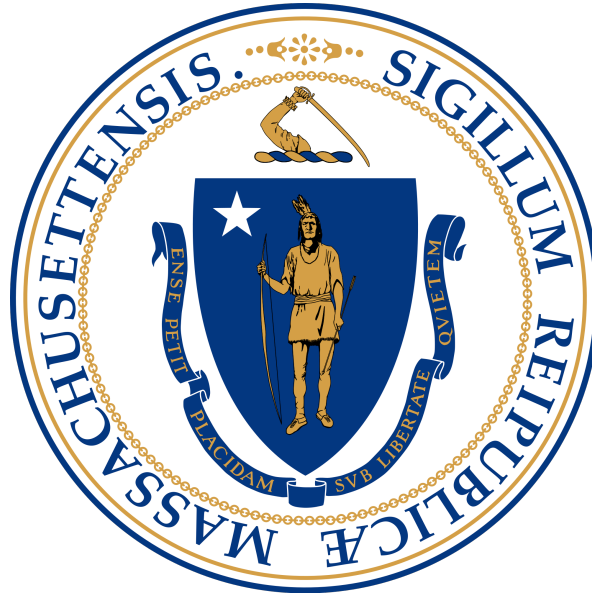


Breaking the Cycle:
The Effects of Batterer Intervention Programs
on Domestic Violence Recidivism in Massachusetts



Submitted to:

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Policy Analysis Exercise
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This PAE reflects the views of the author and should not be viewed as representing the views of the Office of the Commissioner of Probation, nor those of Harvard University or any of its faculty.

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Table of Contents

Executive Summary:	4
Introduction	6
Defining the Problem: Domestic Violence in Massachusetts	7
CBIP Theory of Change and Logic Model	9
Research Objectives, Limitations and Validity	11
Study Design	12
<i>Quantitative</i>	<i>12</i>
<i>Qualitative</i>	<i>13</i>
Stakeholder Analysis	14
Findings	16
<i>Quantitative Findings</i>	<i>16</i>
<i>Qualitative Findings</i>	<i>18</i>
Policy Recommendations	21
Appendices	23
<i>Appendix 1: Definitions and Theories of Abuse</i>	<i>23</i>
Massachusetts Definition of Domestic Violence	25
Risk Factors & Predictors of Domestic Violence	26
Modern Theories of Abuse	27
<i>Appendix 2: Legislative Context</i>	<i>31</i>
<i>Appendix 3: Batterer Intervention Program History, Models and Measuring Effectiveness</i>	<i>32</i>
A Brief History of Batterer Intervention Programs	33
Measuring Effectiveness of Batterer Intervention Programs & Critiques	33
<i>Appendix 4: CBIP Structure – Emerge (Source: http://www.emergedv.com/)</i>	<i>35</i>
<i>Appendix 5: Select Experimental and Quasi-Experimental BIP Evaluations</i>	<i>36</i>
<i>Appendix 6: Methodology for this Study</i>	<i>38</i>
Quantitative	38
Qualitative	41
Full List of Individuals Interviewed and Consulted	42
<i>Appendix 7: List of MA-certified Batterer Intervention Programs</i>	<i>43</i>
<i>Appendix 8: Interview Questions</i>	<i>48</i>
<i>Appendix 9: Technical Findings</i>	<i>49</i>
<i>Appendix 10: References</i>	<i>54</i>

EXECUTIVE SUMMARY:

Domestic violence (DV) is a serious, widespread, common and expensive problem, and Massachusetts is no stranger to its effects. An estimated 851,000 women and 474,000 men in the state will experience rape, physical violence or stalking by an intimate partner in their lifetimes, according to the Centers for Disease Control and Prevention (CDC). While significant efforts have been made to combat this issue, notably new legislation entitled an *Act Relative to Domestic Violence*, a close evaluation of current interventions is necessary to ensure that the Commonwealth is doing all it can to prevent future violence.

This report includes the findings of a pilot study into the effectiveness of certified Batterer Intervention Programs (CBIPs) on reducing domestic violence recidivism, using both original quantitative and qualitative data. The Massachusetts Department of Public Health has certified and funded CBIPs since 1991, and there are currently 17 of them serving offenders around the Commonwealth. These programs operate under the belief that domestic violence is caused by the desire for power and control over one's partner, and they aim to change the attitudes and behavior of offenders to prevent DV recidivism. The recent DV law referenced above requires almost every individual convicted of a DV-related crime to complete a CBIP as a condition of his or her probation.

This research finds that *CBIPs are effective*. Though previous research on batterer intervention programs in the United States and Canada has produced very mixed results¹, this study showed that the Massachusetts CBIPs evaluated significantly reduce DV recidivism. Those in the sample who completed the program were 28 percentage points less likely to recidivate (measured as arrest for a future domestic violence-related crime) than those who did not complete the program. Those who did not complete a CBIP were three times more likely to recidivate than those who did complete a program. This result is highly statistically significant and remains so, even when controlling for factors that typically exacerbate DV, such as significant prior criminal history and young age.

However, *CBIPs are not assigned as often as they should be*. Though current law requires judges to assign CBIP completion to domestic violence offenders as a condition of probation, there is a legal option to recommend anger management or another treatment if the judge can justify why the offender does not require a CBIP. Education for all relevant parties into the causes and effects of DV – and about CBIPs in particular – can help solve this issue. Including CBIP executive directors and frontline service providers in judges' training is a step in the right direction, and indeed, CBIP directors were instrumental in developing the new education materials for Probation and Trial Court employees, which will be implemented this summer. Third parties, such as probation officers and court victim advocates, should also attend and explain the unique characteristics of CBIPs compared to other, less intensive interventions. In addition, these early findings on CBIP effectiveness could be leveraged to educate judges on the importance of sending all DV offenders to a CBIP.

¹ See Appendix 5 for study details.

² Survey data indicates that only a quarter of all physical assaults against women by intimates were reported to police. The majority of victims who did not report cited that they thought the police would not or could not do

The next step should be learning more. This is a pilot study, and it should serve as a model to be scaled up in order to evaluate the compliance and recidivism data of all 17 CBIPs in the state. This begins by requiring all CBIPs to keep detailed, electronic records of all batterers in their programs in order to have easy, accessible compliance data. The Department of Public Health should be a part of future studies because they have valuable data that Probation does not, such as educational attainment, marriage and parental status, and substance abuse. This will provide an additional layer of depth to the analysis and better understanding of what complementary programs or changes in program components would be useful.

Although there will be political, financial, operational and communication challenges to implementing these policy changes, the Office of the Commissioner of Probation, along with the Massachusetts Trial Court, the Massachusetts Department of Public Health and the certified Batterer Intervention Programs, have the strong network, institutional knowledge and resources to implement them effectively. The gains made in recent years, especially with the DV laws enacted last year, have laid a solid foundation for the changes necessary to address this problem holistically and effectively, and Massachusetts has the opportunity to lead the country on solving this all too common problem.

INTRODUCTION

On August 8th, 2014, then Massachusetts Governor Deval Patrick signed an *Act Relative to Domestic Violence* (St. 2014, c.260; House Bill No. 188/Senate Bill No. 2334) into law. It is a far-reaching piece of legislation, which required the Trial Court to immediately change several current practices. The law change requires each department within the Trial Court – District, Boston Municipal, Juvenile and Probate and Family and Probation – to analyze current court operations around DV cases, develop a gap analysis to identify what is missing, understand the current limitations and make short-term changes that will have an impact on long-term operations with metrics to capture operational improvement. The stakes are high for the safety of the public as well as the integrity of the Massachusetts court system.

The legislation specifically involves Batterer Intervention Programs, 17 of which are certified and funded by the Massachusetts Department of Public Health, in several ways: (1) it requires training for all district attorneys, assistant district attorneys and appropriate court personnel on the underlying psychological and sociological causes of domestic violence and sexual violence and the availability of CBIPs; (2) it encourages state boards (medicine, nursing, etc.) to consult with CBIPs on setting board standards around domestic violence; (3) it requires judges to assign all offenders who are convicted of violating an Abuse Prevention Order to a CBIP or as a condition of a continuance without a finding; and (4) it requires law enforcement to distribute information on CBIPs to those arrested for a DV-related incident.

Given these changes in DV legislation, the Massachusetts Office of the Commissioner of Probation, in conjunction with the Massachusetts Trial Court and the Massachusetts Department of Public Health, is interested in determining whether participating in a court-mandated CBIP impacts domestic violence-related recidivism outcomes. More broadly, they want to know what kind of programming works best to reduce domestic violence-related recidivism, and for whom such programming is most effective. There is also interest in understanding the barriers that offenders face to completing CBIPs so that judges can know (1) whether the probation conditions they assign effectively hold offenders accountable and protect victims and (2) whether complementary conditions of probation would be additionally useful. The aim of this research as a whole is to improve domestic violence response operations in Massachusetts.

DEFINING THE PROBLEM: DOMESTIC VIOLENCE IN MASSACHUSETTS

Domestic violence is an age-old problem with a recent increase in interest with high-profile cases, such as those involving players in the National Football League, taking the national spotlight. In the United States, 2.3 million individuals report being a victim of domestic violence by a current or former partner each year (National Network to End Domestic Violence, 2005). If rates of domestic violence continue at historic levels, almost a quarter of American women will face at least one incident of physical assault during adulthood by a partner in their lifetimes. These figures break down to specific crimes, such as physical abuse, sexual abuse, and emotional abuse.

The CDC estimate that 31.7% of women in Massachusetts, or roughly 851,000 women, have experienced rape, physical violence or stalking by an intimate partner in their lifetimes. The estimates are also high for men, with 19.2% of men in the state (474,000 men) estimated to have experienced such abuse from an intimate partner over the course of their lifetimes. These figures from national surveys are much higher than those reflected in formal police reports, since domestic violence and sexual assault are severely underreported crimes. A randomized survey of descriptive scenarios of abuse more accurately estimates the prevalence of abuse than police data, since many victims are unwilling to report DV to law enforcement for a variety of reasons.² Still, police report statistics can be jarring too; there were 20 domestic violence-related deaths in Massachusetts in 2014 alone (Jane Doe, Inc., 2015).

The cause of domestic violence is a hotly debated topic. A full list of risk and predictive factors for DV, as outlined by the CDC, is included in [Appendix 1](#). Experts in the field emphasize that DV is caused by a desire for power and control, usually by men over women, and not by other potentially exacerbating factors, such as substance abuse, stress or economic hardship (Women's Aid UK, 2008).

Since recognizing that domestic violence is a public problem with significant moral and financial costs to society, states have tried to introduce and scale up interventions that could reduce, prevent, or stop domestic violence altogether. Massachusetts has chosen to use CBIPs as one of these major attempts to reduce the level of repeat domestic violence by changing the behavior of abusers. Given these priorities, the relevant problem that this report seeks to address is that Massachusetts has mandated referral to CBIPs without a rigorous review of their effectiveness.

The question Massachusetts faces is: is the implementation of certified Batterer Intervention Programs reducing the levels of repeat domestic violence?

² Survey data indicates that only a quarter of all physical assaults against women by intimates were reported to police. The majority of victims who did not report cited that they thought the police would not or could not do anything for them (NVAW Survey, July 2000).

Research Questions:

The question that the Massachusetts Office of the Commissioner of Probation needs to answer is “To what extent does completion of a MA-certified Batterer Intervention Program reduce the likelihood that an offender will engage in future domestic violence?” This requires answering several sub-questions:

- ❖ Is there any evidence demonstrating the effectiveness of CBIPs in reducing or eliminating later DV crimes?
 - If so, for what types of prior DV arrests and what types of batterers are these programs most effective? Least effective?
- ❖ Which are the characteristics of offenders who complete the program compared to those who do not complete the program? How might these differences explain the variation in completion rates?
- ❖ What are stakeholders’ perceptions of program effectiveness? Which programs have the strongest reputation among the provider community?
 - How do these perceptions “line up with” evidence of effectiveness?

CBIP THEORY OF CHANGE AND LOGIC MODEL

CBIP Theory of Change:

CBIPs seek to get past the surface level issues causing domestic violence and to dive deeper into the root causes of violence than an anger management or other program would. Beyond safety plans to reduce risk and deescalate conflict, effective CBIPs aim to alter men's beliefs and attitudes toward violence and personal responsibility (Edelson & Tolman, 1992). Accountability is a major tenet of all BIPs, and Massachusetts CBIPs will terminate participants if they fail to recognize the abuse that landed them in said program.³

CBIPs work in partnership with other state-provided and non-profit services intended to reduce DV and provide support for victims. This is based on evidence of the effectiveness of a coordinated community response to DV, an intervention strategy developed by the Domestic Abuse Intervention Project (DAIP). Coordinated community response is a "system of networks, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service programs" (Harwin & Hague, 1999).

CBIP theory of change can be condensed to the following:

IF domestic violence is caused by the desire for power and control and exacerbated by mental illness, substance abuse and socioeconomic factors,
THEN changing attitudes and behaviors, while also taking a holistic approach to offenders' chaotic lives, will reduce domestic violence recidivism.

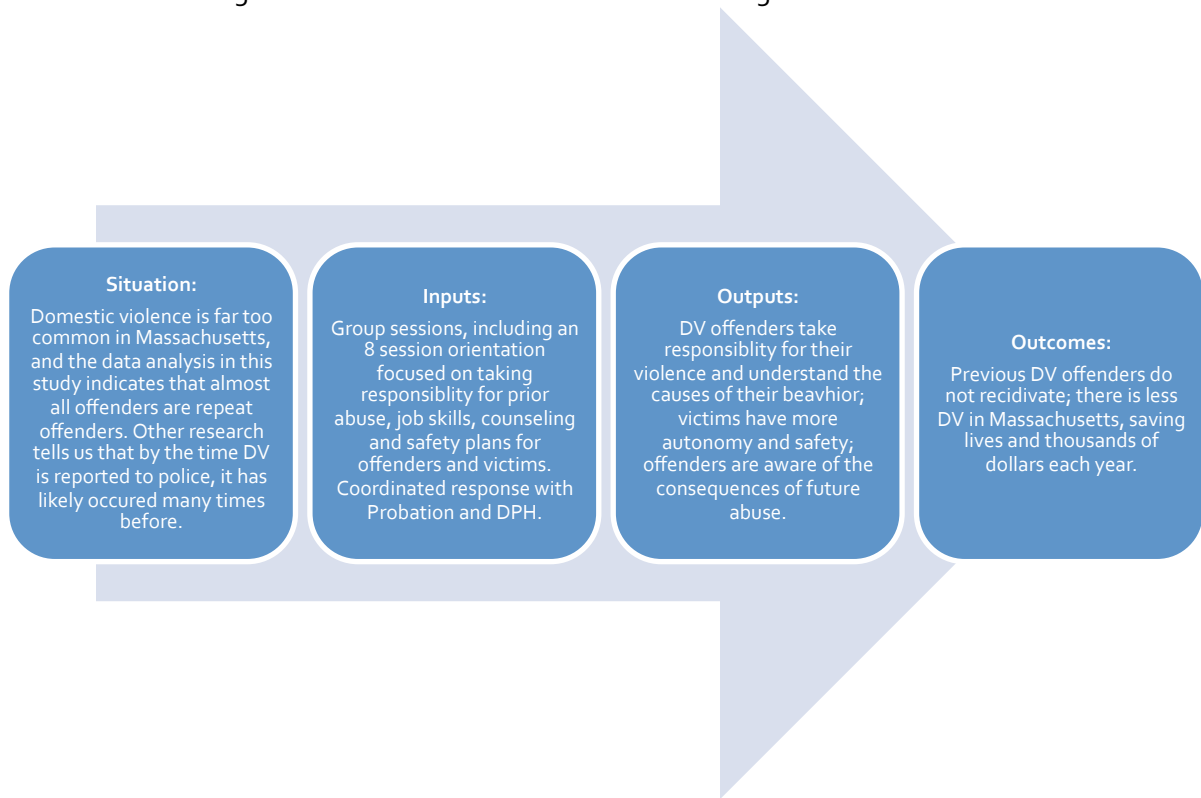
IF CBIPs provide effective programming to change such attitudes and behaviors,
THEN the majority of DV offenders who are violent out of the desire for power and control will alter their behavior after participating in CBIP programming.

IF CBIPs leverage a coordinated community response, including the help of Probation Officers, mental health services and substance abuse programs offered by the Massachusetts Department of Public Health,
THEN CBIPs will have an even greater effect on DV recidivism outcomes for participants.

IF CBIP completion is mandated as a probation condition for all DV offenders, and programs provide as much support as possible to help offenders complete,
THEN DV recidivism will be effectively reduced, saving lives and resources.

³ According to qualitative surveys in this study and Emerge's program description found in Appendix 4.

CBIP Logic Model: Both *personal characteristics*, such as demographics, criminal history, and type and severity of abusive behavior, as well as *system characteristics*, such as court and probation interactions and BIP assignment and completion, have an impact on future abuse. An individual CBIP’s logic model can be condensed to the following:



RESEARCH OBJECTIVES, LIMITATIONS AND VALIDITY

The goal of this Policy Analysis Exercise is to provide the Massachusetts Office of the Commissioner of Probation, the Massachusetts Trial Court and Massachusetts CBIPs with information on the effectiveness of CBIPs in terms of domestic violence recidivism.

In order to fully answer the questions addressed in the problem statement, the ideal strategy for assessing CBIP effectiveness would be to conduct a randomized control trial (RCT) to examine the effects of the program on recidivism. Considering that CBIP completion is now mandated by law for such offenders, however, the next best option would be to evaluate the DV outcomes for all batterers who come before a judge (as well as the smaller proportion of batterers who voluntarily attend CBIPs, anger management and other programs), comparing the recidivism of those who complete a CBIP with (1) those who attend a CBIP but don't complete it, (2) those who complete an anger management program, (3) those who attend an anger management program but don't complete it and (4) those who receive no treatment at all. This latter group would be difficult but not impossible to find with the arrest record information provided by Probation. In order to assess CBIP effectiveness in this ideal study, program compliance data from all 17 CBIPs in the state should be paired with recidivism data from all relevant Massachusetts courts. All of this requires time, resources and the compliance of all CBIPs and anger management programs to release their participant data. This research paper is a pilot study serving as a first step in this overall evaluation. It provides a model that will provide initial feedback to this question in order to help design a larger quantitative study.

Given the complexity of the issue of DV and its causes and effects, the implications of such a study – even a pilot one – are likely to be significant. Such an initiative has the potential to encourage a change in the behavior of the police and judges involved in these cases, which may affect the behavior of alleged offenders in turn. With this in mind, I have been careful to acknowledge and account for the many factors that would change the recidivism outcome for an individual, apart from the effectiveness of the CBIP itself. The findings of both studies will be used to recommend a pathway for future program evaluation.

Potential uses of the quantitative study: This is a pilot study. A large part of its use is to determine whether such a study could be replicated by the Office of the Commissioner of Probation, in conjunction with the Massachusetts Trial Court and the Massachusetts Department of Public Health. Another goal of this quantitative analysis is to determine whether it will be feasible to use this approach within a larger project that would examine similar questions of effectiveness. I am also hoping to inform the research and logistical planning of that larger project. In the event that the pilot study faces major obstacles, the quantitative study would serve as a basis to discuss what other options are available to the Department.

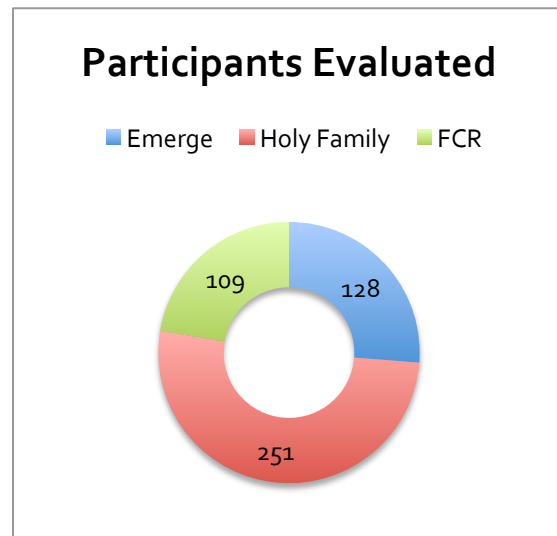
Potential uses of the qualitative study: The quantitative portion of this study is limited because only three of the 17 CBIPs in Massachusetts were included. To correct for this and provide for a story behind the numbers, the qualitative analysis aims to flesh out the concerns, challenges, strengths and weaknesses of current batterer intervention programming from a variety of perspectives; to document the ways that batterer intervention programming is being delivered in MA currently within the framework of the standards; and to document the systems-related obstacles to CBIP completion that offenders face.

STUDY DESIGN

This analysis is a pilot study designed to be amended, replicated and scaled up by the Office of the Commissioner of Probation.

At a Glance:

- ❖ Paired 3 CBIPs' compliance data with arrest records and restraining order history
- ❖ $n = 488$ offenders (all male since there was only one woman in the sample, whom I removed because she received different treatment) who either completed or were terminated from a CBIP between January 2013 and December 2014 (24-month study)
- ❖ Interviewed 20 professionals in the field, including CBIP employees, probation officers and nationally recognized experts



Quantitative

Though CBIP assignment is now required by Massachusetts law for DV offenders, judges in different types of courts that hear DV cases (i.e. district court, trial court, family court) as well as different judges in the same court vary in the kind of probation conditions they recommend, by using the legal exception to recommend another program, such as anger management, instead of a CBIP. The availability of CBIPs in a geographic area may also severely limit a judge's ability to mandate assignment to a program.

This report is based on an analysis of data from three of the 17 Certified Massachusetts Batterer Intervention Programs: Holy Family Hospital Family Safety Project CBIP in Lawrence; the Emerge CBIP in Cambridge; and the Brockton Family Services CBIP in Brockton. Though this sample is representative in terms of average age and ethnic/racial composition of attendees of all programs, it does not include any program from Central or Western Massachusetts.

CBIPs in Massachusetts keep information on each offender who attends their program, along with information on compliance. This report analyzes compliance and completion for a 24-month period, from January 2013 through December 2014. The 24-month measure was used for consistency; a longer retrospective was not available from all three agencies.

There may be a self selection bias in this data, where the CBIPs that Probation asked and who chose to participate in this research may be more willing to be evaluated because they are aware that they are the more effective programs in the state. A scaled up version of this study would eliminate this concern by evaluating all 17 certified BIPs in the Commonwealth.

Variations by court and judge could not be fleshed out, though I attempted to mitigate these factors as much as possible by creating a sample of programs from across the state (except for Western Massachusetts), all of which deal with different courts and judges. Education, relationship status and whether the offender had children were not available, as these data are confidential and held by the Massachusetts Department of Public Health (DPH), which was unable to provide us with data in a 5-month turnaround time. To correct for this, I examined the offenders' full adult and juvenile arrest records and restraining order records; this helped fill in knowledge gaps about what kinds of lives these men led, i.e. many drug arrests indicated a potential substance abuse problem, even if we did not have that data from DPH.

Qualitative

To gather data on the components, strengths and challenges of programs and of DV interventions within the broader criminal justice system, I conducted a series of twenty interviews with professionals in the field, including the executive directors of the programs that provided us with case compliance information. This qualitative data is meant to better inform how CBIP services are realized at the program level. This research was also useful in gleaning the different approaches that the programs take to deal with non-compliance. I also spoke to Probation Officers from courts around the state, the Director of Outreach and Training for the Massachusetts Office for Victim Assistance and other relevant parties nationally to see what practices and procedures ensue once an offender has not complied with CBIP probation conditions.

In addition, I also conducted a literature review of national best practices for BIPs' effect on domestic violence recidivism rates, to compensate for the fact that this pilot study is not a thorough review of the practices of all 17 MA-certified BIPs. This includes a review of past studies and their strengths and weaknesses at evaluating program effectiveness.

STAKEHOLDER ANALYSIS

When conducting any kind of program evaluation, it is important to gauge the support and resistance to the program; this aids in anticipating responses to policy recommendations. This is especially true within the context of domestic violence, as the general public and even experts disagree over causes and best practices, and a coordinated community response can be the difference between recidivating or not.⁴

The Office of the Commissioner of Probation is supportive of CBIPs but also very open to examining their effectiveness. Commissioner Dolan has been open to the evaluation of these programs and requested the help of Professor Mark Fagan and students at the Harvard Kennedy School to conduct an analysis of the programs.

The Probation Officers I interviewed were supportive of CBIPs and demonstrated a deep understanding of the need and purpose for such programming. It's difficult to determine if they are representative of their peers, however, and they did mention that not all probation officers felt the same way.

The Massachusetts Trial Court is open to change when it comes to domestic violence procedures, including CBIPs, especially following the new domestic violence law. While some judges, such as those involved in this project, are the ones pushing for change, my interviews revealed that judges are also often the point of obstruction for offenders to attend and complete these programs. Some judges are unfamiliar with the complex relationships and behaviors within domestic violence situations, while others are skeptical of CBIP cost and potential relationships that offenders might make with one another.

I did not interview any Massachusetts District Attorneys Offices about these cases, though I did attend a domestic violence panel where Middlesex District Attorney Marian Ryan cited their importance. Future research should include surveying DAs across Massachusetts to gauge their support for and belief in the effectiveness of CBIPs.

The MA-certified Batterer Intervention Programs are of course supportive of the programming they provide. The ones I came in contact with have also been very supportive of participating in this study and have asked for individual feedback once the recidivism data was paired with their program's compliance data and analyzed. The only pushback I received from the programs that were asked to participate was over client confidentiality issues.

The Massachusetts Department of Public Health, which runs and funds the certified BIPs across the state, was unable to participate in this study. Further research should include them in order to obtain more offender demographic data and to evaluate the department's support for and belief in these programs.

⁴ Explored in Duluth: A Coordinated Community Response to Domestic Violence (From The Multi-Agency Approach to Domestic Violence: New Opportunities, Old Challenges?)

The Massachusetts State Legislature seems to be generally supportive of CBIPs and confident in their effectiveness, as the body voted for the new DV legislation this past session, which expanded the role of CBIPs within the state and solidified the mandate that offenders attend a CBIP instead of anger management. Senator Cynthia Creem (D-Newton) sponsored the Senate version of the bill, and Representative Thomas Stanley (D-Waltham) sponsored the House version. Representative Marjorie Decker (D-Cambridge) proposed three amendments relating to Batterer Intervention Programs, which were withdrawn. She may be a potential future ally if more legislation were to address CBIPs, though at this time it is unclear whether the Legislature as a whole would support additional legal sanctions or resources devoted to CBIPs.

Domestic violence advocacy groups are also supportive of BIPs generally, though. Jane Doe, Inc. – often considered the leading voice on DV-related policy issues in the state (and sometimes nationally) was instrumental in drafting the new DV legislation, which mandated CBIP attendance for all DV offenders.

Governor Deval Patrick, who was Governor at the time of this new legislation and signed it into law, was a vocal supporter of intervention programs. His wife, former First Lady Diane Patrick, was also a spokeswoman for Jane Doe, Inc. during his two terms in office. It is less clear where recently elected Governor Charlie Baker stands on the specific issues of CBIPs, though.

Unfortunately, I was unable to discuss CBIPs with the victims whose partners/abusers partake in them, per the approval of my research design. Going forward, Probation should invest in further research that directly engages with survivors to gauge their understanding of, support for and experience with CBIPs.

The Massachusetts Office for Victim Assistance (MOVA) was also supportive of CBIPs, citing the fact that CBIPs benefit victims directly and indirectly from offenders' experiences with the programs. In many cases, victim outreach workers from CBIPs provide important additional information on batterers' behaviors and risk levels.

The general public is largely unaware of the existence and especially the specifics of CBIPs. There is potential that the public might be concerned over using state dollars to pay for such programming, since it may appear to be too sympathetic offenders. It would not take much effort to explain how victims largely benefit from these programs, however, if DPH or Probation were to engage in an awareness campaign.

FINDINGS

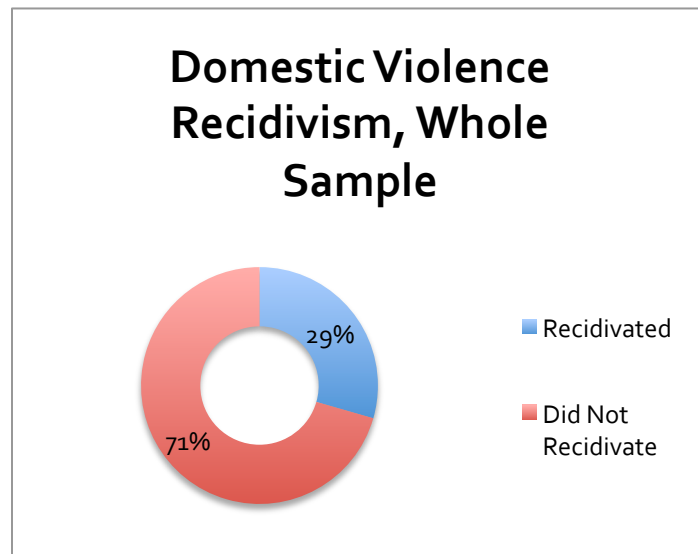
Quantitative Findings

The data was analyzed to learn more about both DV recidivism (measured as arrest for a future domestic violence-related crime) and program completion. A summary of the findings is below, and technical findings can be found in [Appendix 9](#).

Recidivism Findings:

CBIPs are effective. Those who completed the program were roughly 28 percentage points less likely to recidivate than those who did not, controlling for age, ethnicity, all past criminal history and all prior restraining orders. This means that *those who failed to complete the program were roughly three times more likely to recidivate* than those who did complete a CBIP. The results were statistically significant at the 1% level.

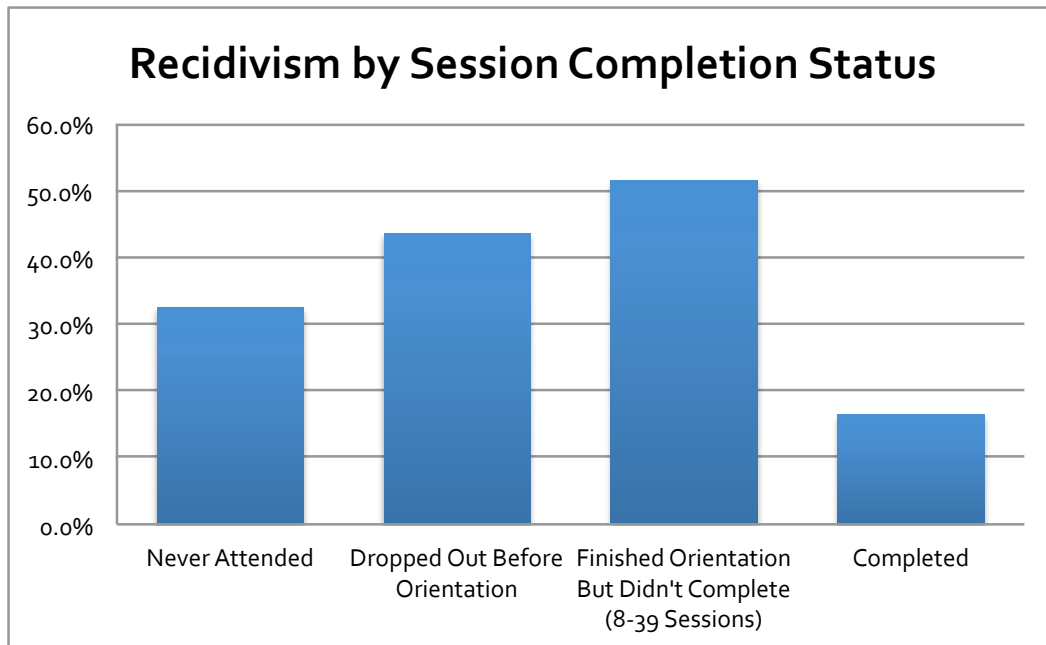
Those who had fewer prior assault arrests (less than five) were 16 percentage points less likely to recidivate, regardless of completion of a CBIP. This finding was statistically significant. No other types of prior arrests had a statistically significant effect on recidivism, including Abuse Prevention Order violations. The number of prior restraining orders had a small but statistically significant effect. Most demographic variables had no significant effect on recidivism.



Of course, an offender who has been out of the program for two years has had more opportunity to recidivate than does a recent participant. To control for this, I separated the participants into four groups: 1) those who had only been discharged from the program (via completion or termination) for less than six months, 2) those who had been out for six to 12 months, 3) those who had been out for 12 to 18 months, 4) those who had been out for 18 to 24 months.

Recidivism varied by how long someone was out of the program, though these results were not statistically significant. Those who had been out of the program for the longest period of time (18-24 months) were slightly more likely to recidivate, while those who had been out the shortest were less likely.

The biggest difference in recidivism rates can be seen between (a) those who completed the first eight sessions (referred to as "orientation") but failed to complete the program and (b) those who completed all 40 sessions, as shown below.



Completion Findings:

55% of offenders in the sample completed their respective program, while 45% were terminated.

The qualitative interviews and quantitative data revealed that there are three different outcomes related to program completion for offenders who are mandated to complete a CBIP as a condition of probation. These are:

1. The offender completes at least 40 weekly group sessions and is deemed to have completed the CBIP and fulfilled their probation condition.
2. The offender is terminated early from the program, typically in the first few weeks known as the "orientation period," because of excessive absences. I cannot determine the reason(s) for these absences based on the data provided.
3. The offender participates to a point then is terminated for a variety of reasons. The most common of these were (1) excessive absences, (2) new offense a new offense (DV, or other that the program determined made them ineligible for a CBIP), and (3) unacceptable behavior, as deemed by the program but usually involving failure to recognize and take responsibility for one's abuse. A negligible amount of offenders were terminated because they moved out of the area and switched to another program.

The only factors that predicted completion rates were (1) age and (2) having a high (defined as more than five) number of prior restraining orders. Other criminal history had no significant predictive relationship with completion. Both were positively correlated with completion, though age had a very small effect. It is unclear why having a high amount of restraining orders would have a positive relationship with completion.

Qualitative Findings

The 20 interviews also presented several recurring themes, explored below:

Overall Effectiveness

Every party interviewed stated that CBIPs are effective, to a degree. The definition of effectiveness varied by party interviewed, with CBIP directors and frontline service providers focused on the treatment dosage effect of the program (i.e. the more you attend the program, the greater the effects on reducing future violence), while other respondents were more focused on whether the offenders ever recidivated after completing the program.

CBIP directors and staff consistently stated that effectiveness should be evaluated differently than the traditional legal system's interpretation of effectiveness, as measured solely in any related recidivism. Many respondents suggested that CBIPs should be viewed and evaluated as analogous to substance abuse programs, with special emphasis on this treatment dosage effect. This understanding of CBIPs' effectiveness applies a harm reduction model to DV, i.e. arguing that less violence can be considered successful, not just ending the violence altogether. The majority of respondents stated that helping victims gain safety, autonomy and peace of mind should be a major factor in evaluating effectiveness, and they believed that BIPs are currently providing all of this.

Current strengths of CBIP programming

Respondents listed making offenders take accountability or responsibility for their actions as the top strength of current batterer intervention programming. In particular, most respondents consider the group work in CBIPs to be a big strength, as young or first time⁵ offenders are in class with serial offenders, including some who may have spent time in prison for DV-related charges, and they can see the potential consequences of future violence. While this "Scared Straight" or shock approach has largely proven unsuccessful with other types of crime, there is evidence that it is useful for DV offenders (Adams, 2003). The interviews I conducted revealed that this might be the exact same reason that some judges are hesitant to send early offenders to CBIPs, however, fearing that early offenders will learn behaviors and attitudes from the more severe or experienced offenders.

Current Challenges and/or Weaknesses of CBIPs

Monitoring progress for offenders was one of the major challenges listed by respondents, since it takes a great deal of coordination from probation officers and the programs themselves to monitor offender behavior at all times, not just while they are attending the program. It can also be difficult to know when an offender has genuinely accepted responsibility and changed their attitudes and behaviors versus pretending to buy into the program's tenets in order to fulfill probation conditions. It is also difficult to decipher whether the offenders have changed their behavior or have simply lacked the opportunity to recidivate while in-program.

⁵ It should be noted that the overwhelming majority of individuals who are arrested for a DV-related incident and sent to a CBIP are not "first time" offenders by any definition of the word, as even those who have never been arrested before have likely perpetrated DV or IPV before, based on survey data on victimization.

Some probation officers were concerned that CBIPs give offenders too many chances to change their behavior and still stay in the program, therefore undermining the program's legitimacy. This is a challenge according to the CBIPs, however, as they have also been instructed to retain more offenders in order to effectively change their behavior, so the instructions come into direct conflict with one another.

Those outside of the CBIPs who interact with them argued that many of them offer too few language options to be effective for the diverse community served, and that they especially needed to add Portuguese and Russian courses. Some of the CBIPs acknowledged the capacity challenges they and other programs face.

Potential Solutions to CBIP Challenges

Respondents were encouraged to give both practical, marginal solutions to the challenges facing CBIP effectiveness as well as conditions that would exist in an ideal world to make this possible. In both settings, every respondent states they would want more financial and staffing resources, specifically to keep up with the increased caseload that probation officers and BIPs have seen since the passage of the new domestic violence law in August.

Challenges to Program Completion

Inability to pay for the program is often cited as a main reason for failure to complete, but respondents indicated that it is often not actually the primary reason for termination, especially because there are provisions in Massachusetts law to waive almost the entire program fee. Conflict with employment demands may be a more legitimate financial reason for failing to complete. Failure to acknowledge abuse/responsibility at large is one of the main reasons stopping offenders from completing the program, as it hinders them from having the necessary motivation to complete the intensive course.

Organizational Responses to These Challenges to Completion

The most commonly listed challenge to completion was a failure to get the offender to accept responsibility for his behavior. While CBIPs are designed to spend the first eight weeks on education and skills building leading up to accepting responsibility for one's actions, it is not always effective, and even those who make it through the first portion of the program can regress or hide their true feelings. Many respondents said that there isn't much that a BIP can do to encourage completion for those participants who simply do not want to comply.

Many respondents listed program flexibility as a method for ensuring that more participants complete the program. Most CBIPs have become increasingly flexible in terms of attendance since they were first certified, acknowledging that the men who attend have chaotic lives and getting to class might be a challenge. CBIP structure is outlined in [Appendix 4](#). Still, some probation officers stated that increased flexibility would make their jobs easier by allowing more men to stay in the program and reap its full benefits.

Waiving fees⁶ was also discussed as a possible way to help offenders complete the program, though there was disagreement over whether financial barriers were a genuine challenge to completion or whether the participants simply used it as an excuse when they did not want to invest their time and energy into the program or accept responsibility for their behavior.

Advice to Judges Assigning Probation Conditions

Assigning a CBIP as a probation condition was the top response given when asked what the individual would tell judges based on his or her experience with domestic violence. Though current law requires judges to assign a BIP to a domestic violence offender, responses indicated that this was not always the case. Many probation officers noted that they were frustrated by judges failing to assign CBIP completion as a probation condition, opting instead for anger management. Despite the existence of protocol to correct this, the power differential between judges and probation officers often makes it difficult for a probation officer to challenge a judge's decision.

Every individual interviewed argued that judges need to have a better understanding of domestic violence in all its forms in order to increase assignment to and follow up on a BIP. Specifically, all judges need to understand the pattern of power and control that takes place between victim and abuser to better understand why a victim would not want to testify at a hearing, instead of assuming that the abuse is not that severe if there aren't witnesses to corroborate it.

Major Changes Accompanying New Domestic Violence Law

Everyone surveyed agreed that CBIP caseloads have increased, in some cases dramatically (though the CBIPs did not provide actual numbers), since the passage of the new domestic violence law in August 2014. However, few resources have been allotted to account for this increase, so the CBIPs and probation officers are feeling immense pressure to keep up with the cases assigned to them. Some programs have also seen an influx in voluntary referrals since police are now required to provide info on CBIPs whenever bail is set.

⁶ Programs may charge up to a maximum of \$3,500 per client for the entire cost of the program, though the law provides for a sliding scale, starting from as low as \$5/session.

POLICY RECOMMENDATIONS

1. Scale Up Pilot Study

- a. Evaluate the completion and recidivism data of all 17 CBIPs in the state. All 17 CBIPs in the state should be evaluated to control for any potential biases by region, court, individual judge, distance to program and demographic variation by program. It is important to evaluate all programs to control for a self-selection bias that may be present in the current sample, as the programs that agreed to be evaluated could have done so because they are aware that they are relatively successful in reducing DV recidivism.
- b. Increase the study period to three years, or longer if possible, and follow CBIP participants over the course of the three-year period from start date instead of end date, in order to account for those who are still actively involved in a CBIP. Though the 24-month period provided a significant sample, the study would be much stronger if there was a longer period with which to measure recidivism.
- c. Ensure that both start *and* end dates in CBIPs are provided for each offender so that there are clear lines for what is (1) criminal history, (2) in-program criminal activity and (3) recidivism. It was occasionally difficult to parse through the data as provided, since not all programs included start date for all offenders, and not every individual who completes the program does so in exactly 40 weeks.

2. Data Collection and Sharing

- a. The Office of the Commissioner of Probation and the Department of Public Health should require all CBIPs to keep detailed, electronic records of all batterers in their programs. One of the biggest challenges to tracking the data was the lack of available records, since some of the CBIPs only used paper files to track their clients and had to spend hours collecting data for the project. Electronic recordkeeping would help to keep costs low for the participating CBIPs.
- b. The Department of Public Health should be a part of future studies because they have valuable data that Probation does not, such as educational attainment, marriage and parental status and substance abuse. In order to include DPH, ample time must be given to allow them to run the study through their own IRB and to create a system that keeps offenders' demographic information confidential.

3. CBIP Assignment

- a. Given that CBIPs are highly effective on reducing DV recidivism and past research as well as DV theory shows that most anger management does not address the root causes of DV, CBIPs should be assigned as a condition of probation for every DV offender. The fact that this is a major change in the 2014 DV laws indicates that the relevant stakeholders agree with this assessment.
- b. There are two possible ways to address this:
 - i. The CBIP exemption is removed from law.
 - ii. An easier – and possibly more effective – alternative is an aggressive education campaign. This is described in the Training section below but

should include using these early findings as evidence for CBIP effectiveness for this particular population.

- c. Probation officers should be supported when they believe an offender needs a CBIP and the judge has not assigned it. Though there is a mechanism for POs to challenge a judge's decision on probation conditions, the interviews in this study reveal that few POs feel comfortable using this option or believe doing so will be effective. More training on how to approach judges with recommendations and forums within individual courts on the necessity of such discussions could help facilitate the change.

4. Training

- a. Ensure that the DV training now required by law for all relevant Trial Court employees includes explanations of coercive control, the power dynamics involved in DV and reasons why survivors may not want to testify or leave their partner.
- b. Provide more DV theory training for Probation Officers. Though the Probation Officers interviewed had a thorough, nuanced understanding of the causes and effects of DV, they stated that many of their colleagues did not and would benefit from a deeper understanding of the issue.
- c. In judges' training, CBIP executive directors and frontline service providers should attend and present on the components of their respective programs. Third parties, such as probation officers or court victim advocates, should also attend and explain the unique characteristics of CBIPs compared to other, less intensive interventions. These initial findings should also be presented to reinforce program effectiveness.

5. Focus on Program Components

- a. Since these CBIPs are all certified by DPH, they have very similar program components, but they are not identical. When this study is scaled up, it should include a thorough coding system (and in-person assessments of group programming, if possible) to assess which program components are stronger than others.

6. Increase CBIP Resources and Use Data to Disperse them Appropriately

- a. Measure the increase in caseload from all 17 CBIPs across the state since the implementation of the new domestic violence law.
 - i. Qualitative data indicates that caseload has increased dramatically since the new law (1) requires almost all DV offenders to attend a program as a condition of their probation and (2) law enforcement has started an educational campaign to refer voluntary participants. More systematic measurement of these changes in demand can inform increases in funding and other support from Probation and DPH.

APPENDICES

Appendix 1: Definitions and Theories of Abuse

Domestic violence has only recently been considered a public policy concern, and indeed, a public problem at all. In fact, beating one's wife has moved from a right to a crime in American law over the course of the past century and a half.⁷ The media frenzy around "wife torture" in 19th century England and America highlighted and in some cases sensationalized domestic violence, but the lack of reaction by the general public demonstrated just how common and accepted the practice was (Nadelhaft). The first state to officially outlaw wife beating was Tennessee in 1850 (Daniels), but it took over a century for the issue to reach peak attention via the women's movement.

Recognizing DV's harms and costs to society has led to laws, resources and programs dedicated to ending domestic violence.⁸ The CDC has estimated that the economic costs of intimate partner rape, physical assault, and stalking "exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health care services" (National Center for Injury Prevention and Control). This total cost also includes nearly \$1 billion in lost productivity on the part of non-fatal intimate partner violence victims, both via paid work and via household work and an additional \$1 billion in lost lifetime wages by those killed by intimate partners.

The Statistics:

-On average, 20 people per minute are victims of physical violence by an intimate partner in the United States.

-Almost two million women are raped each year and over seven million women and men are victims of stalking in a given year (Centers for Disease Control, 2011).

-10-20% of American children witness abuse against a parent or caregiver annually (Children's Welfare Bureau)

-An estimated 15.2% of American women, or 18.3 million women, have experienced at least one instance of stalking during their lifetimes that made them "feel very fearful or made them believe that they or someone close to them would be harmed or killed" (Centers for Disease Control, 2011)

Traditionally, domestic violence has predominantly been associated with physical violence. Even at the time of writing this report, the Merriam-Webster dictionary definition of domestic

⁷ William Blackstone, *1 Commentaries on the Laws of England*: "The husband by the old law, might give his wife moderate correction. For, as he is to answer for her misbehaviour, the law thought it reasonable to intrust him with this power of restraining her, by domestic chastisement, in the same moderation that a man is allowed to correct his apprentices or children; for whom the master or parent is also liable in some cases to answer."

⁸ From interview with OVW Deputy Policy Director Rosie Hidalgo

violence is: "the inflicting of physical injury by one family or household member on another; also: a repeated/habitual pattern of such behavior." Domestic violence is now more broadly defined in policy and criminal justice circles, often but not always including "all acts of physical, sexual, psychological or economic violence" that may be committed by a person who is a family member or intimate partner/spouse, irrespective of whether they live together (Council of Europe).

The 1993 United Nations Declaration on the Elimination of Violence against Women identified *domestic violence* as one of three contexts in which violence against women occurs: "Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation" (UN General Assembly).

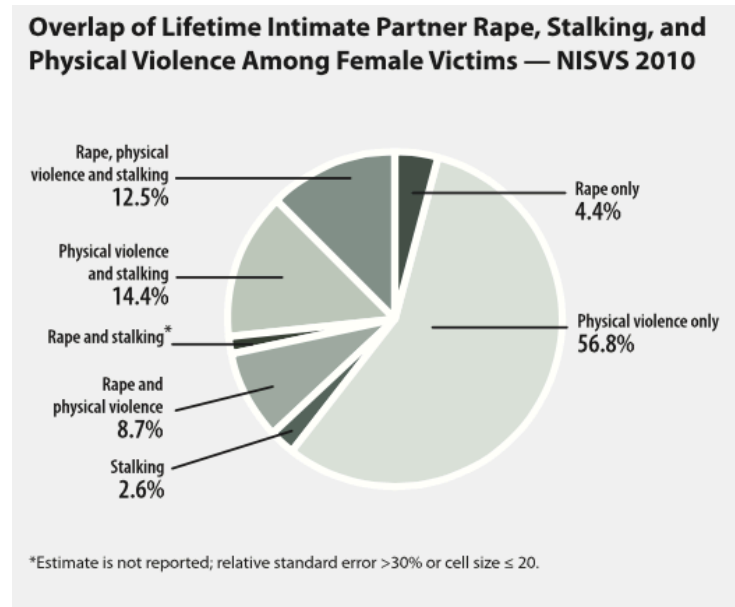


Figure 1: National Intimate Partner and Sexual Violence Survey, CDC (2010)

The term *intimate partner violence* (IPV) is now often used synonymously with domestic abuse or domestic violence, yet it refers specifically to abuse occurring within a romantic relationship. The World Health Organization (WHO) defines intimate partner violence as: "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship."

Family violence is a broader term used within the domestic violence context, which often represents the inclusion of child abuse, elder abuse, and other violent acts between family members. *Child abuse* is defined by the WHO as: "Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation."

This varies slightly from U.S. and particularly Massachusetts General Law, which is detailed on the following page. Most state standards for batterer intervention programs define battering more broadly than do their laws pertaining to domestic assault in order to capture DV that might not be reflected in police or court records. While the term "domestic violence" was first used by victim advocates in the 1970s to highlight the danger that these women faced in their own homes, the term has now come to mean a wide array of behavior. Several U.S. states and other countries have also started to define domestic violence/abuse more thoroughly and

comprehensively. Scotland is a recent example of this. The Scottish Government uses the theory of coercive control, described below, to inform their policies on domestic abuse and have expanded their national definition to include financial abuse, social isolation and verbal racial abuse (The Scottish Government).

Massachusetts Definition of Domestic Violence

The law that sent most of the offenders to the CBIPs evaluated in this study is Chapter 209A of the Massachusetts General Laws, which has since been changed with the 2014 law. Chapter 209A defines abuse as:

- a) attempting to cause or causing injury
- b) placing another in fear of imminent or serious physical harm
- c) causing another to engage involuntarily in sexual relations by force, threat, or duress.

By contrast, the Massachusetts Department of Public Health's State Standards for CBIPs defines abuse "as a pattern of coercive control directed to the victim." The standards further state that abuse may consist of one, or a combination of the following:

- a) physical assault
- b) verbal or emotional forms of assault and control such as intimidation, coercion, threats, isolation or degradation
- c) economic forms of control such as withholding or denying access to money or other basic resources, or sabotaging employment, housing or educational opportunities
- d) sexual assault or coercion
- e) social isolation such as possessiveness, jealousy, denying communication with friends, prohibiting access to transportation or the telephone
- f) failure to comply with immigration requirements making the immigrant partner unable to work and vulnerable to deportation or loss of child custody
- g) stalking, harassing and on-going monitoring and pursuing of the victim.

Massachusetts 209A: Section 1. As used in this chapter the following words shall have the following meanings: "Abuse", the occurrence of one or more of the following acts between family or household members:

- (a) attempting to cause or causing physical harm;
- (b) placing another in fear of imminent serious physical harm;
- (c) causing another to engage involuntarily in sexual relations by force, threat or duress.

"Court", the superior, probate and family, district or Boston municipal court departments of the trial court, except when the petitioner is in a dating relationship when "Court" shall mean district, probate, or Boston municipal courts.

"Family or household members", persons who:

- (a) are or were married to one another;
- (b) are or were residing together in the same household;
- (c) are or were related by blood or marriage;

(d) having a child in common regardless of whether they have ever married or lived together; or
(e) are or have been in a substantive dating or engagement relationship, which shall be adjudged by district, probate or Boston municipal courts consideration of the following factors:

(1) the length of time of the relationship; (2) the type of relationship; (3) the frequency of interaction between the parties; and (4) if the relationship has been terminated by either person, the length of time elapsed since the termination of the relationship.

“Law officer”, any officer authorized to serve criminal process.

“Protection order issued by another jurisdiction”, any injunction or other order issued by a court of another state, territory or possession of the United States, the Commonwealth of Puerto Rico, or the District of Columbia, or tribal court that is issued for the purpose of preventing violent or threatening acts or harassment against, or contact or communication with or physical proximity to another person, including temporary and final orders issued by civil and criminal courts filed by or on behalf of a person seeking protection.

“Vacate order”, court order to leave and remain away from a premises and surrendering forthwith any keys to said premises to the plaintiff. The defendant shall not damage any of the plaintiff’s belongings or those of any other occupant and shall not shut off or cause to be shut off any utilities or mail delivery to the plaintiff. In the case where the premises designated in the vacate order is a residence, so long as the plaintiff is living at said residence, the defendant shall not interfere in any way with the plaintiff’s right to possess such residence, except by order or judgment of a court of competent jurisdiction pursuant to appropriate civil eviction proceedings, a petition to partition real estate, or a proceeding to divide marital property. A vacate order may include in its scope a household, a multiple family dwelling and the plaintiff’s workplace. When issuing an order to vacate the plaintiff’s workplace, the presiding justice must consider whether the plaintiff and defendant work in the same location or for the same employer (M.G.L. Chapter 209A Section 1).

Risk Factors & Predictors of Domestic Violence

The Centers for Disease Control and Prevention recently identified factors affecting one’s likelihood of being either a victim or perpetrator of domestic violence. These include:

Individual Risk Factors

- Low self-esteem
- Low income
- Low academic achievement
- Young age
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression

- Anger and hostility
- Antisocial personality traits
- Borderline personality traits
- Prior history of being physically abusive
- Having few friends and being isolated from other people
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Perpetrating psychological aggression
- Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child

Relationship Factors

- Marital conflict-fights, tension, and other struggles
- Marital instability-divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions

Community Factors

- Poverty and associated factors (e.g., overcrowding)
- Low social capital-lack of institutions, relationships, and norms that shape a community's social interactions
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

Societal Factors

- Traditional gender norms (e.g., women should stay at home, not enter workforce, and be submissive; men support the family and make the decisions)

The CDC points out that power imbalances within a relationship due to financial status, mental health conditions, substance abuse or lacking a social network greatly increase the likelihood of domestic violence. It is important to acknowledge that chaotic or violent environments might lead to an increased rate of abuse, while also maintaining that this kind of violence is never acceptable, regardless of contributing societal factors.

Modern Theories of Abuse

Gendered Analysis of Abuse: A gendered analysis of domestic abuse/violence argues that violence against women is perpetrated specifically because of gender and points to physical, sexual and social gender differences that have led to the creation of a patriarchal society, which allows for such abuse. Analyzing domestic and intimate partner violence through a gendered lens highlights disparities in pay, social capital and political power that feed into this problem.

A gendered analysis of abuse stems from feminist legal theory, which argues that there aren't laws in place for crimes within the home because the patriarchal legal systems in place in Western societies were designed to protect men and their property from one another (MacKinnon). The home was labeled as a separate sphere from everything else (i.e. "the market"), discouraging state intervention in what was considered private. There are varying levels of acceptance of a gendered analysis; Scotland now employs a gendered analysis of domestic abuse (The Scottish Government, & Convention of Scottish Local Authorities), while the issue is still hotly debated at home.

Coercive Control: The theory of coercive control, created by American criminologist Evan Stark, explains domestic violence as a pattern of instrumental behavior. The state of New York now interprets domestic violence in the context of coercive control (New York State Office for the Prevention of Domestic Violence), and defines it as the following behaviors:

- Unreasonable and non-negotiable demands.
- Stalking – surveillance and unwanted contact.
- Cruelty.
- Destroying the partner's other relationships and isolating her/him from friends, family members, co-workers and others.
- Restricting daily activities.
- Coercion – a combination of demands, threats of negative consequences for noncompliance, and surveillance.
- Manipulation through minimization, denial, lies, promises, etc.
- Threats and intimidation.
- Excuses, rationalizations and blame.
- Stifling the partner's independence.
- Controlling partner's access to information and services.
- Sexual abuse and violence; reproductive coercion.
- Economic control and exploitation.
- Identity abuse.
- Physical violence – which can range from minor to lethal. The physical violence typical of abuse is more frequent and severe than that typical of situational violence.
- Deprivation of liberty, equality and personhood; treating their partner and children as objects.
- Extreme jealousy, possessiveness and ridiculous accusations of infidelity. (Abusers often imagine that their partner is cheating, and jealousy and suspicion are the usual motivations of men who murder a current or former partner.)
- Punishing the partner and children for infractions (and imaginary infractions) of their rules.
- Ignoring their partner's needs, opinions and feelings, and the harm that their behavior does to her/him.
- Separation violence.

The Duluth Model: This model, created in 1981 in Duluth, Minnesota, represented the first multidisciplinary approach to domestic violence interventions. The model is built on the theory that domestic violence is primarily caused by the abusive partner's desire for control over his or her (but usually his) partner, as evidenced in the Power and Control Wheel (included below).

The theory is based on the feminist theory that patriarchal ideology, which encourages men to control their partners, causes domestic violence (U.S. Department of Justice).

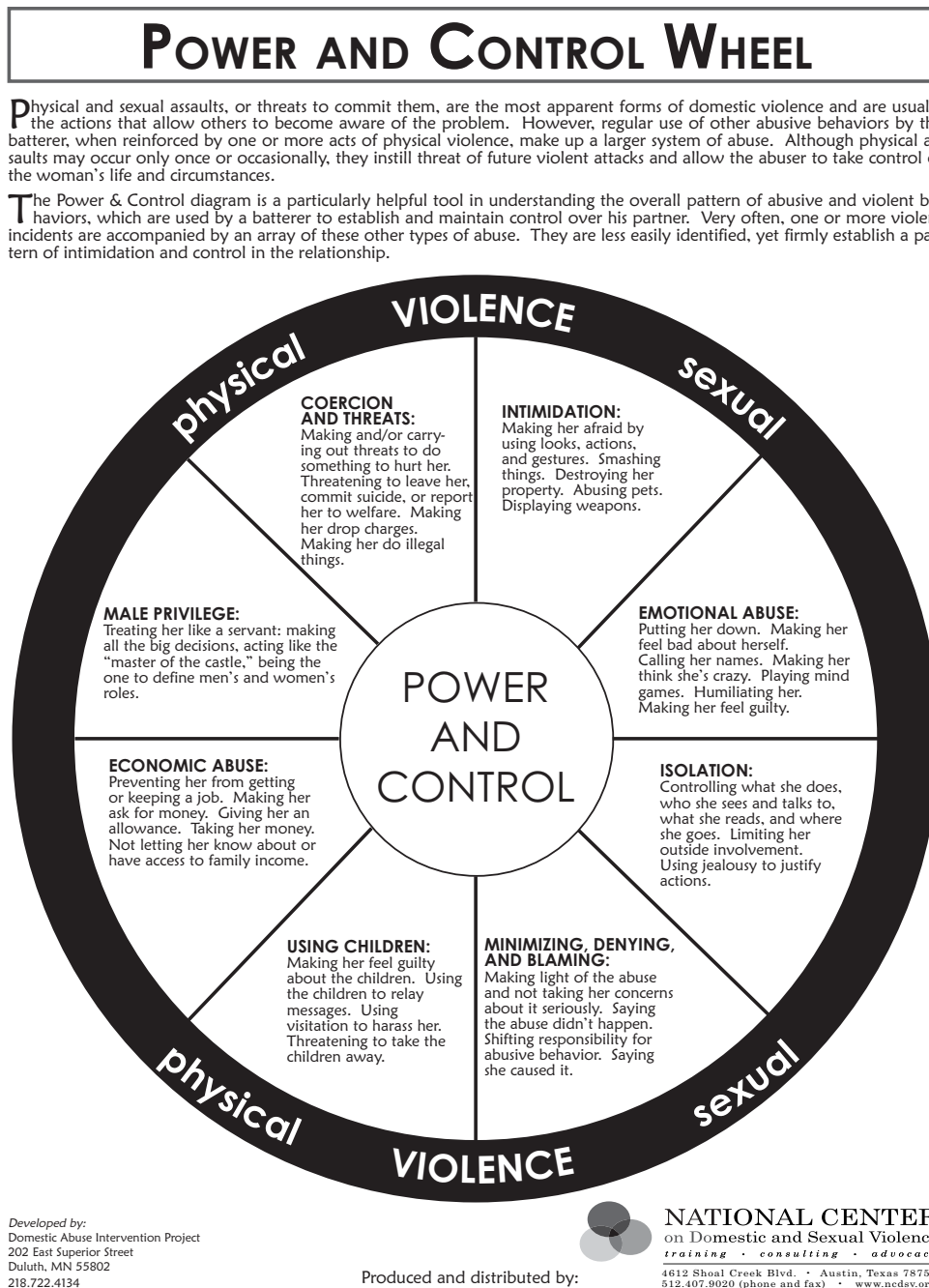


Figure 2: Duluth Model Power and Control Wheel

Intimate Terrorism: American criminologists Michael Johnson and Joan Kelly are credited with coining the phrase “intimate terrorism” as part of their categorization of types of domestic violence (Kelly & Johnson, 2008). Since the late 1990s, a growing body of empirical research has demonstrated the existence of different types or patterns of intimate partner violence⁹. Johnson used a 1970s data set and a control tactics scale to distinguish controlling violence from non-controlling violence. He and Kelly found that 89% of the violence in a survey sample was Situational Couple Violence and 11% was Coercive Controlling Violence (Kelly & Johnson, 2008). The Situational Couple Violence was roughly gender symmetric.

The court sample revealed a much different picture: only 29% of the violence was Situational Couple Violence, and 68% was Coercive Controlling Violence, which was largely male perpetrated. Similarly, in the shelter sample, 19% of the violence was Situational Couple Violence and 79% was Coercive Controlling Violence, which again was largely male perpetrated (Kelly & Johnson, 2008). This shows that the violent situations that lead families to courts, shelters and other forms of institutional remedy are not just a normal family fight and instead are an iteration of a long pattern of abuse and control. Differentiating between these kinds of domestic violence and understanding the relative prevalence of each is imperative to effectively treating such situations and is already being implemented by state and federal governments around the globe.

⁹ Johnson and Kelly cite studies by Graham-Kevan & Archer, 2003; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Johnson, 1995, 2006; Johnson & Ferraro, 2000; Johnston & Campbell, 1993; and Leone, Johnson, Cohan, Lloyd, 2004.

Appendix 2: Legislative Context

National Legislation:

The Violence Against Women Act of 1994 (VAWA) and the reauthorization of VAWA in 2013 are the two most significant pieces of federal legislation dealing with domestic violence prevention and response. VAWA provides for a federal rape shield law, which limits a defendant's ability to introduce evidence about the victim's past sexual behavior; community violence prevention programs; protections for victims who are evicted from their homes because of events related to domestic violence or stalking; funding for victim assistance services, like rape crisis centers and hotlines; programs to meet the needs of immigrant women and women of different races or ethnicities; programs and services for victims with disabilities; and, legal aid for survivors of domestic violence (The White House). The reauthorization, which faced enormous, unexpected legislative opposition in 2012-2013, expanded jurisdiction over domestic violence and sexual assault cases to same-sex couples and tribes (Cohen).

Massachusetts Legislation:

The primary domestic violence law in Massachusetts prior to the 2014 legislation being examined here was MGL c. 209A Abuse Prevention. Any violation of this constitutes a crime referred to as "Abuse Prevention Act." The assignment of domestic violence offenders to batterer intervention programs has essentially become mandatory in Massachusetts. According to Massachusetts law, "[t]he court shall not order substance abuse or anger management treatment or any other form of treatment as a substitute for certified batterer's intervention" (St.2002 c.184 s.114). This means that unless a judge assigning probation conditions writes a statement explaining why anger management is more appropriate, all DV offenders should be assigned to a CBIP.

Other Massachusetts DV Laws:

- MGL c.186, s.23-29 (as added by St.2012, c.402) Housing Rights for Victims of Domestic Violence"
- MGL c. 209C, s.15 Children Born Out of Wedlock - Domestic Violence Record Search
- MGL c.258E, which provides for Harassment Prevention Orders
- MGL c. 265, s.43, which discusses stalking and the punishments for stalking
- MGL c. 277, s.62A regarding violations of Chapter 209A and jurisdiction
- MGL c. 277, s. 62B regarding stalking and jurisdiction
- MGL c.209A, s.11 providing for the protection and custody of pets

Appendix 3: Batterer Intervention Program History, Models and Measuring Effectiveness

Interventions to end current abuse and prevent domestic violence recidivism take many forms, focusing on both safety planning for victims and intervention programs for abusers. Of the latter, batterer intervention programs are among the most popular.

Although the two are often confused with one another, certified batterer intervention programs are not the same as anger management programs, explaining the legal mandate discussed in [Appendix 2](#). Participation in an anger management program is not considered a substitute for participation in a CBIP, as only CBIPs focus entirely on domestic violence and intimate partner abuse. CBIPs are also separate from marriage or couples counseling, as the goal of CBIPs is to stop the participant's criminal conduct, not to keep the couple together, according to CBIP director interviews included in this study.

CBIPs in Massachusetts provide a range of services to meet the needs of people in their communities, including:

- slots for low income batterers to attend for free or for as little as \$5 per session
- free services for adolescent male perpetrators of dating/domestic violence
- services for non-English speaking batterers
- services for gay or lesbian perpetrators of intimate partner violence. (The Massachusetts Executive Office of Health and Human Services)

All of the certified batterer intervention programs in Massachusetts, except for Emerge, use the Duluth Model, described in [Appendix 1](#). Details of Emerge's programming can be found in [Appendix 4](#).

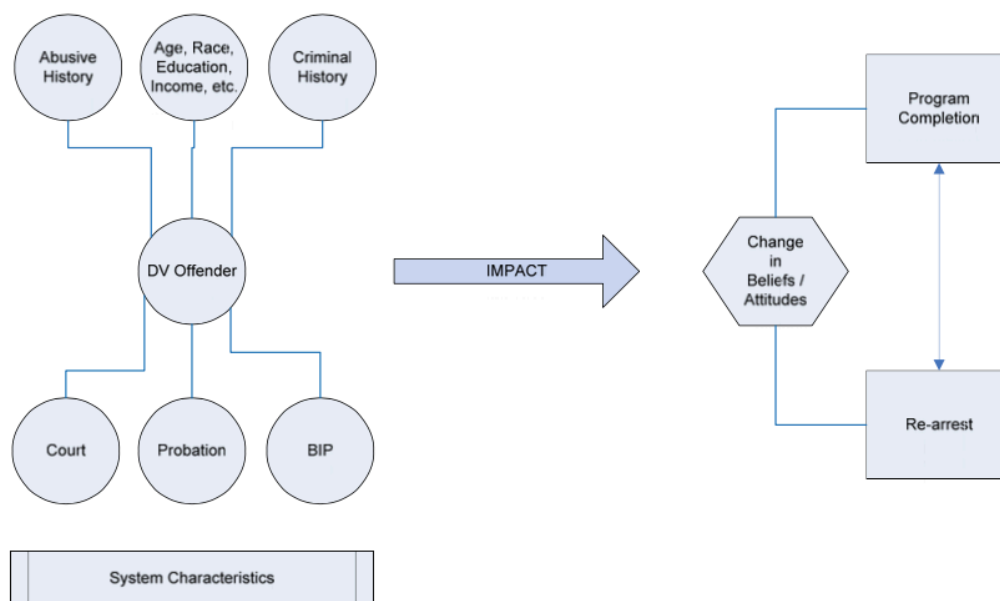


Figure 3: System-wide Logic Model from Batterer Intervention Systems in California: An Evaluation (2009)

A Brief History of Batterer Intervention Programs

Batterer intervention programs were largely created in the 1990s, and “the vast majority of programs are geared for heterosexual men who abuse their female partners” (Adams, 2003). Emerge, established in Boston in 1977, was the first BIP, and it was created by a group of ten men at the request of Boston-area battered women’s programs (Adams, 2003). Emerge is among the programs whose data I analyzed for this project.

There are currently over 1,500 Batterer Intervention Programs in the United States. Programs vary in length, from 12 sessions in Utah to 52 in California, New Hampshire, and Washington. As of 2008, 45 states had standards in place for their BIPs (The Advocates for Human Rights).

There are 17 BIPs that are currently certified by the Massachusetts Department of Public Health, which began certifying programs in 1991. CBIPs are in operation in every county of Massachusetts, though there are only two programs operating in the Western part of the state (one in Amherst and one in Springfield), which could potentially limit access for offenders. The Massachusetts Department of Public Health requires 40 weekly sessions for a participant to reach completion. According to the Commonwealth of Massachusetts, CBIPs do the following:

- work to increase the safety of all domestic violence victims
- provide educational groups for batterers to stop their abusive behavior
- teach batterers about the damaging effects of abuse on victims and children
- teach batterers to use respectful and non-abusive behaviors with their intimate partners and their children.

Each Massachusetts CBIP must have a clearly defined payment policy including provisions for indigent clients. Perpetrators are expected to contribute to the cost of the program, and programs are vigilant about ensuring that the victimized partner is not helping with payments. Programs may charge up to a maximum of \$3,500 per client for the entire cost of attending an intervention program, inclusive of the intake and evaluation (The Executive Office of Health and Human Services). Financial reasons are often cited by offenders as reasons for failing to complete, so CBIPs have made an effort to remedy this situation. According to M.G.L. Chapter 209A, Section 8, “Programs may charge fees for group sessions based on a sliding scale taking into account the client’s ability to pay and thus enabling the perpetrator to afford services. Programs may negotiate a deferred payment schedule or partial payment for clients who demonstrate inability to pay the program’s lowest fee(s).”

Measuring Effectiveness of Batterer Intervention Programs & Critiques

It’s difficult to measure effectiveness of domestic violence interventions generally. Victims are good predictors of future abuse since they know abusers’ behavior better than anyone else, but contact with them can often prove difficult given the chaotic nature of these relationships and the controlling dynamics at play. What’s more, offenders find new partners often, further complicating contact and how to measure recidivism. In one large study of batterer programs in four U.S. cities, 21 percent of the batterers in the study had new partners by the 30-month follow-up (Bennett & Williams, 2001 citing Gondolf, 1998).

Given that one of the biggest predictors of a victim returning to her batterer is that batterer attending counseling, professionals are justifiably concerned about the true effectiveness of batterer intervention programs, not just the perceived benefits. Though early studies found

BIPs to have a small but significant effect on reducing domestic violence recidivism, subsequent, more robust studies have found little to no effect. Previous research into BIPs has come with significant limitations, however. In many, the data compares those who never attended BIPs with those who attended at least one session, but does not compare completers to non-completers to those who never attended a program. An appendix produced by the Centers for Disease Control is attached as [Appendix 5](#) below.

Some studies include offenders who “are disproportionately white, middle class, employed and married” (Williams & Becker, 1994). The co-occurrence of domestic abuse with mental disorders, personality disorders, and substance abuse has been amply documented¹⁰. Men in batterers programs are more likely to have these conditions than either men in the general population or batterers who are not referred to BIPs (Bennett & Williams, 2001). Some evaluations have attempted to control for substance abuse and mental disorders by excluding these men from their sample (e.g. Dunford’s Navy Study, 2000). Unfortunately, since these co-occurring problems are so common in day-to-day BIPs, the validity of studies that exclude such batterers is significantly compromised (Bennett & Williams, 2001).

As is represented in this sample, past research on BIPs has had very mixed results. I aim to correct for the gaps in past studies by considering each participant’s full criminal record to try to make up for the demographic data we are missing, such as substance abuse or misuse, mental health issues, relationship status or other complications. The qualitative portion of this research revealed that one of the top reasons for failing to complete the BIP was having a “chaotic life.” Criminal records help explain this by accounting for (1) sheer number of interactions with law enforcement and (2) whether these arrests fall within the categories of behavior typically associated with domestic violence.

There are two reasons why this study only tracks men who are assigned to batterer intervention programs and not to anger management programs or other alternative probation conditions. One is that men who are sentenced to CBIPs are often substantially different than men sentenced to the alternative condition (Bennett & Williams, 2001).

Secondly, CBIPs are now mandated for all those convicted of domestic violence, now officially a crime in the Commonwealth, per the 2014 law: “(d) For any violation of this section, or as a condition of a continuance without a finding, the court shall order the defendant to complete a certified batterer’s intervention program unless, upon good cause shown, the court issues specific written findings describing the reasons that batterer’s intervention should not be ordered or unless the batterer’s intervention program determines that the defendant is not suitable for intervention” (M.G.L. St. 2014, c.260). This means that there is not (or at least should not be) a control group of DV offenders with which to compare the CBIP participants.

¹⁰ Dutton & Starzomski, 1993; Gondolf, 1999b; Hastings & Hamberger, 1988; Holtzworth-Munroe & Stuart, 1994; Leonard & Jacob, 1988; and Murphy, Meyer, & O’Leary, 1993

Appendix 4: CBIP Structure – Emerge (Source: <http://www.emergedv.com/>)

(Source: <http://www.emergedv.com/>)

What Happens in Groups: *At Emerge, group sessions are divided into two stages. Each stage has a different format, both of which are described below.*

Stage One (8 group sessions)

During the first eight group sessions, Emerge provides an educational group model. We have two group leaders who facilitate group discussions and educational material on eight separate topics relating to domestic violence. Group members are expected to participate and consider how this educational information fits into their own relationships.

Also during this stage, group members participate in “short check-ins” every week describing what went on during their week and taking time to consider and discuss particular arguments or challenging conversations they had in their relationships. The “short check-ins” do not take up as much time during the first stage as they do later in the program, but they are an opportunity to practice being a part of a group and identifying things group members need to work on in their relationships.

There are two occasions during this stage where group members are asked to do a “long check-in.” This “long check-in” consists of a “short check-in” as well as the details of group members’ most recent harmful, abusive or violent behavior toward their partner or family. Group members typically do “long check-ins” on their third and their eighth session.

At the end of eight sessions, we write a report about group members’ participation, attendance, and appropriateness for the Emerge program. Our expectation at Emerge is that all group members will identify ways they have been harmful towards their partner or family by the end of the first stage. Group members who are unable to identify such behavior will not be appropriate for our program.

Stage Two (32 group sessions)

During this stage, group is more interactive. Group members spend much more time discussing their “short check-ins” and give more detail about what is going on in their relationships. These groups are open-ended, so there are typically group members that range in experience from their 9th to 40th group session. Group members become better at giving feedback and talking about what they have learned while at Emerge.

Group members also complete individually focused activities such as a “relationship history” and “goals.” In a relationship history, they answer 14 questions about each significant relationship they have been in, and fellow group members give feedback and ask questions. We look for patterns of behavior that can be changed so that they may become a more respectful partner and parent.

Other individual activities include completing “goals.” The individual writes up goals they know they need to work on in order to stop their harmful behavior and become more respectful. While they do this, the rest of the group comes up with goals for that person based on what they have learned about them over time. Another activity involves a “self-evaluation,” where group leaders ask questions to help group members assess their progress in the program in terms of becoming non-abusive and less alienating and insensitive to their partners and children.

Appendix 5: Select Experimental and Quasi-Experimental BIP Evaluations

(Source: Centers for Disease Control)

Experimental Evaluations

Study Location & Date	Authors	Design	Findings
Minneapolis 1990	Edleson and Syers	Randomly assigned 283 batterers to one of three programs (self-help v. educational v. combined) and one of two program intensities (weekly for 3 months v. twice weekly for 4 months).	A six-month follow-up with 92 program completers and their partners found no significant differences between models or intensities, although there was a non-significant trend favoring the educational approaches over the self-help approach.
Hamilton, Ontario 1992	Palmer, Brown & Barrera	Studied 59 men randomly assigned either to a 10-week psycho-educational group or to no intervention beyond supervision.	Recidivism, as measured by official records, was significantly greater for men in the control group.
Madison, Wisconsin 1996	Saunders, supported by the Centers for Disease Control	Randomly assigned 218 batterers to cognitive-behavioral or process-psychodynamic group treatments.	In 18 to 54-month follow-up with program completers, there were no differences in arrests or in victim-reported violence or fear of violence between the two treatment approaches.
U.S. Navy in San Diego 2000	Dunford, supported by the National Institute of Mental Health	Compared outcomes for men randomly assigned to either (a) a 1-year cognitive-behavioral BIP, (b) a 1-year couples group, (c) a rigorous monitoring program similar to assertive probation work, or (d) a safety planning condition approximating a control group. Men with substance abuse problems or mental disorders were excluded from the study.	At one-year follow-up, the 48 men in the BIP condition had slightly lower incidence of recidivism by partner report than the 50 men in the control group, but there were no differences in rate of re-arrest.
Broward County, Florida 2000	Feder and Forde, supported by the National Institute of Justice	Studied 404 men randomly assigned to either (1) probation plus a Duluth-based BIP or (2) probation only.	At follow-up, there were no significant differences between the BIP and the probation-only group in attitudes toward wife beating, attitudes toward women, or self-reported likelihood they would hit their partner in the future. At one-year follow-up, men in the BIPs were no less likely than men in the control group to be re-arrested for domestic violence.
Brooklyn 2001	Taylor, Davis, and Maxwell, supported by the National Institute of Justice	Compared men randomly assigned to either a 40-hour Duluth-based BIP (n=186) or 40 hours of community service (n=190).	Evaluations occurred at 6 and 12 months, and included both official records of complaints/arrests and victim interviews. Results suggest significantly lower recidivism for men in BIPs using official reports, but no difference between BIPs and community service using victim report.

Quasi-Experimental Evaluations

Study Location & Date	Authors	Design	Findings
Vancouver 1986	Dutton	Compared police information records of 50 Vancouver-area men who received a 16-week cognitive behavioral BIP with the records of 50 men who were excluded from the BIP for some reason.	Men in the BIP and men in the comparison group did not differ either demographically or on pre-conviction records of violence. Results suggest a statistically significant effect of BIPs compared to the alternative condition.
"City of 200,000" 1989	Chen, Bersani and Denton	Compared 120 convicted batterers in an 8-session BIP with 101 convicted batterers who did not get BIP.	Participants in BIP were half as likely to reoffend during the year after treatment, but only if they attended at least 6 of the 8 sessions.
Baltimore County 1991	Harrell, supported by the State Justice Institute	Studied batterers ordered to one of three 12-session BIPs, and batterers not ordered to a BIP. The BIPs all differed in their orientation to services.	At follow-up, men in the BIP condition (n=81) were more likely to have been physically violent and more likely to have been rearrested than men in the control condition (n=112).
Pittsburgh, Houston, Dallas & Denver 1999, 2000	Gondolf, supported by the Center for Disease Control and Prevention	Followed 840 men in four different BIPs, using both court records and partner interviews, for as long as three years after intake.	Despite differences in referral (diversion v. conviction), length of treatment (3 to 9 months), or additional services (e.g. mental health, substance abuse), there were no significant differences between the four groups at 15-month follow-up in re-assault (32%), controlling behavior (45%), re-arrest (26%), or victim perception of safety (72%).

Appendix 6: Methodology for this Study

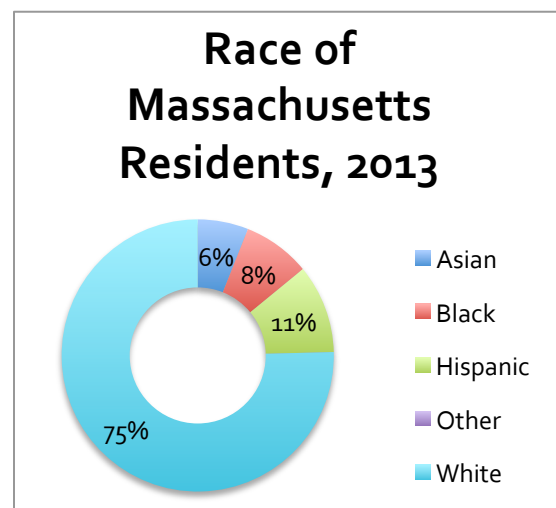
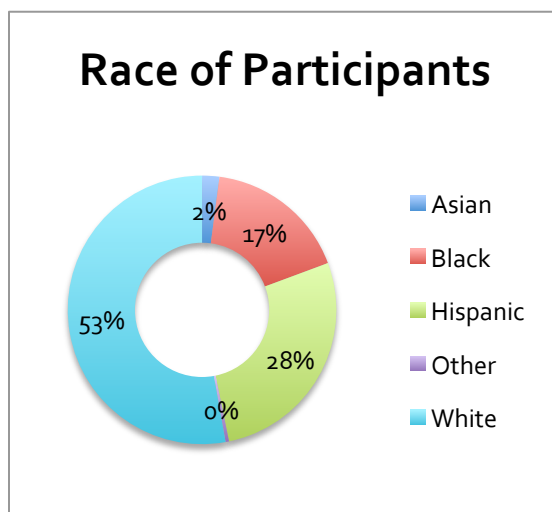
The quantitative portion of this study does not examine CBIP assignment, but instead starts with those assigned to CBIPs and looks at recidivism, controlling for variables that might influence attendance and subsequent behavior.

Though Massachusetts law now requires CBIP assignment for DV offenders, judges vary in the kind of probation conditions they recommend by using the legal exception to recommend another program, such as anger management instead of a CBIP. Variables that could affect the assignment of probation conditions by a judge include the severity of the crime, history of violence and other criminal activity and consideration of other issues, such as substance misuse and abuse and mental health issues.

I was unable to compare those who were assigned to a CBIP with those who were not, but future research could analyze variation across courts by comparing docket volume and rate of BIP assignment at different courts.

Quantitative

I paired the compliance data from the three participating CBIPs with recidivism data from probation services to assess short-term domestic violence-related recidivism, controlling for factors that could affect recidivism: age, race/ethnicity, location of residence and full criminal history. I control for age because previous research indicates that young age is a predictive factor of DV (CDC). The sample included offenders ranging from age 20-83, and the median age was 33. While the majority of CBIP participants were white, the racial and ethnic breakdown of the participants in these programs was not representative of Massachusetts as a whole, as demonstrated below. This is consistent with the overrepresentation of people of color in the justice system overall. The full arrest history controls for the differences in demographic variables that we do not have access to by providing a thorough background on each offender.



The *n* of this study was originally 615 participants, split between three programs. This broke down to 292 participants in the Holy Family Hospital Family Safety Project, 179 from Community Family Resources and 146 from Emerge. 55 participants were removed because Probation could not locate an arrest record for them. 48 participants were removed from the CFR set because they were still active, and one participant was removed since she was the only female in the entire sample and likely received much different treatment at the CBIP, given that the group sessions are male-only.

Once the data were cleaned up by removing those participants who were missing crucial information, there were a total of 488 participants, which broke down to 251 participants in the Holy Family Hospital Family Safety Project, 109 participants from Community Family Resources and 128 participants from Emerge. 28 of these participants were missing one piece of information, such as race/ethnicity, however, so some of the regressions detailed below include just 460 participants.

All arrests were entered and categorized by type of crime. This analysis is based on arrests, rather than charges or any kind of further court sanction. The rationale for focusing on arrests is that they are a consistent measure across jurisdictions, while there is likely to be variation in charges made and charges dropped. The arrest categories are as follows:

- Restraining Orders (total #)
- Abuse Prevention Order Violations/Restraining Order Violations (total #)
- Assaults (# of arrests)
 - A&B
 - Assault
 - Assault with a Dangerous Weapon
 - Assault to Kill
 - Attempted Murder
 - Murder Attempt
 - Assault to Kill
- Intimidation (# of arrests)
 - Intimidation
 - Threatening
 - Stalking
 - Criminal Harassment
 - Violent Harassment
- Trespassing (# of arrests)
 - Breaking & Entering (B&E)
 - Entering w/o Breaking
 - Burglary
 - Armed Robbery
 - Trespassing
- Drug Crimes (# of arrests)
 - Operating under the Influence (OUI)
 - Possession
 - Distribute
 - Minor Possession of Alcohol

- Sexual Assault (# of arrests)
 - Rape
 - Assault to Rape
 - Attempted Rape
- Malicious Destruction of Property (# of arrests)
- Other Criminality (# of arrests)

“Domestic violence” was not a specific crime in the Commonwealth of Massachusetts until the signing of this most recent legislation in August 2014. This made it difficult to ascertain which arrests were acts of domestic violence and which other types of interpersonal crime. For example, an assault and battery is typically recorded by a police officer as “assault and battery” or “A&B,” with officers having the option of adding additional notes such as “domestic” or listing the children involved. To err on the side of caution, I labeled all of the following arrests as DV recidivism:

- Abuse prevention order violation
- Assault
- Assault and battery
- Assault with a deadly/dangerous weapon
- Assault to kill
- Attempted murder
- Stalking
- Malicious destruction of property
- Threatening or Intimidation (if more than one count)

For those who are terminated from the CBIP (i.e. “fail to complete”) to which they were assigned, I am counting any DV incident or likely DV incident after their start date (not termination date) as recidivism. I am doing this because it could take a program a good deal of time to hear back from the probation officer, meet with the client and terminate them, so termination date might not be an accurate date from which to start counting “recidivism.”

Two out of the three programs provided me with the start date in addition to completion/termination date for each participant. For those who completed the program, I am only counting recidivism as DV incidents after the completion date, though there are definitely cases where I can see that they were arrested for a DV or a likely DV crime after their start date and before their completion date. I am doing this because 1) I don't know the start date for the completers in one of the programs (Holy Family, which happens to be the largest program) and 2) if the programs, who are aware of all incidents per the probation officer assigned to the offender, don't feel that it was significant enough to terminate them, then we should not count it as DV recidivism.

I included an arrest in criminal history if it was either 1) clear that the incident occurred prior to the offender starting the program because I had start date information from the program or 2) easy to deduce that the incident occurred prior to the start of the program because it fell within the 40-week of program completion.

To account for the fact that the offenders studied had been out of the program for varying amounts of time and therefore had different amounts of opportunity to reoffend, I separated

the participants into four time categories: 1) those who had been discharged from the program (via completion or termination within the past six months, 2) those who had been out for at least six but less than 12 months, 3) those who had been out for at least 12 but less than 18 months, 4) those who had been out for more than 18 but less than 24 months.

Qualitative

I also conducted a series of twenty interviews with professionals directing CBIPs, probation officers and victim advocacy experts. To do this, I designed a survey with the help of relevant parties at DPH, Probation and the Trial Court, which was subsequently approved by Harvard's IRB. It is attached here as [Appendix 8](#). I then traveled across the state to interview the executive directors of the programs that provided us with case compliance information, in order to glean the different approaches that the programs take to dealing with non-compliance. I hope this qualitative data will better inform me how the programming offered to offenders, which must meet certain basic criteria by statute, is realized at the program level.

I also spoke to Probation Officers from courts around the state and a Victim Advocate to see what practices and procedures entail once an offender has not complied with CBIP probation conditions.

In addition, I also conducted a literature review of national best practices for certified batterer intervention programs' effect on domestic violence recidivism rates, to compensate for the fact that this pilot study will not be a thorough review of the practices of all 17 CBIPs and for comparison. This review includes the kinds of services offered by BIPs nationally and a review of past studies, their strengths and weaknesses at evaluating program effectiveness.

Full List of Individuals Interviewed and Consulted

- 1) Holy Family Hospital Family Safety Project CBIP
 - a) Douglas Gaudette, Executive Director
 - b) Michelle Penta, Children Who Witness Violence Program Coordinator
 - c) Kim Sullivan Brewer, Consultant
 - d) Gail Bonenfant, Mental Health Clinician
 - e) Evelyn Martinez, Domestic Violence Advocate
- 2) Family Community Resources CBIP
 - a) Catherine Stowe, Executive Director
 - b) Sara Keough, Program Case Manager; Co-Facilitator of Female Program
- 3) Emerge CBIP
 - a) David Adams, Executive Director
 - b) Ted German, Training Director
 - c) Susan Cayouette, Co-Director
- 4) Massachusetts Office of Victim Assistance
 - a) Corinn Nelson, Director of Outreach and Training
- 5) Massachusetts Trial Court Probation Officers
 - a) Sean Norris
 - b) Elisa Currie
 - c) Robert Manning
 - d) Jennifer Jenkins
 - e) Maureen McCole
 - f) Damon Banks
- 6) Department of Justice: Office on Violence Against Women
 - a) Kimberly Cortez, Program Manager
 - b) Rosie Hidalgo, Deputy Director of Policy

Human Subject Research:

Both aspects of the study come under scrutiny of one of Harvard's Internal Review Board, the Committee on the Use of Human Subjects (CUHS) due to the involvement of human subjects. Most obviously, the quantitative study involves sensitive information of the offenders who were mandated to attend certified batterer intervention programs as a probation condition. Additionally, service professionals were interviewed regarding their work and policy knowledge on the subject as part of the qualitative study. To accommodate both of these potential issues, I submitted my proposal to CUHS, as required by Harvard University, and the protocol was approved on December 8, 2014.

Appendix 7: List of MA-certified Batterer Intervention Programs

Certified Batterer Intervention Programs

Contact the program director to learn more about the group schedule, locations and fee schedule.

GREATER BOSTON AREA

Bay Cove Human Services

Chelsea ASAP

100 Everett Avenue, Suite #4

Chelsea, MA 02150

Phone: 617-884-6829

Fax: 617-884-6018

Director: Amy Harris

Email: aharris@baycove.org

Language(s) Served: English, Spanish

Also Serves Adolescent Perpetrators

Group Site(s): Chelsea

www.baycove.org

Bay State Community Services

Project Safe

13 Temple Street

Quincy, MA 02169

Phone: 617-471-8400 ext. 129

Fax: 617-773-6904

Director: Martha Cooke

Email: mcooke@baystatecs.org

Language(s) Served: English

Also Serves Adolescent Perpetrators

Group Site(s): Quincy

www.baystatecs.org/prevention.html

Billings Human Services

Project Safe

19 Central Street, Norwood

Norwood, MA 02062

Phone: 781-762-0060

Fax: 781-762-0602

Director: Martha Cooke

Email: mcooke@baystatecs.org

Language(s) Served: English

Also Serves: Adolescent Perpetrators

Group Site(s): Norwood

www.baystatecs.org/prevention.html

Common Purpose

455 Arborway

Jamaica Plain, MA 02130-3623

Phone: 617-522-6500

Fax: 617-522-6595

Co-Director: Mitch Rothenberg

Co-Director: Tony Burns

Email: commonpurposeinc@aol.com

Language(s) Served: English, Haitian Creole

Group Site(s): Cambridge, Dorchester, Jamaica Plain, Quincy

www.commonpurpose.com

EMERGE

**2464 Massachusetts Avenue, Suite 101
Cambridge, MA 02140**

Phone: 617-547-9879

Fax: 617-547-0904

Co-Director: David Adams

Co-Director: Susan Cayouette

Email: emergedv@aol.com

Language(s) Served: English, Spanish, Vietnamese

Cultural Group(s): Lesbians, Gay Men

Group Site(s): Cambridge, Roxbury

www.emergedv.com/

Massachusetts Alliance of Portuguese Speakers (MAPS)

**1046 Cambridge Street,
Cambridge, MA 02139**

Phone: 617-864-7600

Fax: 617-864-7621

Program Contact: Alirio Pereira

Email: apereira@maps-inc.org

Language(s) Served: Portuguese, Cape Verdean Creole (based upon need)

Group Site(s): Somerville

www.maps-inc.org

**Roxbury Comprehensive Community Health Center
Domestic Violence Intervention Program**

**435 Warren Street
Roxbury, MA 02119**

Phone: 617-541-3790

Fax: 617-541-3797

Director: Wayne Williams

Email: wwilliams@roxcomp.com

Language(s) Served: English, Spanish

Group Site(s): Roxbury

CENTRAL**New Hope, Inc.****RESPECT**

**91 Prescott Street
Worcester, MA 01605**

Phone: 508-753-3146

Toll free 877-222-0083

Fax: 508-753-3148

Site Director: Anne Early

Email: aeary@new-hope.org

Language(s) Served: English, Spanish

Group Site(s): Worcester

www.new-hope.org/respect-program

Spectrum Health Systems, Inc.**P.A.V.E.**

**76 Summer Street, Suite 140
Fitchburg, MA 01420**

Phone: 978-343-2433 x6108

Fax: 978-343-0791

Director: Maureen Casey

Email: maureencasey@spectrumhealthsystems.org

Language(s) Served: English, Spanish

Group Site(s): Fitchburg, Framingham, Webster, Westborough, Worcester

www.spectrumhealthsystems.org/index.php?option=com_content&view=article&id=24&Itemid=34

WEST

Gandara Domestic Violence Program

85 St. George Street

Springfield, MA 01104

Phone: 413-846-0418

Fax: 413-732-2125

Director: Carmen Palma

Email: cpalma@gandaracenter.org

Language(s) Served: English, Spanish

Group Site(s): Holyoke, Springfield

www.gandaracenter.org

Moving Forward Program

ServiceNet, Inc.

400 Amity Street, Suite #1

Amherst, MA 01002

413-587-9050

Toll-free 1-888-636-9050

Director: Eve Bogdanave

Email: ebogdanove@servicenet.org

Language(s) Served: English

Group Site(s): Athol, Greenfield, Belchertown, Northampton, North Adams, Pittsfield

www.servicenet.org

SOUTHEAST

Brockton Family and Community Resources

Batterer Intervention Program

18 Newton Street

Brockton, MA 02301

Phone: 508-583-6498

Fax: 508-583-3775

Hyannis MA Office:

Phone: 508-778-0927

Fax: 508-778-1357

Director: Catherine Stowe

Email: catherine.stowe@bfcrinc.org

Language(s) Served: English, Spanish, Portuguese, Cape Verdean, Creole

Group Site(s): Brockton, Martha's Vineyard, Hyannis, Nantucket

www.fcr-ma.org

High Point Treatment Center

Stop Taking Others' Power (STOP)

497 Belleville Avenue

New Bedford, MA 02740

Phone: 508-994-0885, x 3155

Fax: 774-997-0765

Director: Dan Buckley

Email: daniel.buckley@hptc.org

Language(s) Served: English, Spanish

Group Site(s): New Bedford, Wareham, Plymouth
www.hptc.org

New Hope, Inc.

RESPECT

140 Park Street

Attleboro, MA 02703

Phone: 508-226-8286

Fax: 508-226-6917

Program Director: Anne Early

Email: aeary@new-hope.org

Language(s) Served: English, Spanish

Also Serves: Adolescent Perpetrators (Turning Point)

Group Site(s): Attleboro, Franklin, Taunton

www.new-hope.org/respect-program

Stanley Street Treatment and Resources (S.S.T.A.R.)

Batterer Intervention Program

386 Stanley Street

Fall River, MA 02720

Phone: 508-324-3597

Fax: 508-676-3761

Director: Dan Buckley

Email: dbuckley@sstar.org

Language(s) Served: English, Portuguese

Group Site(s): Fall River

www.sstar.org/test/

NORTHEAST

Holy Family Hospital

Family Safety Project

70 East Street (mailing address only)

Methuen, MA 01844

Phone: 978-989-9042

Fax: 978-989-9493

Director: Doug Gaudette

Email: Doug.gaudette@caritaschristi.org

Language(s) Served: English, Spanish

Group Site(s): Gloucester, Haverhill, Lawrence, Lowell, Methuen, Newburyport

www.holyfamily-hospital.org

Eliot Community Human Services

Impact Batterer Intervention Program

95 Pleasant Street

Lynn, MA 01902

Phone: 781-581-4452

Fax: 781-592-0581

43 Dartmouth Street,

Malden, Ma. 02148

Phone: 781-306-4860

Fax: 781-393-6551

Director: Dan Ellis

Business Cell: 781-864-4753

Email: dellis@Eliotchs.org

Language(s) Served: English

Group Site(s): Lynn, Malden
<http://www.eliotchs.org>

Appendix 8: Interview Questions

1. Please state your name and title, as well as a brief description of what your role is within [the organization].
2. Can you briefly describe the programming available at [organization name]?
3. Do you believe that certified Batterer Intervention Programs, as currently operated in Massachusetts, are effective?
 - a. If so, why?
 - b. If not, why not?
4. What is the easiest aspect of your job?
5. What is the most challenging aspect of your job?
6. What are the current strengths of CBIP programming?
7. What are the current challenges/weaknesses of CBIP programming?
8. What do you think are possible solutions to these challenges?
 - a. Ideally
 - b. On the margins (i.e. if we had another \$5000 for x, if we could extend the program by a week, etc.)
9. What do you believe is the biggest challenge to program completion for domestic violence offenders?
10. How does your organization respond to challenges to program completion?
 - a. Generally
 - b. Specific steps
 - c. How do you respond to these challenges within your role?
11. If you could tell judges assigning domestic violence probation conditions one thing from your professional experience with DV offenders, what would it be?
12. Have you seen any – or do expect any – major changes with the implementation of the new DV law?

Appendix 9: Technical Findings

PROGRAM BREAKDOWN:

```
. tab program
```

program	Freq.	Percent	Cum.
Emerge	128	26.23	26.23
FCR	109	22.34	48.57
HF	251	51.43	100.00
Total	488	100.00	

RECIDIVISM:

In most quantitative research, 0 indicates "no" and 1 indicates "yes." For example, recidivism results indicate that 340 participants did not recidivate.

```
. tab dv_recidivism
```

dv_recidivism	Freq.	Percent	Cum.
0	340	70.54	70.54
1	142	29.46	100.00
Total	482	100.00	

COMPLETED:

```
. tab completed
```

completed	Freq.	Percent	Cum.
0	220	45.08	45.08
1	268	54.92	100.00
Total	488	100.00	

Definition of variables (in order of appearance in table):

completed = dummy variable; whether the participant completed at least 40 sessions and was deemed to have completed by the program

restraining~r = linear variable; number of restraining orders filed against individual

assault = linear variable; number of arrests for assault-related crimes:

- Assault & Battery
- Assault
- Assault with a Dangerous Weapon
- Assault to Kill
- Attempted Murder
- Murder Attempt
- Assault to Kill

bin1 = individuals who had been discharged from the program (via completion or termination) for less than six months

bin2 = individuals who had been discharged from the program (via completion or termination) for six to 12 months

bin3 = individuals who had been discharged from the program (via completion or termination) for 12 to 18 months

bin4 = individuals who had been discharged from the program (via completion or termination) for 18 to 24 months.

drug = linear variable; number of drug-related arrests:

- Operating under the Influence (OUI)
- Possession
- Distribute
- Minor Possession of Alcohol

mal_dest = linear variable; number of arrests for “malicious destruction of property”

intimidation = linear variable; number of arrests for intimidation-related crimes:

- Intimidation
- Threatening
- Stalking
- Criminal Harassment
- Violent Harassment

violent_prop~y = linear variable; number of arrests for violent property crimes

REGRESSING RECIDIVISM ON COMPLETION:

```
.
. reg dv_recidivism completed asian black hispanic white age restraining_order a
> ssault bin1 bin2 bin3 bin4 drug other mal_dest intimidation violent_property R
> O_high_bin drug_high_bin assault_high_bin intimidation_high_bin violent_proper
> ty_high_bin other_high_bin, robust
```

Linear regression

Number of obs = 460
F(23, 436) = 5.85
Prob > F = 0.0000
R-squared = 0.1984
Root MSE = .41599

dv_recidivism	Robust		t	P> t	[95% Conf. Interval]	
	Coef.	Std. Err.				
completed	-.2771103	.0437787	-6.33	0.000	-.3631539	-.1910668
asian	.1154915	.1346981	0.86	0.392	-.1492467	.3802298
black	.1422097	.1095847	1.30	0.195	-.0731703	.3575897
hispanic	.2268735	.1006816	2.25	0.025	.0289919	.4247551
white	.1548611	.0965162	1.60	0.109	-.0348338	.3445559
age	-.0031699	.00189	-1.68	0.094	-.0068846	.0005447
restraining~r	.0436763	.0162585	2.69	0.007	.0117215	.075631
assault	.0017369	.0071181	0.24	0.807	-.0122531	.015727
bin1	-.0735259	.108141	-0.68	0.497	-.2860685	.1390166
bin2	-.0506084	.1057238	-0.48	0.632	-.2584001	.1571832
bin3	.0055233	.1058543	0.05	0.958	-.2025249	.2135715
bin4	.0991812	.1098612	0.90	0.367	-.1167421	.3151046
drug	.019012	.006383	2.98	0.003	.0064668	.0315572
other	-.0031796	.0029614	-1.07	0.284	-.0089999	.0026407
mal_dest	.0086808	.019169	0.45	0.651	-.0289943	.0463559
intimidation	-.0360806	.0157742	-2.29	0.023	-.0670836	-.0050776
violent_pro~y	-.0018833	.005866	-0.32	0.748	-.0134125	.009646
RO_high_bin	-.2902962	.095064	-3.05	0.002	-.4771369	-.1034556
drug_high_bin	-.2204098	.1347818	-1.64	0.103	-.4853125	.044493
assault_hig~n	.120333	.0939163	1.28	0.201	-.0642519	.304918
intimidati~in	.2013307	.137497	1.46	0.144	-.0689086	.4715701
violent_pro~n	.1109664	.1060382	1.05	0.296	-.0974432	.319376
other_high_~n	.0504779	.0963687	0.52	0.601	-.1389269	.2398828
_cons	.3084057	.1495902	2.06	0.040	.0143981	.6024132

REGRESSING RECIDIVISM COMPLETION BY SESSION:

```
. reg dv_recidivism sess_bin1 sess_bin2 sess_bin3 asian black hispanic white age
> restraining_order assault bin1 bin2 bin3 bin4 drug other mal_dest intimidation
> n violent_property RO_high_bin drug_high_bin assault_high_bin intimidation_high
> h_bin violent_property_high_bin other_high_bin , robust
```

Linear regression

Number of obs = 460
F(25, 434) = 5.22
Prob > F = 0.0000
R-squared = 0.1978
Root MSE = .41711

dv_recidivism	Coef.	Robust Std. Err.	t	P> t	[95% Conf. Interval]	
sess_bin1	.13181	.0798185	1.65	0.099	-.025069	.2886889
sess_bin2	.2225122	.0619548	3.59	0.000	.1007435	.3442809
sess_bin3	.3562422	.0642749	5.54	0.000	.2299134	.482571
asian	.0682397	.1490716	0.46	0.647	-.2247522	.3612317
black	.1112379	.1316362	0.85	0.399	-.1474858	.3699617
hispanic	.2048878	.1248908	1.64	0.102	-.0405782	.4503538
white	.1440281	.121053	1.19	0.235	-.0938949	.3819512
age	-.0034601	.001886	-1.83	0.067	-.0071669	.0002467
restraining_order	.0447845	.0161072	2.78	0.006	.0131268	.0764423
assault	.003132	.0073552	0.43	0.670	-.0113242	.0175882
bin1	-.0906091	.1162559	-0.78	0.436	-.3191037	.1378855
bin2	-.0547737	.1138917	-0.48	0.631	-.2786216	.1690743
bin3	-.0013331	.113961	-0.01	0.991	-.2253172	.2226509
bin4	.0841344	.1175364	0.72	0.474	-.1468769	.3151456
drug	.0158178	.0063735	2.48	0.013	.003291	.0283446
other	-.0020199	.0028265	-0.71	0.475	-.0075753	.0035355
mal_dest	.0038728	.0193229	0.20	0.841	-.0341054	.041851
intimidation	-.0335255	.0158599	-2.11	0.035	-.0646971	-.0023538
violent_property	-.0015475	.0057403	-0.27	0.788	-.0128297	.0097346
RO_high_bin	-.2984882	.0948541	-3.15	0.002	-.4849188	-.1120576
drug_high_bin	-.1831307	.1346688	-1.36	0.175	-.4478148	.0815534
assault_high_bin	.1168134	.0960446	1.22	0.225	-.071957	.3055837
intimidation_high_bin	.1838005	.1394696	1.32	0.188	-.0903194	.4579204
violent_property_high_bin	.1067144	.1079658	0.99	0.324	-.1054864	.3189153
other_high_bin	.034278	.0949974	0.36	0.718	-.1524342	.2209902
_cons	.0781471	.1727934	0.45	0.651	-.2614687	.417763

REGRESSING COMPLETION ON DEMOGRAPHIC AND CRIMINAL HISTORY VARIABLES:

```
. reg completed age assault intimidation violent_property drug other mal_dest as
> ian black hispanic white RO_high_bin drug_high_bin assault_high_bin intimidati
> on_high_bin violent_property_high_bin other_high_bin, robust
```

Linear regression

Number of obs = 461
F(17, 443) = 2.99
Prob > F = 0.0001
R-squared = 0.0893
Root MSE = .48399

completed	Coef.	Robust Std. Err.	t	P> t	[95% Conf. Interval]	
age	.0078935	.0021748	3.63	0.000	.0036193	.0121678
assault	-.0125144	.0079236	-1.58	0.115	-.028087	.0030582
intimidation	-.0151227	.0172255	-0.88	0.380	-.0489766	.0187311
violent_pro~y	.0053307	.0062917	0.85	0.397	-.0070346	.0176959
drug	.0115503	.0074543	1.55	0.122	-.0030998	.0262005
other	-.0064651	.0038965	-1.66	0.098	-.014123	.0011929
mal_dest	-.0048284	.021762	-0.22	0.825	-.047598	.0379412
asian	.3848224	.2178391	1.77	0.078	-.043304	.8129489
black	-.0281225	.1714975	-0.16	0.870	-.3651723	.3089274
hispanic	.0867077	.1654261	0.52	0.600	-.2384097	.4118251
white	.0961987	.1628275	0.59	0.555	-.2238116	.416209
RO_high_bin	.1686339	.0681888	2.47	0.014	.0346202	.3026475
drug_high_bin	-.150453	.1391819	-1.08	0.280	-.4239919	.1230859
assault_hig~n	.0889991	.1076617	0.83	0.409	-.1225919	.3005902
intimidati~in	.1822149	.1355687	1.34	0.180	-.0842229	.4486526
violent_pro~n	-.0046746	.107935	-0.04	0.965	-.2168028	.2074536
other_high_~n	-.0543676	.1077643	-0.50	0.614	-.2661603	.1574251
_cons	.2670521	.1776075	1.50	0.133	-.0820059	.6161101

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Appendix 10: References

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