description of experiences of a sample of female victims involved in DV court. Not an outcome evaluation.
Schlueter, 2011	Integrated Domestic Violence Court	Cases assigned to integrated domestic violence court (IDVC) compared to cases handled in the district court. Not clear how cases were selected for the IDVC. Those in district court at significantly higher risk to reoffend. Differential attrition at follow-up.
Cissner. 2011	Integrated Domestic Violence Court	This study compared families seen in the integrated DV court (DV and other family matters all seen in the same court by the same judge) to families in the same county who were eligible but not transferred to IDV. This study has no measures of recidivism.
Stover, 2009	Police home visits after DV	Intevention involved home visits by police within 3 days of DV incident. Comparison group consisted of men arrested in parts of town where there was no home-visit intervention in place. Comparison group VERY different from treatment group (76% Black vs ~50% in tx group, less likely to be married, more severe charges.) Authors conduct regression analysis, but unlikely it could control for these significant differences.
Paternoster, 1997	"Fair Policing"	Not really an intervention. This study aimed to test whether the arrested offender who perceived the officer as fair (asking his side of the story) would be less likely to reoffend. No comparison group.
Vallely, 2005	Victim supports (various)	No measures of recidivism. Focus on case processing and prosecution.
Harrell, 2006	Judicial Oversight	Compared increased judicial oversight (JOD) in a DV court and Coordinated Community Response to cases processed in the year before JOD. Variable times at risk. Authors indicate that under JOD offenders were more likely to have probation revoked (27% vs 2%) and go to jail. Authors state, "There is little evidence that offenders were deterred from subsequent abuse, but rather that incapacitation reduced the likelihood of subsequent violent arrests..." during the court case and probation.

Exhibit C4
Studies of Non-Treatment Approaches to DV Excluded from Analysis

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, 6, 353-366.

Cissner, A.B., Picard_Fritsche, S., Puffett, N. (2011) The Suffolk County Integrated Domestic Violence Court: Policies, Practices and Impacts, October 2002

Harrell, A., Schaffer, M. L., DeStefano, C. D., Castro, J. (2006). The Evaluation of Milwaukee's Judicial Oversight Demonstration. Washington, DC: Urban Institute.

Kleinhesselink, R., & Mosher, C. (2003). A process evaluation of the Clark County Domestic Violence Court. St. Paul, MN: Minnesota Center Against Violence and Abuse.

Lyon, E. (2002). Special session domestic violence courts: Enhanced advocacy and interventions (Final Report Summary). Storrs, CT: University of Connecticut, School of Social Work.

Murphy, C. M., Husser, P. H., & Maton, K. I. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. Journal of Family Violence, 13(3), 263-284.

Orchowsky, S. J. (1999). Evaluation of a coordinated community response to domestic violence: The Alexandria Domestic Violence Intervention Project. Richmond, VA: Applied Research Associates.

Paternoster, R., Brame, R., Bachman, R., & Sherman, L. W. (1997). Do Fair Procedures Matter? The Effect of Procedural Justice on Spouse Assault. Law and Society Review, 31, 1, 163-204.

Salazar, L. F., Emshoff, J. G., Baker, C. K., & Crowley, T. (August 07, 2007). Examining the Behavior of a System: An Outcome Evaluation of a Coordinated Community Response to Domestic Violence. Journal of Family Violence, 22, 7, 631-641.

Schlueter, M., Wicklund, P., Adler, R., Owen, J., Halvorsen, B.S. (2011) Bennington County Integrated Domestic Violence Docket Project: Outcome Evaluation. Northfield Falls, Vt. The Vermont Center for Justice Research.

Shepard, M.F., Falk, D.R., & Elliott, B.A. (2002). Enhancing coordinated community responses to reduce recidivism in cases of domestic violence. Journal of Interpersonal Violence, 17(5): 551-569

Stover, C. S., Poole, G., & Marans, S. (2009). The domestic violence home-visit intervention: Impact on police-reported incidents of repeat violence over 12 months. Violence and Victims, 24, 5, 591-605.

Vallely, C., Robinson, A., Burton, M., Tregidga, J. (2005). Evaluation of domestic violence pilot sites at Caerphilly (Gwent) and Croydon 2004/05: Final report. London: Crown Prosecution Service.

APPENDIX D:
STUDIES OF COMMUNITY SUPERVISION USED IN META-ANALYSES

Exhibits D1 through D3 list the studies on community supervision used in our meta-analyses, organized by treatment type.

Exhibit D1
Supervision with Risk Need Responsivity Model

Taxman, F. S. (2008). No illusions: Offender and organizational change in Maryland's proactive community supervision efforts. *Criminology and Public Policy, 7*(2), 275-302.

Trotter, C. (1996). The impact of different supervision practices in community corrections: Cause for optimism. *The Australian & New Zealand Journal of Criminology, 29*(1), 1-19.

Robinson, C., VanBenschoten, S., Alexander, M., & Lowenkamp, C. (2011). A random (almost) study of staff training aimed at reducing re-arrest (STARR):Reducing recidivism through intentional design. *Federal Probation, 75* (2).

Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., Gutierrez, L., & Li, J. (2011). An experimental demonstration of training probation officers in evidence-based community supervision. *Criminal Justice and Behavior, 38*(11).

Jalbert, S. K., Rhodes, W., Kane, M., Clawson, E., Bogue, B., Flygare, C., Kling, R., & Guevara, M. (2011). *A multi-site evaluation of reduced probation caseload sizes in an evidence-based practice setting* (NCJ No. NCJ 234596). Washington, DC: National Institute of Justice.

Exhibit D2
Intensive Supervision: Treatment

Bagdon, W. & Ryan, J. E. (1993). Intensive supervision of offenders on prerelease furlough: An evaluation of the Vermont experience. *FORUM on Corrections Research, 5*(2). Retrieved June 23, 2011 from http://www.csc-scc.gc.ca/text/pblct/forum/e052/052j_e.pdf

Bonta, J., Wallace-Capretta, S., & Rooney, J. (2000). A quasi-experimental evaluation of an intensive rehabilitation supervision program. *Criminal Justice and Behavior, 27*(3), 312-329.

Brown, K. L. (2007). Effects of supervision philosophy on intensive probationers. *Justice Policy Journal, 4*(1). Retrieved June 23, 2011 from http://www.cjcj.org/files/effects_of_0.pdf

Byrne, J. M., & Kelly, L. M. (1989). *Restructuring probation as an intermediate sanction: An evaluation of the implementation and impact of the Massachusetts Intensive Probation Supervision Program* (Executive Summary). Final report to the National Institute of Justice, Research Program on the Punishment and Control of Offenders.

Deschenes, E. P., Turner, S., & Petersilia, J. (1995, May). *Intensive community supervision in Minnesota: A dual experiment in prison diversion and enhanced supervised release*. Santa Monica, CA: RAND.

Erwin, B. S., Bennett, L. A. (1987, January). *New dimensions in probation: Georgia's experience with intensive probation supervision* (Research in Brief). Washington, DC: National Institute of Justice.

Fulton, B., Stichman, A., Latessa, E., & Travis, L. (1998, October). *Evaluating the prototypical ISP: Iowa Correctional Services Second Judicial District* (Final Report). Cincinnati, OH: University of Cincinnati, Division of Criminal Justice.

Hanley, D. (2002). *Risk differentiation and intensive supervision: A meaningful union?* (Unpublished doctoral dissertation). University of Cincinnati, Cincinnati, OH.

Johnson, G., & Hunter, R. M. (1995). Evaluation of the Specialized Drug Offender Program. In R. R. Ross & R. D. Ross (Eds.), *Thinking straight: The Reasoning and Rehabilitation Program for delinquency prevention and offender rehabilitation* (pp. 214-234). Ottawa, Ontario, Canada: Air Training and Publications.

Lichtman, C. M., & Smock, S. M. (1981). The effects of social services on probationer recidivism: A field experiment. *Journal of Research in Crime & Deliquency, 18*(1), 81-100.

Paparozzi, M. A., & Gendreau, P. (2005). An intensive supervision program that worked: Service delivery, professional orientation, and organizational supportiveness. *The Prison Journal, 85*(4), 445-466.

Pearson, F. S., & Harper, A. G. (1990). Contingent intermediate sentences: New Jersey's intensive supervision program. *Crime & Delinquency, 36*(1), 75-86.

Petersilia, J., & Turner, S. (1990, December). *Intensive supervision for high-risk probationers: Findings from three California experiments*. Santa Monica, CA: RAND.

Petersilia, J., Turner, S., & Deschenes, E. P. (1992). Intensive supervision programs for drug offenders. In J. M. Byrne, A. J. Lurigio, & J. Petersilia (Eds.), *Smart sentencing: The emergence of intermediate sanctions* (pp. 18-37). Newbury Park, CA: Sage.

Smith, L. G., & Akers, R. L. (1993). A comparison of recidivism of Florida's community control and prison: A five-year survival analysis. *Journal of Research in Crime & Delinquency, 30*(3), 267-292.

Stichman, A., Fulton, B., Latessa, E., & Travis, L. (1998, December). *Evaluating the prototypical ISP: Hartford Intensive Supervision Unit Connecticut Office of Adult Probation Administrative Office of the Courts* (Final Report). Cincinnati, OH: University of Cincinnati, Division of Criminal Justice.

Turner, S., & Petersilia, J. (1992). Focusing on high-risk parolees: An experiment to reduce commitments to the Texas Department of Corrections. *Journal of Research on Crime & Delinquency, 29*(1), 34-61.

Exhibit D3
Intensive Supervision: Surveillance

Bagdon, W. & Ryan, J. E. (1993). Intensive supervision of offenders on prerelease furlough: An evaluation of the Vermont experience. *FORUM on Corrections Research, 5*(2). Retrieved June 23, 2011 from http://www.csc-scc.gc.ca/text/pblct/forum/e052/052j_e.pdf

Bonta, J., Wallace-Capretta, S., & Rooney, J. (2000). A quasi-experimental evaluation of an intensive rehabilitation supervision program. *Criminal Justice and Behavior, 27*(3), 312-329.

Brown, K. L. (2007). Effects of supervision philosophy on intensive probationers. *Justice Policy Journal, 4*(1). Retrieved June 23, 2011 from http://www.cjcj.org/files/effects_of_0.pdf

Byrne, J. M., & Kelly, L. M. (1989). *Restructuring probation as an intermediate sanction: An evaluation of the implementation and impact of the Massachusetts Intensive Probation Supervision Program* (Executive Summary). Final report to the National Institute of Justice, Research Program on the Punishment and Control of Offenders.

Deschenes, E. P., Turner, S., & Petersilia, J. (1995, May). *Intensive community supervision in Minnesota: A dual experiment in prison diversion and enhanced supervised release*. Santa Monica, CA: RAND.

Erwin, B. S., Bennett, L. A. (1987, January). *New dimensions in probation: Georgia's experience with intensive probation supervision* (Research in Brief). Washington, DC: National Institute of Justice.

Fulton, B., Stichman, A., Latessa, E., & Travis, L. (1998, October). *Evaluating the prototypical ISP: Iowa Correctional Services Second Judicial District* (Final Report). Cincinnati, OH: University of Cincinnati, Division of Criminal Justice.

Hanley, D. (2002). *Risk differentiation and intensive supervision: A meaningful union?* (Unpublished doctoral dissertation). University of Cincinnati, Cincinnati, OH.

Johnson, G., & Hunter, R. M. (1995). Evaluation of the Specialized Drug Offender Program. In R. R. Ross & R. D. Ross (Eds.), *Thinking straight: The Reasoning and Rehabilitation Program for delinquency prevention and offender rehabilitation* (pp. 214-234). Ottawa, Ontario, Canada: Air Training and Publications.

Lichtman, C. M., & Smock, S. M. (1981). The effects of social services on probationer recidivism: A field experiment. *Journal of Research in Crime & Deliquency, 18*(1), 81-100.

Paparozzi, M. A., & Gendreau, P. (2005). An intensive supervision program that worked: Service delivery, professional orientation, and organizational supportiveness. *The Prison Journal, 85*(4), 445-466.

Pearson, F. S., & Harper, A. G. (1990). Contingent intermediate sentences: New Jersey's intensive supervision program. *Crime & Delinquency, 36*(1), 75-86.

Petersilia, J., & Turner, S. (1990, December). *Intensive supervision for high-risk probationers: Findings from three California experiments*. Santa Monica, CA: RAND.

Petersilia, J., Turner, S., & Deschenes, E. P. (1992). Intensive supervision programs for drug offenders. In J. M. Byrne, A. J. Lurigio, & J. Petersilia (Eds.), *Smart sentencing: The emergence of intermediate sanctions* (pp. 18-37). Newbury Park, CA: Sage.

Smith, L. G., & Akers, R. L. (1993). A comparison of recidivism of Florida's community control and prison: A five-year survival analysis. *Journal of Research in Crime & Delinquency, 30*(3), 267-292.

Stichman, A., Fulton, B., Latessa, E., & Travis, L. (1998, December). *Evaluating the prototypical ISP: Hartford Intensive Supervision Unit Connecticut Office of Adult Probation Administrative Office of the Courts* (Final Report). Cincinnati, OH: University of Cincinnati, Division of Criminal Justice.

Turner, S., & Petersilia, J. (1992). Focusing on high-risk parolees: An experiment to reduce commitments to the Texas Department of Corrections. *Journal of Research on Crime & Delinquency, 29*(1), 34-61.

APPENDIX E:
SURVEY OF DOMESTIC VIOLENCE TREATMENT STANDARDS USED IN OTHER STATES

To determine the domestic violence treatment laws of each state, we examined the legal codes provided online by state legislatures. When states required domestic violence programs to adhere to standards, these standards were often described directly in the statutes or legal code. In other cases, the legal code designated a department, council or organization to design and enforce domestic violence treatment standards. In these situations, we examined the web page for the organization and the standards it provided.

For several states, domestic violence treatment standards were not described or referred to by the legal code in any way. In many of these instances, no state department offered state standards. For these states, we examined standards offered by nonprofit organizations or networks that created guidelines for treatment programs. We explained that these states do not enforce standards and we labeled the nonprofit organization as the proponent of state standards. Hawaii and California only described general state standards, while specific treatment standards were created and enforced by individual counties.

Enforcement and certification varied between states. Some only allowed treatment programs to operate if they were certified by the state. Others only referred state-certified programs to the courts, but allowed non-certified programs to function, such as in West Virginia. Many states did not offer certification.

We only designated the theoretical orientation of standards if it was specifically named by the certifying organization or body. Although some states used the power/control language of the Duluth model, we did not refer to the standards as corresponding to the Duluth model unless the organization had done so.

Exhibit E1 provides a summary of our findings.

Exhibit E1
Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
AK	Standards revised, 2004	No	Yes	Yes	Council on Domestic Violence and Safety Sexual Assault, Department of Public Safety	24 weeks	Duluth model	Dynamics of power & control, consequences of abuse, accountability, role of sexism & stereotypes, partnership, alternatives to abuse, belief systems supporting DV
AL	Standards revised, 2008	No	Yes	No	Alabama Association of Violence Intervention Programs	16 weeks	Cognitive behavioral, profeminist, psycho-educational	Identification of abusive behaviors, effects of violence on victims & children, accountability, non-abusive communication, cultural & social influences, power & control dynamics
AR	N/A		No				N/A	
AZ	Law revised, 2003	No	Yes	Yes	Department of Health Services	26 sessions	Not specified in standards	Accountability, dynamics of power & control
CA	Law revised, 2010	Yes	Yes	Yes	Probation department	52 weeks	Not specified in standards	Accountability, gender roles, socialization, nature of violence, dynamics of power & control, effects of DV on children
CO	Standards revised, 2012	Yes	Yes	Yes	Colorado Domestic Violence Offender Management Board	Varies based on offender level	Evidence-based cognitive behavioral model	Evidence-based cognitive behavioral model: definition of violence, time outs, provocation, anger management, sex role training, conflict resolution, effects of violence
CT	N/A	No	No				N/A	

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
AK	Intake assessment regarding criminal history, substance abuse & mental health indicators, lethality assessment, strategy for case management, behavior history	Group intervention, gender specific	Victim participation, couples counseling for first six months of treatment		Supervisor: At least one year DV work experience. Staff/volunteers: 40 hours DV education
AL	Intake regarding personal information, substance abuse history, mental health history, history of violence, criminal history, history of abuse in relationships, ongoing risk assessment	Single gender, male & female co-facilitation, 12-20 group members, 90 minutes in length	Victim blaming, victim mandating, couples therapy, family systems, addiction counseling, containment, or the primary use of fair fighting, psychopathology, impulse control		Facilitator's: If no Bachelor's degree, must be paired with facilitator with Bachelor's degree and 2 years DV field experience; 24 hours training, 16 hours training every 2 years. Supervisors: Master's degree OR Bachelor's degree and 5 years work experience, 48 hours DV training, 24 hours education every 2 years
AR					
AZ		Group OR individual intervention, maximum of 15 members, individual sessions: 45-60 minutes, group sessions: 90-180 minutes	Exclusively including anger management, family therapy, conflict resolution, education about DV	Treatment must be based on researched methods published within five years of application	Provider: Behavioral health professional OR behavioral health technician with A.A., six months DV experience, 40 hours DV education, 8 hours annual education
CA	Assessment regarding social history, education, risk assessment, medical history, substance abuse history, etc.	Group sessions, single gender	Couples counseling		Providers need professional licensure. Facilitators: 40 hours training, 52 weeks as trainee in batterers' intervention program, 16 hours annual education
CO	Evaluation creating individual treatment plan, assessing risk, identifying criminal factors, assessment of accountability, acquiring relevant information	Group sessions at provider discretion, 90 minutes in length, maximum group size of 12, single gender, specific to sexual orientation	Couples counseling	Endorses research for DV intervention. Treatment standards exist for women & LGBT.	
CT					

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
DE	Standards revised, 2006	No	Yes	Yes	Domestic Violence Coordinating Council - Batterers' Intervention Certification Panel	24 hours or 15 weeks or 12 sessions	Psycho-educational intervention model based on power & control tactics	Dynamics of power & control, accountability, myths of DV, cycle of violence, de-escalation strategies, articulating feelings, problem solving skills, conflict resolution skills, stress management techniques, stereotypical gender roles, improving self-esteem, support systems, effects of DV on victims & children, etc.
FL	Law revised, 2012	Yes	Yes	No	Child & Family Services Department	24 sessions within 29 weeks	Psycho-educational model based on power & control tactics	Dynamics of power & control, accountability, violence as a learned behavior, articulating feelings, communication skills, conflict resolution skills, stereotypical gender roles, support systems, effects of DV on children, relation of substance abuse to DV, etc.
GA	Law revised, 2010	Yes	Yes	Yes	Department of Corrections	24 sessions within 27 weeks	Not specified in standards	Power & control dynamics, social & cultural context, effects of DV, accountability, behavioral change, safety planning, conflict resolution, communication, community service
HI	Standards revised, 2010	No	Yes	No		24 sessions	Not specified in standards	Power & control dynamics, gendered nature of DV, accountability, impact of abuse on children, non-violence planning, attitude & belief changes, challenging sexism & male entitlement, cooperative communication, cultural & social influences

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
DE	Evaluate need for substance abuse/mental treatment, assessment regarding police reports, Orders of Protection, criminal history, probation forms, etc., biopsychosocial clinical assessment including risk assessment	Group intervention, single gender, separate groups for juveniles, 60-120 minutes in length, 10-20 members, male & femal co-facilitation	Victim blaming, victim coercion, couples counseling, psychodynamic therapy, addiction counseling, systems theory, or anger management, impulse control, or psychopathology as primary method		Facilitators: Bachelor's degree in relevant field, 104 hours facilitator experience, 40 hours victim-centered training, 40 hours DV intervention training, 4 hours DV hearings, 24 hours education every 2 years. Supervisors: Similar experience with the exception of requiring a Master's degree
FL	Intake/assessment	Group intervention, 90 minutes in length, 3-24 group members, 2 facilitators if more than 15 members, single gender	Anger management or impulse control as primary mode, couples therapy, fair fighting, faith-based ideology		Facilitators: Bachelor's degree OR two years DV experience, 21 hours facilitator training, 84 hours facilitation experience, 40 hours DV training, 12 hours specified DV training, 12 hours annual education
GA	Intake/screening interview, admission of DV, willingness to change	Group intervention, 90 minutes in length, 3-16 members, 2 facilitators if more than 8 members, single gender	Victim blaming, couples therapy, individual therapy, stress management, anger control		Facilitators: Bachelor's degree OR two years DV experience, 84 hours facilitation experience, 40 hours participation in community education, 40 hours training, 4 hours experiental education, 12 hours annual education
HI	Intake regarding history of violence, child abuse, history of threats, substance abuse history, mental health history, criminal history, history of weapon use, relationship with partner, description of most recent violent incident, risk assessment, etc.	Group sessions at provider discretion, single gender, 120 minutes in length, 16-18 members, male/female co-facilitation	Couples counseling, psychodynamic therapy, systems theory, addiction counseling, gradual containment, ventilation techniques, or anger management/psycho pathology as primary method	Standards developed based on evidence-based practices and concepts. Encourages innovation as new research becomes available	Staff/facilitators: Bachelor's OR equivalent experience, counseling experience. Supervisor: Bachelor's degree, 3 years DV experience, 2 years supervisor experience. All: 25-40 hours basic training, 20 hours annual training.

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
IA	Standards revised, 2005	Yes	Yes	Yes	Department of Corrections	24 weeks	Not specified in standards	Varies depending on offender type
ID	Standards revised, 2011	Yes	Yes	Yes	Committee for Oversight of Domestic Violence Offender Intervention Programs and Standards	52 weeks	Not specified in standards	Accountability, social & cultural foundations of abuse, role of family in addressing violence, use of power & control tactics, application of self-control, impact on victims & children, equality in relationships, communication skills, relapse prevention, gender stereotyping, conflict resolution
IL	Standards revised, 2005	No	Yes	No	Department of Human Services	24 weeks or 36 hours	Not specified in standards	Causes of DV, non-abusive communication, sexism, equality of genders, non-violent conflict resolution, achievement of non-abusive parenting, empathy for victim, awareness of costs of DV, expression in a full range of emotions, etc.
IN	Standards revised, 2007	No	Yes	No	Office of the Prosecuting Attorney	26 weeks	Not specified in standards	Definitions of DV, impact of DV on victim, dynamics of battering, administrative issues, cycle of violence

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
IA	Intake evaluation, compatibility to program, history of violence/abuse, mental health problems	Varies depending on offender type	Anger management as primary method	BEP Steering Committee monitors research findings and conducts pilot projects to make appropriate decisions. Encourages standards that safely test innovative interventions. Treatment standards exist for women and LGBT.	Not discussed
ID	Simple intake procedure including interview	Group intervention, 90 minutes in length, maximum size of 12 members	Couples intervention	Mandates that programs must demonstrate application of evidence-based research. Encourages research on new standards and approaches.	Program supervisor: Master's or Doctorate in relevant field, licensed in relevant field, 60 hours DV education, 1000 hours treatment experience. Direct service providers: Bachelor's degree, 60 hours DV education, 250 hours DV work experience. All: 30 hours DV education every 3 years.
IL	Intake regarding history of violence, criminal history, screening for mental health & substance abuse problems, risk assessment	Group intervention, 90 minutes in length, male/female co-facilitation, single gender	Family therapy, victim blaming, violence as an addiction, pastoral counseling, or the primary use of anger management, impulse control, and substance abuse treatment	Conducted study on impact of treatment standards, encourages innovation of programs following outlined procedure. Treatment standards exist for women.	40 hours Illinois DV training, 20 hours abuser training
IN	Intake screening, no mental illness, prior convictions, victim cooperations	Group intervention, single gender, 90 minutes in length, maximum size of 18	Couples counseling		Co-facilitator: 60 hours formal training. Facilitator: 100 hours formal training. Supervisor: 120 hours formal training. Trainer: 3 years experience as supervisor. All: 10 hours annual training

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
KS	Standards revised, 2012	Yes	Yes	Yes	Office of the Attorney General	24 weeks	Not specified in standards	Dynamics of power & control, definition of DV, socialization, accountability, relation between DV and substance abuse and mental illness, relapse prevention, challenging abusive beliefs, nonviolent alternatives
KY	Law revised, 2009	No	Yes	Yes	Cabinet for Health and Family Services	28 weeks	Not specified in standards	Not specified
LA	Law revised, 2012	Yes	No	No			N/A	
MA	Standards revised, 1995	Yes	Yes	Yes	Public Health Department	8 hours	Not specified in standards	Identification of abusive behaviors, effects of abuse, accountability, non-abusive forms of communication, cultural & social influences
MD	Standards revised, 2006	No	Yes	Yes	Governor's Family Violence Council	32 hours over at least 20 weeks	Not specified in standards	Focus on intimate partner violence

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
KS	Intake regarding personal information, social history, learning, personality, addiction, mental health history, physical health, intimacy, previous relationships, motivation, beliefs, current stressors, risk assessment	Group intervention, co-facilitators preferred, 8-15 members preferred, 20 members maximum, 90-120 minutes in length	Couples counseling, addiction counseling, victim blaming, victim coercion, family systems approach, containment, impulse control, psychopathology		Primary facilitators: Bachelor's degree OR two years direct DV experience, 40 hours co-facilitation experience, 40 hours batterers intervention training. Program supervisors: Master's degree OR Bachelor's degree with 2 years direct DV experience, 16 hours training. Both: 12 hours continuous education every 2 years.
KY	Screening procedures, acquiring relevant personal information including history of violence, history of substance abuse, history of mental health, etc.	Individual OR group sessions. If group sessions: single gender, 2 facilitators if group exceeds 12, 15 maximum participants, 90 minutes. If individual sessions: 14 sessions, 60 minutes			Associate providers: Bachelor's degree, 24 hours DV specialty training, two years/2000 hours DV work experience. Autonomous provider: Master's degree, relevant license, 150 hours DV experience.
LA					
MA	Intake evaluation regarding basic personal information, violence history, history of substance abuse, history of mental health, history of abuse, police reports, access to weapons, lethality risk	Group sessions at provider discretion, single gender, 90-120 minutes in length, maximum group size of 15	Couples counseling, systems theory, addiction theory, gradual containment, poor impulse control, fair fighting techniques, or using anger management, psychopathology, or psychodynamic therapy as primary intervention method	Mandates that each program will collect statistical data in order to improve future planning	Personnel with 3 years experience with victims & 3 years experience with perpetrators, 1 supervisor with 3 years facilitation experience, each person with 24 hours DV training & ongoing training
MD	Screening & intake appointment, collect information regarding history of substance abuse, mental health history, assessment for homicidal threat, access to weapons, history of weapon use	Group intervention preferred, single gender, 10-12 members, co-facilitation, 1 male & 1 female facilitator			One of each co-facilitator team must have Bachelor's degree in human service, at least one supervisor with Master's degree, 30 hours DV training (facilitators)

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
ME	Standards revised, 2008	No	Yes	Yes	Department of Corrections	48 weeks	Cognitive behavioral model	Domestic abuse as a choice to gain power & control, accountability, effects of abuse on victims & children
MI	Standards revised, 1998	No	Yes	No	Department of Probation and Parole	26 weeks	Not specified in standards	Diverse intervention permitted, only curriculum requirements are: identification of abusive behaviors, identification of the effects of abuse, accountability, cultural and social influences, identifaction of non-abusive behaviors
MN	Law revised, 2001	Yes	Yes	Yes	Probation department or court	24 sessions or 36 hours	Not specified in standards	
MO	Standards revised, 2006	No	Yes	No	Department of Probation and Parole	26 weeks	Institutional imbalance of power, sex-role stereotyping, gender-based values, misogyny	Accountability, non-abusive communication, dynamics of power & control, equality in relationships, effects of violence on victim & children, myths of abuse, sexist attitudes, cultural & social influences
MS	N/A	No	No				N/A	
MT	Law revised, 2003	Yes	Yes	No		4 hours	Not specified in standards	

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
ME	Intake regarding personal information, substance abuse history, mental health history, history of weapon usage, history of abuse	Group intervention, maximum of 15 participants, single gender, 1 male & 1 female facilitator, 90 minutes	Anger management, individual counseling, couples counseling, family therapy, medication management, systems theory, addiction counseling		Attendance of national BIP training, on the job training, 8 hours continual training. Program director must have 2 years relevant DV experience.
MI	Intake evaluation: personal & family history, medical history, violence history, criminal history, drug & alcohol use screening, mental health screening, ongoing lethality evaluation	Group intervention as primary mode, single gender groups, 1 male & 1 female facilitator, group size 3-15	Victim blaming, couples counseling, alternative dispute resolution, primary methods of psychopathology or impulse control	Encourages scientific research under "Institutional Review Board" for program innovations.	Facilitators: Bachelors OR two years experience with victims/abusers, 40 hours facilitating experience with batterer intervention group, 40 hours training relevant to DV
MN	Assessment of substance abuse problems & possible risks	Group sessions, single gender	Couples counseling	Encourages program accountability through research and outcome studies	
MO	Assess offender information including demographic information, violence used in family of origin, current & former partners, criminal history, pending court actions, violence history, screening for mental health or substance abuse problems	Group sessions, single gender, co-facilitation, 90 minutes in length	Victim blaming, ventilation techniques, anger management as primary intervention, violence as an addition, poor impulse control, couples counseling		Program leaders: 80 hours educational DV training, ongoing DV training (Bachelor's/Master's recommended but not required). Facilitators: 50 hours educational training, 24 hours direct co-facilitation experience, ongoing training (Bachelor's/Master's recommended but not required)
MS					
MT	Preliminary assessment required to determine offender's need for counseling and other factors	Group counseling is suggested			Provider must be professional & licensed

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
NC	Standards revised, 2004	No	Yes	Yes	North Carolina Council for Women	39 hours or 26 weeks	Not specified in standards	Impact of violence on victim & children, accountability, cultural values that sustain oppression, alternatives to violent behaviors, examples of healthy relationships, substance abuse, mental health
ND	Standards revised, 2008	No	Yes	No	Division of Parole & Probation	24 weeks	Power & control dynamics	Dynamics of power & control, domestic violence as a choice, intergenerational patterns of violence, legal intervention issues, cognitive restructuring, gender role training, conflict resolution, skills building, victims issues
NE	Standards revised, 2008	No	Yes	No	Nebraska Domestic Violence Sexual Assault Coalition	24 weeks	Power & control dynamics	Power & control dynamics, cultural influences on gender roles, accountability, myths of domestic abuse, communication skills, problem solving skills, effects of domestic abuse, DV relation to substance abuse, role of ethnicity in DV
NH	Standards revised, 2002	No	Yes	Yes	New Hampshire Governor's Commission on Domestic and Sexual Violence	52 weeks	Power & control dynamics	Dynamics of power & control, cultural & societal patterns of domination, types of abuse, equality in relationships, impact of abuse, avoidance of responsibility for abuse, domestic violence laws, skills to avoid abuse

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
NC	Intake assessment regarding social history, violence history, substance abuse history, medical health history, criminal history, lethality risk assessment, assessment regarding social & cognitive skills	Group treatment, maximum of 16 members, 2 facilitators in groups larger than 8 members, single gender, 90 minutes	Anger management as primary method, couples counseling, violence as a mutual process, violence as an addiction	Requires quarterly reports from treatment centers.	Facilitators: 6 hours annual training. Direct Service Staff: 20 hours annual training
ND	Assessment regarding history of violence, criminal record, etc., create a crisis plan, lethality risk	Ongoing group treatment, 2 facilitators, maximum size of 10 members, 120 minutes	Victim blaming; couples counseling; anger management or substance abuse treatment as primary method	Uses monitoring structure to examine program impact	Providers need professional licensure, 50 hours experience with perpetrator clinical work and one year direct clinical work with victims
NE	Assessment regarding violence history, substance abuse history, mental health history, etc. and lethality risk assessment	Group sessions, 90 minutes in length, facilitated by 1 male & 1 female, single gender	Victim blaming/participation, psychodynamic, systems theory, containment, addiction, impulse control, psychopathology, fair fighting techniques, couples counseling, primary methods of communication enhancement or anger management.		Facilitators/intake workers: Bachelor's degree OR college course equivalent OR relevant experience, structured training, 12 hours annual training. Supervisors: Bachelor's degree OR equivalent college courses OR relevant experience, structured training.
NH	Risk assessment; collect data including court order, criminal record, terms of probation, interview data,	Group format, single gender	Anger management as primary method, psychopathology, family systems theory, violence as an addiction, impulse control, containment, fair fighting, victim participation, ventilation	Standards based on broad survey & research completed by Subcommittee. Evaluations are conducted regarding recidivism rates, annual review, perpetrator feedback & other information in order to improve standards when necessary	40 hours training, 20 hours annual training

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
NJ	Standards revised, 2004	No	Yes	No	New Hampshire Governor's Commission on Domestic and Sexual Violence	26 weeks	Power & control dynamics	Dynamics of power & control, parenting, socialization regarding patterns of domination & submission
NM	Law revised, 2009	Yes	Yes	Yes	Children Youth and Families Department	52 weeks	Not specified in standards	Accountability, definition of abuse and its impacts, dynamics of power & control, gender roles, re-offense prevention plan, self-management techniques, legal ramifications of violence, potential for re-offending
NV	Laws revised, 2010	Yes	Yes	Yes	Committee on Domestic Violence	36 weeks	Power & control dynamics	Power & control dynamics, cycles of violence, intergenerational violence, myths of provocation, management of stress, socialization of gender roles, resolution of conflict, skills for effective communication, cultural & societal bases for violence, signs of relapse, appropriate personal relationship models, skills for parenting & relationships
NY	N/A		No				N/A	
OH	Standards revised, 2010	No	Yes	No	Batterers Intervention Committee - Ohio Domestic Violence Network	24 weeks	Feminist analysis	Dynamics of power & control, effects of DV on family members, improving support systems, challenging belief systems that support abuse, articulating emotions without violence, rejecting notions of provocation

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
NJ		Group format, 90 minutes in length, 8-12 members, 2 facilitators (male & female)			Supervisor must have a master's degree with NJ Domestic Violence Specialist certification & license in professional discipline; OR 180 hours DV education & 2000 hours DV experience
NM	Assessment regarding benefits of participation for perpetrator	Group interventions, single gender, separate groups for juvenile offenders, 90 minutes, staff to client ratio 1:12, maximum group of 20	Couples counseling		40 hours experience with DV, 8 hours annual training
NV	Intake will create individual treatment plan & evaluate perpetrator information such as criminal history, medical history, substance abuse history, etc.	Group counseling, single gender groups, 1 male & 1 female facilitator, 3-24 group members	Violence as an addiction, victim participation, substance abuse treatment before or in lieu of DV treatment		Supervisor: Master's degree in clinical human services, licensed in appropriate field, 2 years DV experience, 60 hours formal DV training, 60 hours in-service training, 15 hours annual training. Provider: Bachelor's degree, 60 hours formal DV training, 60 hours in-service training, 15 hours annual training
NY					
OH	Assessment regarding social history, demographic information, health history, substance abuse screening, history of abusive behavior, history of criminal behavior, victim information, relationship history, children	Group sessions, 2 co-facilitators,	Couples therapy; faith-based ideologies; anger management, psychopathology or substance abuse as primary program	Encourages annual evaluations to check recidivism rates. Treatment standards exist for women and LGBT.	General training is required (length not specified)

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
OK	Law revised, 2012	Yes	Yes	Yes	Oklahoma Attorney General	52 weeks	Not specified in standards	Dynamics of power & control, socio-cultural basis for violence, sexism, non-abusive communication techniques, effecting coping strategies, parenting, effects of DV on children, developing healthy relationships, consequences of DV
OR	Law revised, 2006	No	Yes	No	Local supervisory authority in conjunction with local domestic violence coordinating council	48 weeks	Not specified in standards	Identification of abusive belief systems, accountability, impacts of abuse on children & victim, reinforcing appropriate beliefs, cultural influences, effects of substance abuse
PA	Standards revised, 1992	No	Yes	No	Pennsylvania Coalition Against Violence	29 weeks	Pro-feminist	Guidelines: Profeminist, define abuse, cultural supports, effects of abuse, responsibility plans, respect for women, accept consequences, issues of power & control
RI	Standards revised, 2007	Yes	Yes	Yes	Batterers Intervention Program Standards Oversight Committee	2 weeks or 4 hours	Not specified in standards	Accountability, responsibility plan, violence as a choice, power & control wheel or equality wheel (optional), effects of abuse on victim, impact of abuse on children, cultural influences, sexual abuse, substance abuse
SC	Standards revised, 2005	No	Yes	Yes	Department of Social Services - Domestic Violence Program	26 weeks	Not specified in standards	Belief systems of power & control, definitions of abuse, accountability, SC DV laws, impact of abuse on children, responsibilty plan, anger management, substance abuse effects, etc.
SD	N/A		No				N/A	

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
OK	Assessment regarding history of violence, lethality risk, substance abuse history, mental health history, criminal history, child protective services history	Group sessions as primary modality, 2-16 members, single gender, 90 minutes			16 hours initial training, 16 hours annual training. Facilitators require graduate and bachelor's degrees in related fields and two years related work experience. Must contract with licensed professional for counseling services.
OR	Interview, written assessment of information including criminal history, court reports, police reports, involvement with DHS child welfare services, substance abuse history, etc.	Group sessions, single gender, 7-12 participants, co-facilitation, 90-120 minutes in length	Victim blaming, couples counseling, ventilation techniques, battering as bi-directional process, battering as addiction	Encourages evaluations and research concerning the effectiveness of treatment methods	Facilitators require 200 hours experience, some of which can be completed via a Bachelor's degree and/or Master's degree, as well as 40 hours training, 32 hours training every two years
PA	Determined by individual program	Group or individual sessions, 2 co-facilitators	Insight model, ventilation techniques, interaction model, couples therapy	Reviewed standards in 38 states	40 hours DV education/experience
RI	Interview, gathering information regarding history of abuse, social history, police report, arrest history, etc.	Group intervention, 90-120 minutes, 2 facilitators in groups larger than 10, maximum group size is 18, single gender groups	Couples counseling, victim blaming	Encourages evidence-based methods of treatment based on new research. Acknowledges and encourages further research into intervention programs	Group facilitators require Bachelor's degree, supervision providers require Master's degree, 12 hours annual training, varying amounts of DV and batterers intervention experience
SC	Assessment including violence history, substance abuse assessment, risk of suicide/homicide, history of rage, history of depression, etc.	Weekly group sessions at provider discretion, 90 minutes in length	None		Bachelor's degree, Master's degree if hired after 2005, 3 years experience family violence, 20 hours DV treatment training
SD					

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
TN	Standards revised, 1999	No	Yes	Yes	The Domestic Violence State Coordinating Council	24 weeks	Not specified in standards	Accountability, effects of DV, patterns of violence, education in equal relationships, understanding legal & social consequences of DV, self-respect, power dynamics, alternatives to abuse, responsibility plan, cultural context of abuse
TX	Standards revised, 2009	Yes	Yes	Yes	Texas Department of Criminal Justice-Community Justice Assistance Division	36 hours or 18 weeks	Not specified in standards	Accountability, non-violent discipline of children, education of effects and positive behaviors, dynamics of power & control
UT	Law revised, 2012	No	Yes	Yes	Utah Department of Human Services Office of Licensing	16 weeks	Not specified in standards	
VA	Standards revised, 2010	No	Yes	No	The Coalition for the Treatment of Abusive Behaviors (C-TAB) and The Virginia Community Criminal Justice Association	36 hours or 18 weeks	Not specified in standards	Intended as a reference point only: Education of power & control dynamics, also addresses anger dynamics
VT	Standards revised, 2010	No	Yes	Yes	Vermont Council on Domestic Violence	26 weeks	Education relating to power & control, gender-based violence	Impact of male violence on children, identify controlling behaviors, identify cultural influences on behavior, accountability, effects of abuse, motivation for change.

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
TN	Screening for inspection of pertinent records, arrest history, history of violence, homicide/suicide potential, substance abuse history, mental health history, etc.	Two instructors, maximum of 16 members, weekly meetings 90-150 minutes in length	Victim participation, primary methods of: couples counseling, substance treatment, or anger management		Bachelor's degree OR two years DV experience, initial 40 hours training, 12 hours annual training
TX	Assessment including history of violence, history of weapons usage, history of mental health conditions, history of substance abuse, etc., form individualized plan	Single gender groups, 20 members max if co-facilitated, 15 members max with one facilitator	Anger management, impulse control, or psychopathology (as primary method), couples counseling	Allows clinical research testing of new modes of treatment. Treatment standards exist for women.	Professional licensure for 4 years, 4 years batterers' intervention experience, new providers require 40 hours training
UT	Assessment interviews, collection of information from police incident report, criminal history, prior treatment providers	Maximum of 16 participants, 1 staff per 8 individuals (1 hour session), 1 staff per 10 individuals (90 minute session)	Conjoint therapy sessions with victim before 12 weeks of treatment		Providers need professional licensure, 24 hours training within last two years, 16 hours annual continual training
VA	Written assessment regarding treatment history and basic information, assessment of risk	Group intervention, maximum of 15 participants	Couples' counseling, victim participation, excessive focus on anger management	Recommends data collection & research	Bachelor's degree OR education and experience in DV, 3 months supervised co-facilitation, 32 hours DV training, 12 hours continual annual training
VT	Intake interview, eligibility screening, collection of relevant information, discussion of barriers participant faces, review of program content, review of substance abuse history	Gender specific, 90 minutes in length, two facilitators, 3-10 participants	Any of the following as primary methods: psychodynamic therapy, anger management, systems theory, addiction counseling, gradual containment, family therapy, poor impulse control, psychopathology, couples' counseling	Specific studies are cited as rationale for standards. Encourages research and program evaluations for all programs, with a yearly review process and revising standards every five years	Complete certified training, 12 hours continual annual training

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Recency of standards	Is treatment required by law?	Do treatment standards exist?	Are treatment standards required by law?	Organization that certifies treatment provider	Minimum length of treatment	Treatment Modality	Treatment methods
WA	Law revised, 2001	No	Yes	Yes	Child & Family Services Department	52 weeks	Elements of pro-feminist socio-political analysis	Curriculum including feminist analysis, power & control dynamics, definitions of abuse, impact of abuse on children, accountability, DV WA laws, responsibility plan, nonabusive techniques, avoiding victim blaming.
WI	Standards revised, 2007	No	Yes	No	The Wisconsin Batterers Treatment Provider Association (WBTPA)		Pro-feminist analysis of gender-based power & control	No specific mandated treatment model, but general requirements include: power & control model, socio-cultural basis of male violence, sexism, personal responsibility, education of domestic violence, education on the effects of DV on children, self-awareness, personal change strategies
WV	Law revised, 2003	No	Yes	Yes	Family Protection Services Board	32 weeks	Not specified in standards	Education of power & control model, changing attitudes regarding DV, importance of non-abusive behavior, importance of community service, domestic violence laws
WY	N/A		No				N/A	

Exhibit E1 (continued): Standards Regarding Domestic Violence Treatment in Other States

State	Intake protocol	Preferred modality	Banned approaches for BIP programs	Research findings used as basis for standards & methods for revising standards	Minimum education/training for providers
WA	Clinical intake and assessment interview, regarding violence history, diagnostic evaluation, substance abuse screening, history of treatment, etc.	Group sessions at provider discretion, single gender, 2-12 participants, 90 minutes long	Individual therapy, couples' counseling, family therapy, substance abuse evaluations, anger management		Registered as counselors/certified as mental health professionals, bachelor's degree (for those providing direct services), 60 hours DV training, 20 hours continual annual training
WI	Assessment and screening prior to treatment, addressing history of abuse, arrest record, chemical use history, mental health history, financial history, cruelty to animals, etc.	Group interventions, single gender groups, maximum of 15 people with 2 facilitators, 12 people with 1 facilitator	Couples/family counseling, psychological tests, mandated victim participation, anger management (lacking accountability), AODA treatment		40 hours DV training for general workers and 12 years of DV education each year, facilitators require 1 year of supervised facilitation, lead facilitators require a certificate from the Wisconsin Batterers Treatment Providers Association and 3 years of batterers treatment experience
WV	Assessment regarding mental health and substance abuse issues, perpetrator intake form regarding information such as police reports	Group education, 1 facilitator per 12 people	All anger management	Annual evaluations of programs	Appropriate credentials & licensed when applicable, 30 hours DV training, 3 hours annual training
WY					

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