Correctional Service Canada | Service correctionnel Canada

Family Violence Treatment Outcome of Canadian Federally Sentenced Offenders

SAFETY, RESPECT AND DIGNITY FOR ALL

LA SÉCURITÉ, LA DIGNITÉ ET LE RESPECT POUR TOUS

Lynn Stewart, Ph.D., C.Psych

Mark Bodnarchuk, Ph.D.

Funded in part by Departments of Justice and Health

Canada

Workshop objectives

- Brief description of the context of the treatment programs
- Description of the programs
- Outcome of the interventions
- Factors related to successful outcome

Correctional Service of Canada

- Federal system administers the sentences of offenders over 2 years
- More serious offences or more chronic
- Act requires CSC to address the ***criminogenic*** needs of offenders through correctional programs.

Correctional Planning process in CSC

- Offenders assess for their risk and their criminogenic need at reception and correctional plan developed
- Intimate partner violence one of the need domains addressed by correctional programs
- Priority since 1989 when a gun man killed 14 young women at a college. Federal initiatives developed to address violence against women

Problems with evaluation of FV programs

Problems with Family Violence program design and evaluation:

High attrition rates

Non equivalent comparison groups

Short programs and single target design

Lack of oversight to ensure program integrity

Programs within CSC: Accreditation

- 40% of Canadian federal offenders have some history of intimate partner violence
- Programs within CSC are mandated to meet the requirements of an international accreditation panel
- Panel reviews a case file and program materials and will decide if the program meets specified criteria of effective corrections
- CSC designed and implemented high and moderate intensity family violence programs that were accredited in 2001

Programs within CSC: Theoretical model

- Theoretical model on which the programs are based is the *nested ecological model* which explains intimate partner violence as a behaviour influenced by the interaction of a number of social and individual factors and differing levels:
- Macrosystem
- Exosystem
- Microsystem
- Ontogenic

- Program designed to address factors at each of the levels

Programs within CSC: Tx model

- Cognitive restructuring around abusive attitudes and thinking related to problems with self regulation
- Behavioural skills
- Conditioned rehearsal to high risk situations
- Stages of change
- Maruna’s concept of self narrative

Programs within CSC

- Two programs were developed
- Moderate Intensity (26 2-3 hour sessions and 3 individual session). Designed for moderate risk offenders
- High Intensity (about 78 2-3 hour sessions and 10 individual sessions). Designed for higher risk offenders.
- Maintenance
- More recently Aboriginal High Intensity Program added
- Each program contains modules that focus on: motivational issues, education and awareness of the range of abusive behaviours, cognitive and social skills training, emotion management and relapse prevention planning.

Assessment

- Extensive pre and post program assessment completed that includes self report, vignettes and facilitator ratings on attitudes and skills
- Post program evaluation by offenders
- Quizzes during the program to assess offenders' understanding and application of the material

Measures

TX Readiness measures

- URICA-B (administered at initial interview)
- Treatment Responsivity and Gain
- The Goal Attainment Scale-FV

Profiling information

- SARA (risk assessment)
- Substance Abuse (CLAI) (Reception)
- OIA
- Personality Disorder
- IQ
- The Semi-structured Interview and Rating Scale
- Paulhus Deception Scales

Measures of attitude toward women and wife abuse

- Interpersonal Relationship Scale
- Abusive Relationships Inventory

Measures of skills

- The Family Violence Vignettes
- Relapse Prevention Test-FV
- Empathy scales-FV

Facilitator training

- Offered by a male and female facilitator trained as program deliverers on this program.
- High team includes a psychologist
- Trained on motivational techniques
- Facilitators were video taped on key sessions and reviewed to ensure program delivery meet standards
- Reports on their program delivery provided feedback to facilitators

Subjects

- High 41% of the subjects, N= 237 Moderate 59%, N=335

- Age from 20 to 69 years, with an average age of 37 years (*SD* = 9.5).
- Caucasian (62%), with the remainder Aboriginal (25%) or Other ethnicity (13%) .
- 25% of the offenders had a high school education.
- Mean estimated IQ of the sample was 96.91 (*SD* = 20.59).
- 47% had significant problems with alcohol abuse (CLAI). 79% of the high intensity participants reported being under the influence of drugs or alcohol when they assaulted their partners.
- 26% met the diagnosis of BPO (Borderline Personality Disorder). Mean 62.04 (SD=18.36). Estimated that 75% met the criteria for APD.
- 57% reported being in 10 or more fights, most of these were with males (73%); 14% reported.

Subjects

- 57% reported being in 10 or more fights, most of these were with males (73%); 14% reported being in more than 50 fights.
- Partner abuse: hitting (72%), choking (31%), use of a weapon (40%).
- 30% admitted assaulting their partners more than 5 times; 6% admitted to assaulting partners more than 20 times. 4% admitted to forcing sex.
- Partners have called the police because of their abuse in 67% of the cases. In 11% of these cases, the police were called more than 6 times.
- 58% were assaultive towards more than one partner; 5% were assaultive towards 6 or more partners.
- 61% witnessed the abuse of their mothers and two-thirds were themselves abused as a child.
- Almost all the offenders interviewed (99%) reported believing that the program could be "somewhat" or "very useful" for them.
- Drop out rates were respectable; 18% for the High Intensity program; 14% of the Moderate Intensity program.

Outcome areas

- Intermediate targets (skills, knowledge gain and attitude change)
- Parole officer observation
- Participant feedback
- Recidivism (reoffending related to spousal assault, violence and general criminality)

- Therapists’ ratings on attitudes and skills
- Also performance on vignettes (scenarios) that assess jealousy response, empathy, skill use, relapse planning
- Offender self report on jealousy, attitudes supporting wife abuse

Ratings of treatment response GAS

- 1) ACCEPTANCE OF RESPONSIBILITY FOR ABUSIVE/VIOLENT BEHAVIOUR
- 2) ACKNOWLEDGES USE OF POWER AND CONTROL TACTICS
- 3) SHOWS EMPATHY FOR VICTIMS
- 4) EXTENT OF SKILLS DEVELOPMENT (problem solving, emotions management, social skills)
- 5) RECOGNISES COGNITIVE DISTORTIONS /BELIEFS & NEUTRALISATIONS
- 6) MINIMISES CONSEQUENCES
- 7) UNDERSTANDS LIFE STYLE DYNAMICS
- 8) UNDERSTANDS ABUSIVENESS PATTERN
- 9) IDENTIFY RELAPSE PREVENTION CONCEPTS
- 10) DISCLOSES PERSONAL INFORMATION
- 11) PARTICIPATION IN TREATMENT
- 12) MOTIVATION TO CHANGE BEHAVIOUR
- 13) OVERALL QUALITY OF PLAN ON RELEASE
- 14) OVERALL PARTICIPATION AND PROGRAM PERFORMANCE

Results: Intermediate measures

- Calculated effect sizes (Cohen's *d*) for the comparisons on all the measures were significant for both the moderate and high programs.
- An effect size of .3 considered "small"; an effect size of .5 is considered "moderate"; and an effect size of .8 is considered "large." Effect sizes exceeding 1.0 are considered exceptionally high. According to these guidelines, most of the measures had medium to large effect sizes, with the exception of the Interpersonal Relationship Scale and the Abusive Relationships Inventory, which had small effect sizes.

Results: Quizzes

- The mean average scores on the quizzes that were completed after each module
- High: between 65% and 77%
- Moderate: between 63% and 77%.

Results: Parole Officer ratings

- 74 parole officers who supervised offender either in the community or in the institutions were interviewed.
- On average parole officers stated that 85-90% of offenders who participated in tx partially or substantially made progress on almost all the goals of treatment (attitude change, uses skills to avoid abuse, recognises their cognitive distortions, etc.)
- 73% stated that the believed that the treatment was either somewhat or very effective (73%);
- 17% stated it was ineffective or somewhat ineffective and 9% were unable to say.

Results: Offender feedback

- 100% of Moderate Intensity offenders responded indicated that they would be able to apply the skills learned in the program in the community upon release.
- 98% of the High Intensity program stated that the program was helpful.

Results: The tx and comparison groups

- *Treated* offenders who had completed either the High or Moderate Intensity Family Violence Program 84 participants from the High Intensity Program and 76 participants from the Moderate Intensity Program and had spent at least 6 months in the community.

- *Untreated* offenders who met the admission criteria for the programs (i.e., they had a history of spousal violence and a SARA rating of Moderate or High) but for various reasons did not begin or complete the program. This group was comprised of 35 offenders who were eligible for the High Intensity Program: 13 who received no treatment for administrative reasons (e.g., institutional transfer) and 22 who had dropped out of treatment. The group also included 51 offenders who were eligible for the Moderate Intensity Program (22 no treatment, 29 drop outs).

- (Note: We had insufficient background information to control for potential differences between the groups on variables such as sentence length, marital status, history of violence and so forth. However, for these analyses we used all available offenders who were released, so it is unlikely that there were any systematic differences between groups).

-

Results: Comparison group

- No differences in recidivism rates between those who had received no treatment and those who had dropped out of treatment. Therefore, we combined these offenders into the group labelled “Untreated Offenders” in order to increase the sample size for subsequent analyses.

- The reasons for dropping out of treatment varied: of the 51 who dropped out, about 30% dropped out because they were transferred to another institution, had a conflict with employment, or had problems understanding the material, variables that are not theoretically linked to progress in treatment or to risk.

Results: Outcome variables

- Due to the low base rate of re-offending we chose to create three nested offence categories for our analyses of recidivism. They are: *Spousal Violence*, which includes all spousal-related crime; *Any Violence*, which includes spousal violence and other violence; and *Any Infraction*, which includes all violent and non-violent crime, regardless of whether or not the crime resulted in arrest.

Table 4

Recidivism Odds Ratios (OR) for Treated Versus Untreated Groups (N = 246)

	Moderate Intensity	High Intensity	Combined Groups
Spousal Violence	3.25 (p = .092)	4.50 (p = .033)	3.76 (p = .008)
Any Violence	1.57 (p = .426)	2.88 (p = .037)	2.06 (p = .056)
Any Infraction	1.10 (p = .816)	1.89 (p = .139)	1.39 (p = .269)

mark

Results: Recidivism

Recidivism Rates for Treated Versus Untreated Groups (N = 246)

	Moderate Intensity		High Intensity		Combined Groups	
	Treated (n = 76)	Untreated (n = 51)	Treated (n = 84)	Untreated (n = 35)	Treated (n = 160)	Untreated (n = 86)
Spousal Violence	4%	12%	4% *	14%	4% *	13%
Any Violence	9%	14%	11% *	26%	10% *	19%
Any Infraction	24%	26%	24%	37%	24%	30%

Note. * $p < .05$ (2-tailed).

Overall Effect (Chi Square; X^2) and Relative Effects (Odds Ratios; OR) of Treatment Completion and Intensity on Recidivism (N = 246)

	Overall Effect (X^2)	Completion (OR) (Yes vs. No)	Intensity (OR) (Moderate vs. High)
Spousal Violence	6.74 ($p = .034$)	3.82 ($p = .012$)	1.10 ($p = .847$)
Any Violence	4.93 ($p = .085$)	2.18 ($p = .044$)	1.58 ($p = .237$)
Any Infraction	1.73 ($p = .421$)	1.43 ($p = .238$)	1.24 ($p = .469$)

Note. Effects computed using logistic regression. Mark

Factors related to outcome

Factors related to outcome variables of interest:

- Drop out
- Treatment progress
- Spousal violence

- Drop out for the combined high and moderate group:

Demographic variables: drop outs were somewhat younger (M = 34.2 (8.92); M=37.05 (9.50), *p*. < .05)

overall criminal risk rating was slightly higher (t = -2.28 (*p*. < .05). I

Factors related to outcome: Drop out

- Dynamic (changeable) factors measured through facilitator ratings did significantly differentiate the two groups:
- At pre-treatment were dropouts assessed as being less motivated for tx,
- more negative attitudes tw their partners than completers.

Factors related to outcome for combined group: Drop out

- Final regression model for combined group included Risk, GAS motivation (age did not add additional variance)
- GAS item assessing motivation at pre treatment and Overall criminal risk
- Chi Sq (2, 292) = 13.09, *p*. <.001
- 90.4% classified correct
- Only 9% of the variance
- Wald statistic indicated that both items significant

Factors Not related to outcome: Drop out

- Ethnicity;
- SARA score
- Substance abuse
- Borderline personality

Factors related to outcome for combined group: Tx progress

- Combined score on the GAS post treatment= dependant variable
- Variables placed in the regression:
- GAS pre treatment items on acceptance of responsibility (*r* =.49), the initial motivation for treatment rating (*r* =.42), and Abusive Relationships Inventory (Myths subscale), the Family Violence Vignette on jealousy and the Empathy Vignettes (Perspective Taking scale).
- This overall model explained 39% of the variance (R2adj = .392).

Factors related to outcome: spousal violence

- No variables either static or dynamic were related to spousal violence:
- Two variables approached significance:
- An interview question tapping extent of the offenders abusive attitudes tw women rho = -.245 p=.083, n=51
- And Antisocial Personality Disorder symptoms rho= -.230, p=.057, n=69

- Continuous process on going
- Long term plan
- Continue to evaluate
- Incorporate developments in the literature
- Balance on improving content, training, delivery
- Revisions not static based on further results

Family Violence Programming Treatment Outcome for Canadian Federally Sentenced Offenders

Lynn Stewart[1]

Natalie Gabora[2]

Randy Kropp[3]

Zina Lee[4]

International Conference Against Family Violence,

Banff, October 2005.

Deleted: ¶

Deleted: ita

Deleted: ¶
Provide Carmen's and (tania's method of analysing the inter-rater reliability.of the GAS on the total scores)¶

Deleted: gress

[1] Correctional Service Canada, Reintegration Programs Division, 340 Laurier Ave. W. Ottawa.
[2] Correctional Serve Canada, Reintegration Programs Division, Ottawa.
[3] B.C. Institute Against Family Violence, Vancouver, B.C.
[4] B.C. Institute Against Family Violence, Vancouver, B.C.

Outcome studies evaluating the impact of treatment programs for male batterers have provided equivocal results. The conclusions drawn from review articles (Bennet and Williams, 2004) point out that the programs appear to be less effective when more rigorous experimental designs are applied (i.e., Dunford, 2000; Feder & Forde, 2000 Taylor, Davis, and Maxwell, 2001), although experimental designs are also not without their detractors (see Gondolf, 2001; Dobash and Dobash, 2000). Quasi-experimental designs where the treatment group is compared to a non equivalent comparison group have generally reported small positive treatment effects (Babcock, Green and Robie, 2004). Studies that evaluate the impact of the program based on participants' level of violence prior to and after treatment have also largely concluded that levels of violence diminish after treatment, but the treatment effect is difficult to disentangle from the impact of arrest and supervision. A recent meta-analytic study summarising the impact of several evaluations that met a standard of research design concluded that treatment participation produced, at best, a weak effect (in the order or .10 which means a reduction of 5% in recidivism) (Babcock et al, 2004). Goldolf, however, has stated that the conclusions drawn from evaluations of domestic violence programs may be unduly pessimistic because they do not examine the full impact of program participation. He and his team have looked at a number of convergent outcome factors, in addition to recidivism, that reflect treatment effect. For example, in their multi-site evaluation of three treatment programs, they report that nearly 67% of the partners of treated men at the 15-month, 30-month and 48-month follow-ups indicated that they were "better off." At the 30-month and 48-month follow-ups, nearly 85% of the women reported feeling "very

safe" and "very unlikely" to be hit again." The women also reported a change in the men's behaviours and attitudes which they attributed to the programs. The participants themselves report that the methods they use to avoid being abusive are primarily techniques learned in the programs (Gondolf, 2001).

Several shortcomings have been identified in the design of domestic violence programs and their evaluations. High attrition rates, failure to identify or measure intermediate treatment objectives, failure to identify a viable comparison group and failure to ensure program integrity are some of the problems in program delivery and program evaluation. High drop out rates ranging up to 80% of those who originally present for treatment make program evaluation difficult because the participant characteristics related to drop out are often also related to characteristics that affect program outcome. Typically, drop outs from correctional programs have much poorer outcomes than program completers (Dowden and Serin, 2001). Most of the published outcome literature fails to report on the progress of participants on the targets of the program, leaving unanswered whether the offenders have made gains on objectives theoretically related to domestic violence and whether the extent to which offenders demonstrate specific participant abilities or skills contributes to outcome. Evaluation design have made it difficult to draw conclusions; few studies use a random assignment design or most have no comparison group or have not adequately established the equivalence of the comparison group. Finally, many service agency delivering programs do not have systems in place to insure a level of staff training and the ongoing integrity of program delivery. This paper will review the preliminary outcome evaluation of two programs delivered nationally to federal offenders in the Correctional Service Canada.

Deleted: ;

The program curriculum, assessment procedures and program implementation strategy were designed to meet international standards of "effective corrections".

Programs to address family violence within the Correctional Service Canada

Risk factors associated with intimate partner violence are similar to those associated with general criminal behaviour (Hanson and Wallace-Capretta, 2000; Hart et al 1994). It is not surprising therefore that an estimated 40% of male federal offenders have some history of violence against their intimate female partners. The Correctional Service of Canada (CSC) has mandated treatment for all male offenders who have been identified as being at continued risk to be abusive in intimate relationships. An initial assessment at reception screens all offenders for their risk for future violence in intimate relationships. Based on their risk level and the extent of the violence in intimate relationships, they will be referred to a moderate or high intensity family violence prevention program.[5]

The moderate and high intensity programs were designed to adhere to accreditation standards that set out criteria of programs effective in reducing criminal recidivism. These standards mandate a level of rigor with respect to the theoretical design and program implementation. The programs were accredited by an international panel in 2001.[6] Since then they have been implemented across the country. The moderate intensity program is a 25 session program for moderate risk offenders, delivered both in

[5] Offenders assessed as moderate risk on the Spousal Assault Risk Assessment (SARA) guide with one incident of abuse were referred to the moderate program; offenders assessed as high risk on the SARA with more than one incident of abuse were referred to the high intensity program.

[6] The criteria correctional programs must demonstrate that they meet in order to be accredited are: Explicit, Empirically-Based Model of Change, Target Criminogenic Need, Uses Effective Methods, Skills Oriented, Responsivity Issues Addressed, Sufficient Intensity, Provision of Continuity of Care, Ongoing Monitoring and Evaluation Built In to the design.

Deleted: ¶

Deleted: i

Deleted: a

Deleted: i

Deleted: p

Deleted: c

Deleted: c

Deleted: o

Deleted: m

Deleted: e

Deleted: b

Deleted: i

the community and in the institutions. High risk offenders attend the 78 session high intensity program that is delivered only in the prisons. Both programs adopt the nested ecological model (Dutton, 1995) that explains intimate violence as a multi-determined behaviour. The nested model, which is derived from the work of developmental psychologists and ethologists, considers the interactions between the broad social context that sanctions violence in general and violence toward women in particular (the Macrosystem). It looks at the presence or absence of social structures such as prosocial supportive, or alternatively antisocial, peers and family members (the Exosystem); the level of conflict in the couple, their communication pattern and each spouse's method of coping with conflict (the Microsystem). Finally, it examines the perpetrator's intrapsychic features such as his history of being a victim or a witness to the violence, the pattern of attachment to early caregivers, individual differences related to problems in self-regulation, or in some cases even neurological impairment (the Ontogenic level). The CSC programs attempt to address factors at all levels of the model. The programs' initial modules established motivation for change and educates offenders on the range of abusive behaviours and factors that contribute to their abusive patterns towards women. Other modules train offenders on cognitive restructuring of attitudes and beliefs that condone the abuse of women, and in skills that address the management of emotions of jealousy, anger, fear of relationship loss associated with abuse. Participants are trained on key social skills such as negotiation, responding to criticism and communication and later modules involve the offenders in the development of relapse prevention plans that include the planning of coping strategies to avoid or manage high risk situations, the identification of people to avoid who contribute to the risk of further abuse and,

Deleted: pattern

Deleted:

Deleted: are trained

conversely, the identification of a support network who will assist in maintaining a commitment to healthy relationships. The high intensity program includes a more detailed examination of the influences on the development of abusive patterns through autobiographies and a longer module on parenting. Both programs incorporate a stage of change approach that recognises that not all offenders will be equally ready to address their history of abuse against their partners. A stage-appropriate treatment primer is available for offenders who meet the referral criteria but are not ready to attend the program and the introductory section of the program itself gives the offenders time to evaluate their goals for change and assess how they want to change. The curriculum is delivered by trained facilitators whose adherence to the manual and to the principles of effective correctional program delivery are monitored through video tape review of key sessions. Detailed quality review reports of their work are conducted by regional trainers who provide feedback on their program delivery and insure that they meet a specified standard in their assessments and final program reports. Programs are delivered by teams made up of a male and female co-facilitator to a group of up to 12 offenders. Sessions are 2-3 hours, delivered 3 to 5 times per week. At least 3 (moderate program) to 10 (high program) individual sessions are conducted with one of the facilitators assigned as a primary counsellor to half the participants. Offenders participate in a detailed assessment of their pre program attitudes and skill level and are reassessed on completion of the program. The following paper reports on an evaluation of the impact of both the high and moderate intensity programs including an assessment of the post program change in attitude and skill level and the result of a limited follow-up of program participants who had been released from prison. The also study points to what factors are most

Deleted: are

Deleted: and include

Deleted: at

Deleted: each

significantly related to key program outcome indicators: program completion, overall development of skills and prosocial attitudes and avoidance of intimate partner violence on release in the community.

Subjects

Participants were 572 male offenders incarcerated at various federal institutions across Canada who participated in either the High or Moderate Intensity Family Violence Prevention Programs between 1999 and 2003. The mean sentence length of the total treatment group was 4.24 years (*SD* = 2.99) and ranged from 2 to 22 years. These sentences were not necessarily for a spousal assault; but, to meet the referral criteria, the participants had at least one incident of assault of an intimate partner in their history. Approximately 41% (n = 237) of offenders participated in the High Intensity program and 59% (n = 335) participated in the Moderate Intensity program. There was no significant difference between High and Moderate Intensity participants with respect to sentence length or any of the demographic variables. Overall, the men ranged in age from 20 to 69 years, with an average age of 37 years (*SD* = 9.5). Most of the offenders were Caucasian (62%), with the remainder Aboriginal (25%) or Other ethnicity (13%) which includes a variety of ethnic groups. Only 25% of the offenders had a high school education. According to the Shipley Institute of Living Scale, the mean estimated IQ of the sample was 96.91 (*SD* = 20.59). Forty-seven percent of participants had significant problems with alcohol abuse as assessed on the Computerised Lifestyle Assessment Instrument (CLAI). Of note, 79% of the high intensity program participants reported being under the influence of drugs or alcohol when they assaulted their partners. The high

Deleted: (41%)

Deleted: (59%)

intensity program participants were assessed for personality disorder in order to determine whether there was a differential response to treatment for the Borderline or Antisocial offenders. The mean score on the measure of BPO (Borderline Personality Disorder) was 62.04 (SD=18.36). In comparison, the mean BPO score for the sample of wife assaulters from Dutton's study was 71.3 (SD=17.1). Oldham's mean score for diagnosed borderlines was 74.8 (Dutton 1994). The CSC scores were closer to Oldham et al.'s reported mean score of 61.3 for a non-borderline sample and Dutton's controls who scored 60.0 (SD=17.0). Using mean scores reported by Oldham we estimate that twenty-six percent of the CSC sample met the diagnosis of BPO. Missing data on some of the criterion items made it more difficult to determine the percentage of offenders who met the criteria for APD. However, the upper limit for the diagnosis is 75%. Not surprising, given the offenders were federal offenders, they had substantial histories of assaultive behaviour both towards their partners and others. Fifty-seven percent reported being in 10 or more fights, most of these were with males (73%); 14% reported being in more than 50 fights. Participants in the high intensity program admitted to substantial physical abuse of their partners; from hitting (72%), choking (31%) and use of a weapon (40%). Thirty percent admitted assaulting their partners more than 5 times; 6% admitted to assaulting partners more than 20 times. They also admitted to emotional abuse ranging from yelling (89%), swearing (86%) and threatening (58%) isolating her (25%) and property damage (49%). They were less likely to admit to sexual abuse with 12% admitting to pressuring sex when his partner did not want it and 4% admitting to forcing sex. Their partners have called the police because of their abuse in 67% of the cases. In 11% of these cases, the police were called more than 6 times. A majority of these men (58%) were assaultive

Deleted: T

Deleted: for those for whom we had complete data,

Deleted: ---% met the criteria

Deleted:

towards more than one partner; 5% were assaultive towards 6 or more partners. As expected, the offenders' social histories include experience of personal victimisation; 61% witnessed the abuse of their mothers and two-thirds were themselves abused as a child. On a more positive note, almost all the offenders interviewed (99%) reported believing that the program could be "somewhat" or "very useful" for them. This is reflected in the completion rates for the program. Relative to other batterer intervention programs reported in the literature (Daly et al 2001), the drop out rates were respectable; only 18% of offenders dropped out of the High Intensity program and 14% of offenders dropped out of the Moderate Intensity program.

Measures

In addition to a number of profiling measures that assessed the offender's level of psychopathology, all offenders completed a battery designed to assess the impact of the program on the program targets: attitudes towards women abuse, lack of skill in managing emotion and social situations and coping with high risk situations. The battery was designed to assess participant progress on critical treatment targets. To provide divergent sources of evaluation, we chose a variety of measures including self report, scenario-based skills (vignettes) assessment and facilitator ratings. The vignettes and rating scales were unrelated to impression management. The pre and post measures are described briefly below. Norms for the various measures can be obtained by writing to the first author.

1. *Interpersonal Relationship Scale*. The Interpersonal Relationship Scale (Hupka & Rusch, 2001) is a 27-item self-report measure that assesses six aspects of jealousy: Threat to Exclusive Companionship, Self-Deprecation/Envy,

Dependency, Sexual Possessiveness, Competition and Vindictiveness, and Distrust. Each item is rated on a 6-point scale (1 = *strongly agree*, 6 = *strongly disagree*), with higher scores indicating lower levels of jealousy.

2. *Abusive Relationships Inventory*. The Abusive Relationships Inventory (Boer, Kroner, Wong, & Cadsky, undated) is a 33-item self-report measure that assesses 4 scales related to abusive relationships: Rationales for Hitting, Need for Control, Legal Entitlement, and Batterers' Myths. Each item is rated on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*), with higher scores indicating greater negative attitudes toward relationships.

3. *Relationship Style Questionnaire*. The Relationship Style Questionnaire (Griffin & Bartholomew, 1994) is a 30-item self-report measure designed to assess the four attachment styles: secure, fearful, preoccupied, and dismissing. Each item is rated on a 5-point scale (1 = *not at all like me*, 5 = *very much like me*).

4. *Personal Reaction Questionnaire*. The Personal Reaction Questionnaire (Blackburn and Fawcett, 1999) is a 125-item multi-trait, self-report inventory designed to measure cognitive, affective, and behavioural dispositions of relevance to offender populations. It provides a brief assessment of deviant personality traits and is intended to facilitate the identification of an offender's problems and the planning and monitoring of clinical intervention. Each item has a dichotomous response choice (yes/no) and the measure assesses 8 personality traits: resentment, aggression, self-esteem, avoidance, paranoid suspicion, extraversion, deviance, and self-control.

Deleted: ,

Deleted: 6

5. *Paulhus Deception Scale*. The Paulhus Deception Scale (Paulhus, 1990) is a 40-

item self-report measure designed to assess two subscales of socially desirable responding: self-deceptive enhancement and impression management. Each item is rated on a 5-point scale (1 = *not true*, 5 = *very true*). Self-deceptive enhancement measures a person's tendency to give honest but exaggerated positive self-reports whereas impression management measures a person's tendency toward purposeful manipulation of answers to appear more socially acceptable.

6. *Borderline Personality Organization*. Borderline Personality Organization (Oldham, Clarkin, Applebaum, Carr, Kernberg, Lottermen, & Haas, 1985) is a 30-item self-report measure that assesses components of a borderline personality. Each item is rated on a 5-point scale (1 = *never true*, 5 = *always true*), and items are summed to yield three subscales: Loss of Reality, Primitive Defences, and Identity Confusion.

Formatted: Bullets and Numbering

Relapse Prevention Test, Empathy Scales and Family Violence Vignettes. These measures were developed within CSC to assess skills and attitudes targeted by the program (CSC, 2001). They are based on structured interviews in which the respondent is asked how he would respond in a number of situations related to family violence. There are two versions of the tests (Version A and Version B), with one version administered at pre-treatment and the second at post-treatment. Administration of versions A and B is alternated across offenders to counterbalance the learning effect and level of difficulty.

7. Relapse Prevention Test. There are a total of eight scenarios, two for each of four potential risk situations. Four of the scenarios are administered at pre-treatment

and four are administered at post-treatment. The test is designed to assess an offender's (1) recognition of situations leading to violence, (2) effective and systematic use of skills such as problem solving, emotions management, and network support, and (3) ability to evaluate the effectiveness of his solutions. In addition, it requires the facilitator to count how many potentially effective responses the offender suggested. Higher scores indicate that the respondent has good recognition and application of skills.

8. *Family Violence Vignettes*. The Family Violence Vignettes assess responses to aspects of relationship violence in five situations: Jealousy, Employment and Finances, Family and Friends, Control Issues, and Sexual Issues. Higher scores indicate that the respondent assesses his partner with respect and as an equal, and uses appropriate behaviour.
9. *Empathy Scales*. The Empathy Scales involves a structured interview in which the participants are given a number of situations and asked how they would respond. The situations represent a partner in distress, a child in distress, and a person outside the family in distress. Responses are scored on a 3-point scale to assess perspective taking, sincerity of affect, and coping with distress. Total scores range from 0 – 72, with higher scores indicating better empathy skills.
10. *Treatment Readiness, Treatment Responsivity, and Treatment Participation and Gain Scales*. The Treatment Readiness, Treatment Responsivity, and Treatment Participation and Gain Scales (Serin & Kennedy, 1997) are structured interviews designed to assess treatment readiness and responsivity factors that could affect an offender's response to treatment.

11. *Goal Attainment Scale*. The Goal Attainment Scale is a rating scale of the offender's behaviour and attitudes on 14 treatment goals. Each goal is rated on a 5-point scale (-2 = "very risky" attitude or very low skill achievement; 0 = minimal acceptable attitude or skill achievement; +2 = "very prosocial attitude or high skill achievement). The scale is completed for each participant with input from both facilitators to insure greater reliability. The scale was developed within CSC based on a scale for sex offender program participants (Hogue, 1993).

Deleted:
Deleted: behaviour
Deleted: standard
Deleted: appropriate"
Deleted: behaviour
Deleted: S
Deleted: s
Deleted: are
Deleted: completed by
Deleted: ¶

Following the initial interviews and assessment offenders were rated on Motivation for the program, extent of abusive thinking, strategies in managing emotion and resolving conflict on a 5 point scale. The results of this assessment were provided to the offender so they could work with the facilitator in agreeing to the focus of treatment. During the program, participants also completed quizzes at the end of every module to determine the extent to which they could understand and apply the material in the program.

Deleted: P
Deleted: session

Results

Deleted: .

Measures

We compared the pre-treatment and post-treatment performance of the program participants by conducting a series of t-tests, applying a Bonferroni correction for the number of analyses. Almost every comparison found that offenders improved significantly after participation in treatment. In general, upon treatment completion, offenders in both the High and Moderate Intensity programs reported significantly lower levels of jealousy (Interpersonal Relationships Scale), fewer negative attitudes about relationships (Abusive Relationships Inventory), better

recognition and application of relapse prevention skills (Relapse Prevention Test), more respect for their partners (Family Violence Vignettes), greater treatment readiness and responsivity (Treatment Readiness Scales), more engagement in positive behaviours (Goal Attainment Scale). Given the number of comparisons, Table 1 presents only the calculated effect sizes (Cohen's *d*) for the comparisons instead of presenting the average pre- and post-treatment scores for all of these measures. This allowed us to standardize the change scores so that they could be compared directly. Cohen's *d* may be interpreted as follows: An effect size of .3 considered "small"; an effect size of .5 is considered "moderate"; and an effect size of .8 is considered "large." Effect sizes exceeding 1.0 are considered exceptionally high. According to these guidelines, most of the measures had medium to large effect sizes, with the exception of the Interpersonal Relationship Scale and the Abusive Relationships Inventory, which had small effect sizes.

Table 1

Moderate and High Intensity Program Effect Sizes

Scales	*Effect Size* Moderate program (n = 241 – 282)	Effect Size High Program (n = 110 – 156)
Interpersonal Relationship Scale		
Threat to Exclusive Companionship	.43**	.59**
Self-Deprecation/Envy	.33*	.48**
Dependency	.52**	.66**
Sexual Possessiveness	.30*	.27*
Competition and Vindictiveness	.56**	.78**

Deleted:

Deleted: ¶
¶
¶

Deleted: x:

Deleted: (n = 119)

Deleted: (n = 120)

Deleted: (n = 125)

Deleted: (n = 131)

Deleted: (n = 91)

Distrust	.13	.25*
Abusive Relationships Inventory		
Rationales for Hitting	.37**	.36**
Need for Control	.56**	.67**
Legal Entitlement	.38**	.32**
Batterer's Myths	.37**	.52**
Relapse Prevention Test		
Question 1	.84**	1.05**
Question 2	.83**	1.23**
Question 3	.80**	.70**
Question 4	.79**	1.18**
Total Score	1.09**	1.22**
Family Violence Vignettes		
Jealousy	.57**	.18
Employment and Finances	.75**	.53**
Rejection	.53**	.53**
Control Issues	.60**	.67**
Sexual Issues	.66**	.36**
Interpretation	.73**	.65**
Behavioural Response	.86**	.83**
Total Score	.88**	.71**
Empathy Scales		
Perspective Taking	.58**	.69**

Deleted: (n = 141)

Deleted: (n = 151)

Deleted: (n = 151)

Deleted: (n = 150)

Deleted: (n = 150)

Deleted: (n = 79)

Deleted: (n = 79)

Deleted: (n = 79)

Deleted: (n = 79)

Deleted: (n = 85)

Deleted: (n = 98)

Deleted: (n = 91)

Deleted: (n = 91)

Deleted: (n = 91)

Deleted: (n = 91)

Deleted: (n = 85)

Deleted: (n = 85)

Deleted: (n = 91)

Deleted: (n = 54)

Affect	.47**	.65**	Deleted: (n = 54)
Coping with Distress	.63**	.94**	Deleted: (n = 54)
Partner Centred Scenarios	.52**	.71**	Deleted: (n = 54)
Child Centred Scenarios	.38**	.73**	Deleted: (n = 54)
Person Outside Family	.75**	.66**	Deleted: (n = 54)
Total Score	.60**	.84**	Deleted: (n = 54)
Treatment Readiness Scales			
Treatment Readiness		.78**	Deleted: (n = 150)
Treatment Responsivity		.77**	Deleted: (n = 144)
	P	Effect Size	
Goal Attainment Scale (Pre- vs. Post-Treatment)			
Acceptance of Responsibility for Abusive/Violent Behaviour	1.01**	1.18**	Deleted: (n = 144)¶
Acknowledges Use of Power and Control Tactics	1.20**	1.32**	Deleted: (n = 144)¶
Shows Empathy for Victims	.96**	.92**	Deleted: (n = 144)
Extent of Skills Development	.99**	1.27**	Deleted: (n = 134)
Recognizes Cognitive Distortions/Beliefs and Neutralizations	1.25**	1.54**	Deleted: (n = 142)
Minimizes Consequences	.91**	1.16**	Deleted: (n = 143)¶
Understands Life Style Dynamics	1.07**	1.20**	Deleted: (n = 143)
Understands Abusiveness Pattern	1.30**	1.38**	Deleted: (n = 138)
Identify Relapse Prevention Concepts	1.21**	1.54**	Deleted: (n = 115)¶
Discloses Personal Information	.92**	.94**	Deleted: (n = 140)
Participation in Treatment	.80**	.73**	Deleted: (n = 132)¶
Motivation to Change Behaviour	.79**	.65**	Deleted: (n = 142)

Overall Quality of Plan on Release	1.12**	1.10**
Overall Participation and Program Performance	.83**	.85**

Deleted: (*n* = 103)

Deleted: (*n* = 106)

Quizzes.

The content quizzes were designed to determine whether offenders understood the key concepts and could apply them to their situation. The scores for both the moderate and high intensity program indicated that most offenders understood most of the content quite well. The mean average scores on the quizzes were between 65% and 77% for the high intensity program and the mean scores on the moderate program quizzes were between 63% and 77%.

Deleted: Seventy-five percent of the high intensity participants scored above 50% for a mean overall score throughout the program of % (SD). Similarly % of the moderate offenders scored above %0% and the overall score on all the modules quizzes was % (SD).

Parole Officer Feedback

Deleted: ¶

Deleted: k:

Deleted:

Deleted: f

Deleted: attempted to

Deleted: the reason for this difference is that in some instances,

To determine the parole officers' observations on the effectiveness of treatment we interviewed parole officers who were supervising treated offenders. In total, we interviewed 55 parole officers who represented 77 offenders (in some cases, the same parole officer was responsible for several offenders). We interviewed approximately equal numbers of institutional (51%) and community (49%) parole officers. The average number of months the parole officers supervised the offender was 10.03 (*SD* = 6.55). We attempted to ask parole officers about offenders' attitudes and behaviour in the context of their relationships; however, very few offenders (30%) were currently involved in a relationship. Of those who were, the majority of parole officers (71%) stated that they either had no concerns about the relationship or that the offender's behaviour in the relationship had improved.

Deleted: ese offenders

In addition to assessing offenders' attitudes and behaviour in the context of relationships, we asked parole officers to judge offenders' attitudes and behaviour on the items identified in the Goal Attainment Scale (GAS). Parole officers were asked to judge the GAS items on a 3-point scale (i.e., "does not appear to" exhibit the attitude or behaviour, "possibly/partially appears to", "definitely appears to"). Many officers were unable to comment on changes since the commencement of treatment, since they were often unfamiliar

with or could not recollect the offenders' pre-treatment attitudes and behaviours. Table 2 illustrates the percentage of offenders who were rated in each of these categories on the various items. The parole officers' judgements were primarily favourable, with the vast majority of parole officers observing at least some positive attitudes and behaviours on the GAS dimensions.

Deleted: 48

Deleted: Once again t

Most offenders had not been charged or convicted of an offence since their participation in treatment (78%). Of the 22% who were charged or convicted since treatment, the type of charge/conviction varied, but none was spousal-related. Finally, parole officers were asked to make judgments about whether they felt the offender benefited from treatment. The majority of parole offenders stated that the believed that the treatment was either somewhat or very effective (73%); 17% stated it was ineffective or somewhat ineffective and 9% were unable to say. Supplementary analyses were conducted to determine if any offender demographic or background variables were related to the parole officer perceptions of change and abusive behaviour. No significant relationships were found, although the number of subjects for many of these analyses was low.

Deleted: ere

Table 2

Deleted: 48:

Parole Officers' Judgments (*n* = 74) on Goal Attainment Scale Items

	Does not appear to (%)	Possibly/partially appears to (%)	Definitely appears to (%)
Accept responsibility for his abusive/violent behaviour	9.5	33.8	56.8
Acknowledge his use of power and control tactics	13.5	35.1	51.4
Show empathy	13.5	36.5	50.0
Use appropriate problem solving skills	13.5	41.9	44.6

Use appropriate skills to manage and control his emotions	12.2	37.8	50.0
Use appropriate social skills	10.8	36.5	52.7
Recognize cognitive distortions	12.5	50.0	37.8
Minimize the consequences of his behaviour	58.1	25.7	16.2
Understand the dynamics surrounding his lifestyle	9.5	23.0	67.6
Understand his abusiveness pattern	10.8	32.4	56.8

Participant feedback

At the end of every program offenders completed a confidential feedback form on their opinion of the program. Offenders who completed the moderate program were asked: 1) Was the program interesting? (2) Did the program do a good job? (3) Would you be able to use the skills you have learned in the program in the community upon release? Most offenders thought the program was very interesting (81%) and that the program did a very good job (84%). A hundred percent of Moderate Intensity offenders that responded to the last question indicated that they would be able to apply the skills learned in the program in the community upon release. Offenders who participated in the High Intensity program were also asked to comment on the helpfulness of the program. Almost all participants (98%) stated that the program was helpful. Overall, participants in both the Moderate and High Intensity programs had positive comments about the program content.

Deleted: ¶ ¶

Deleted: 100%

Deleted: The overwhelmingly positive assessments are impressive, especially since respondents were not required to provide their names on the questionnaires.

Deleted: ¶

Recidivism

We conducted a post-release follow-up of 246 family violence offenders falling into 2 main groups:

Deleted: The final phase of the evaluation was a

1. *Treated* offenders who had completed either the High or Moderate Intensity Family Violence Program. This group included 84 participants from the High Intensity Program and 76 participants from the Moderate Intensity Program.
2. *Untreated* offenders who met the admission criteria for the programs (i.e., they had a history of spousal violence and a SARA rating of Moderate or High) but for various reasons did not begin or complete the program. This group was comprised of 35 offenders who were eligible for the High Intensity Program: 13 who received no treatment for administrative reasons (e.g., institutional transfer) and 22 who had dropped out of treatment. The group also included 51 offenders who were eligible for the Moderate Intensity Program (22 no treatment, 29 drop outs).[7] (Note: We had insufficient background information to control for potential differences between the groups on variables such as sentence length, marital status, history of violence and so forth. However, for these analyses we used all available offenders who were released, so it is unlikely that there were any systematic differences between groups).

To be eligible for this phase of the evaluation offenders were also required to have spent at least 6 months in the community following their release. There were no significant differences in the follow-up period for the treatment and comparison groups. Despite our best efforts, we were unable to contact enough current spouses of the released program completers, so we had to rely on Canadian Police Information Centre (CPIC) and CSC Offender Management System (OMS) records to record new criminal offences and supervision violations following release. Initially new offences were tallied in five categories: (1)

Deleted: We used

[7] Preliminary analyses indicated that there were no differences in recidivism rates between those who had received no treatment and those who had dropped out of treatment. Therefore, we chose to combine these offenders into the group labelled "Untreated Offenders" in order to increase the sample size for subsequent analyses. The reasons for dropping out of treatment varied: of the 51 who dropped out, about 30% dropped out because they were transferred to another institution, had a conflict with employment, or had problems understanding the material, variables that are not theoretically linked to progress in treatment or to risk).

Confirmed spousal violence, including any actual, attempted or threatened physical or sexual violence against a spouse; (2) Other spousal-related crime including harassing behaviours and breaches of no-contact conditions; (3) Non-spousal violence; (4) Non-violent crime; and (5) Non-spousal-related conditional release violations.

Due to the low base rate of re-offending we chose to create three nested offence categories for our analyses of recidivism. They are: *Spousal Violence*, which includes all spousal-related crime; *Any Violence*, which includes spousal violence and other violence; and *Any Infraction*, which includes all violent and non-violent crime, regardless of whether or not the crime resulted in arrest. Table 3 illustrates the recidivism rates for these three categories of offences for the Treated and Untreated groups in the Moderate and High Intensity groups.

Deleted: XX

Within the High Intensity group, there was a statistically significant difference between the Treated and Untreated groups both for spousal violence (X^2, $p < .05$) and any violence (X^2, $p < .05$). In other words, 4% of the Treated offenders committed a new spousal violence offence compared to 14% of the Untreated group. Further, remaining with the High Intensity group, 11% of the Treated and 26% of the Untreated offenders committed a new any violence offence. For the Moderate Intensity group, the same trends were observed but the differences were not statistically significant. However, when the Moderate and High Intensity groups were combined, once again there were statistically significant differences between the Treated and Untreated groups in the spousal violence and any violence (X^2, $p < .05$) categories.

Table 3

Deleted: XX

Recidivism Rates for Treated Versus Untreated Groups (N = 246)

	Moderate Intensity		High Intensity		Combined Groups	
	Treated (n = 76)	Untreated (n = 51)	Treated (n = 84)	Untreated (n = 35)	Treated (n = 160)	Untreated (n = 86)
Spousal Violence	4%	12%	4% *	14%	4% *	13%
Any Violence	9%	14%	11% *	26%	10% *	19%

Any Infraction	24%	26%	24%	37%	24%	30%

Note. “Spousal Violence” is defined here as any actual, attempted or threatened violence towards a past or current intimate partner; “Any Violence” is violence (including threats) toward spouses and others; “Any Infraction” includes all criminal behaviour and conditional release violations not necessarily resulting in arrest.

Note. * $p < .05$ (2-tailed).

Table 4 expresses the recidivism data using odds ratios, which are measures of the relative likelihood of recidivism. For example, within the Moderate Intensity group, Untreated offenders were 3.25 times more likely than Treated offenders to commit spousal violence, and 1.57 times more likely to commit any violence. Within the High Intensity group, Untreated offenders were 4.5 times more likely than Treated offenders to commit spousal violence, and 2.88 times more likely to commit any violence. Overall, when the Moderate and High Intensity groups are combined, Untreated offenders were 3.76 times more likely than Treated offenders to commit further spousal violence.

Table 4

Recidivism Odds Ratios (OR) for Treated Versus Untreated Groups (N = 246)

	Moderate Intensity	High Intensity	Combined Groups
Spousal Violence	3.25 (p = .092)	4.50 (p = .033)	3.76 (p = .008)
Any Violence	1.57 (p = .426)	2.88 (p = .037)	2.06 (p = .056)
Any Infraction	1.10 (p = .816)	1.89 (p = .139)	1.39 (p = .269)

A review of Table 5 suggests that family violence prevention treatment, regardless of intensity level, had a significant effect upon reducing violent recidivism. It appears that treatment completion particularly affected spousal violence recidivism, but

may have also generalized to reduce all violence. In fact, the intensity of treatment (Moderate versus High) appears to be relatively unimportant. We tested this notion explicitly using logistic regression to contrast the relative effects of treatment intensity and treatment completion (Treated versus Untreated) on violent recidivism (see Table 5). As expected, it appears that it is the *completion* of treatment, not the intensity, that significantly contributed to the regression model both for spousal violence and any violence recidivism. This could be interpreted as meaning treatment length and intensity do not necessarily matter. Alternatively, we know that the High Intensity group contained higher risk offenders. It could therefore be that the CSC has been successful at matching the risk and needs levels of offenders with the intensity of treatment.

Deleted: 53

Table 5

Deleted: 3

Overall Effect (Chi Square; X^2) and Relative Effects (Odds Ratios; OR) of Treatment Completion and Intensity on Recidivism (N = 246)

Deleted: 2

	Overall Effect (X^2)	Completion (OR) (Yes vs. No)	Intensity (OR) (Moderate vs. High)
Spousal Violence	6.74 (p = .034)	3.82 (p = .012)	1.10 (p = .847)
Any Violence	4.93 (p = .085)	2.18 (p = .044)	1.58 (p = .237)
Any Infraction	1.73 (p = .421)	1.43 (p = .238)	1.24 (p = .469)

Note. Effects computed using logistic regression.

Overall, the recidivism analyses suggest that the CSC High and Moderate Intensity Programs are achieving the stated goal of reducing violence. The results are consistent with other sections of this report suggesting that treatment had a positive result for the majority of the participants.

Factors related to Success in Treatment

This section of the paper will look at what factors were linked to various criteria of successful outcome. We will report on factors that predict drop out and factors related to therapists' final ratings of successful completion of the programs and factors associated with cessation of spousal abuse on release.

A correctional matrix and a series of T-tests examined the relationship of a number of factors the literature suggested would be related to drop out. We have a more extensive test battery for the participants of the high intensity program so were able to profile these offenders on more variables, however, since the number of drop outs was low, we combined the moderate and high program participants for most of the comparisons. Correlational analyses as well as T-tests showed that ethnicity (Aboriginal or Other Ethnic), IQ, antisocial or borderline personality disorder, spousal assault risk (SARA) and the extent of participants' substance abuse (either drugs or alcohol) were not related to drop out. The primary demographic differences between drop outs and completers were that drop outs were somewhat younger (M = 34.2 (8.92); M=37.05 (9.50), $p < .05$) and their overall criminal risk rating on the Statistical Information on Recidivism scale (Nuffield, 1982) was slightly higher ($t = -2.28$ ($p < .05$). Additionally, drop outs did not differ from completers on the pre treatment self report measures including measures of attitudes and jealousy. However, several dynamic (changeable) factors measured through facilitator ratings did significantly differentiate the two groups: the Family Violence Vignettes and most of the facilitator ratings on the pre-treatment Goal Attainment Scale (GAS). In general, at the pretreatment assessment, dropouts assessed their partners with less respect, were rated to be less responsive to treatment, and were judged to have more negative attitudes and behaviours than those who completed

Deleted: S

Deleted:

Deleted: race

Deleted: overall risk score

Deleted: (based on the Statistical Information on Recidivism (Nuffield,)

Deleted: drop

Deleted: .<

Deleted: 3

Deleted: SD

Deleted: SARA scores

Deleted: ere

Deleted: .<

Deleted: 2

Deleted: several

Deleted: s

Deleted: based on

Deleted: ,

Deleted: the "Responsivity" subscale of the Treatment Readiness Scale,

Deleted: treatment

treatment. Since the intercorrelations on these items were high and their relationship to drop out approximately the same, we selected one rating, the GAS item on motivation for the equation. For the combined high and moderate program participants the variables age, risk and the motivation item on the GAS were entered into a logistic regression to assess the predictive accuracy of these variables on dropping out of the program. Since age did not add additional variance to a test model the final model included only GAS motivation rating and overall risk. A test of the full model against a constant-only model was statistically significant X^2 (2, 292) = 13.09, *p*. <.001, suggesting that the predictor variables, as a set, reliably distinguish between offenders who drop out and those who complete the program. The model classified 90% of the cases correctly. The variance in dropout accounted for was small with a Nagelkerke R^2 = .09, indicating that only 9% of the variability in dropout status was accounted for by the predictor variables. According to the Wald statistic, the SIR and GAS motivation items individually reliably predicted the dropout (-5.5 df 1 *p*.<.05 and 5.03, df 1 *p*. <.05 respectively).

Deleted: The URICA-R, a measure developed to assess the stage of change of participants with histories of domestic abuse, demonstrated that drop outs were more likely to be rated as at the Pre Contemplation stage, however, treatment completion was not related to the other stages.

Deleted: The variables: age, risk, IQ Substance Abuse and measures of motivation, including the item on the GAS that measures overall motivation for treatment, the treatment readiness rating and a general interview based rating on overall motivation for treatment were entered into a step wise regression model. Only Item on the GAS rating overall was in the overall model (collinarity??) Thi

Additional variables assessing aspects of motivation were available for the high intensity group. The interview-based rating by the facilitators that assesses motivation for treatment, the pre treatment responsivity rating as well as the total score on the Precontemplation stage on the URICA-DV (Levesque et al, 2000), a measure developed to assess the stage of change of participants with histories of domestic abuse, were correlated with drop out. Risk rating was not related to drop out for this high intensity group. The final model included the interview based rating of motivation, the GAS motivation item and treatment responsivity rating was significant according to the Chi square statistic X^2 (3, 292) = 8.88, *p*. <.05), but the Wald statistics for all the individual

items were not. The model classified 90.4% correctly but the model was a poor fit, accounting for only 17% of the variance (Nagelkerke $R^2 = .17$).

The next treatment outcome variable we examined was overall progress on the goals of the program. This includes ratings of skill development, prosocial attitude change and development of coping strategies to deal with high risk situations. An overall treatment score was computed based on the total score from all the post treatment GAS items[8]. None of the demographic variables available on the total treatment population were related to outcome (age, ethnic group membership, overall criminal risk, spousal assault risk (SARA), and extent of substance abuse). Factors significantly correlated to outcome were pre-treatment ratings on the GAS and a number of the pre-treatment scores on the vignettes. For the combined population of moderate and high intensity program participants, factors placed in the regression model because they were most highly significantly correlated with outcome were: GAS pre treatment items on acceptance of responsibility (*r* =.49), the initial motivation for treatment rating (*r* =.42), and Abusive Relationships Inventory (Myths subscale), the Family Violence Vignette on jealousy and the Empathy Vignettes (Perspective Taking scale). This overall model explained 39% of the variance ($R^2_{adj} = .392$). The overall relationship was significant ($F_{4,218} = 36.12$, $p < 0.001$). The effect of each of the individual variables was significant ($p < .001$).

Additional variables were available for the high intensity population. Antisocial Personality Disorder (APD), IQ, readiness to change score pre treatment, and scores on pre treatment interview ratings tapping their motivation to change were related to outcome in addition to all the ratings on the GAS. The variables were inter-correlated. An

Deleted: s variable countered for 5.6% of the variance. When the GAS item was entered, the other motivation rating items did not contribute additional variance.¶

Deleted: participation and

Deleted: (see Table)

Deleted: Factors not related to overall treatment progress were Borderline Personality and overall risk for family violence (score on the SARA), race, extent of substance abuse or age.

Deleted: F

Deleted: ,

Deleted: questions

Deleted: :

Deleted: extent of the intimate partner abusiveness and violence, ability to manage conflict,

[8] See Table 1 for a complete list of all the GAS items.

initial model demonstrated that APD did not add additional variance. We chose three variables that were most highly correlated with outcome for the final regression model: treatment readiness, IQ and an interview question rating motivation at pre-treatment. These three variables contributed 35.7% of the variance (R^2_{adj} =.357, $p < .001$). The overall model was significant (($F_{4,82} = 14.57$, $p. < 0.001$). All of the variables were individually significant ($p. < .01$). Essentially, brighter participants who were motivated for treatment learned more skills and had less abusive attitudes by the end of the program. Similar factors were not related to overall treatment progress for the high intensity group as for the combined group: overall risk for family violence (score on the SARA), ethnic group membership, extent of substance abuse, or age. In addition, Borderline Personality Disorder was not related to outcome in treatment.

The final outcome variable we examined was spousal violence on release. Once again, the base rates were low so we combined the results for both the moderate and high intensity program participants for a correlational analysis. Criminal risk (SIR), spousal violence risk rating (SARA), age, extent of substance abuse, ethnic group membership and all the scores on the pre-treatment battery were not significantly related to outcome. The only variables weakly related to spousal violence on release were an interview based rating on the extent of abusive thinking patterns (*rho* = -.245, $p. < .08$) and Antisocial Personality Disorder (*rho* = -.23, $p. < .05$). We were unable to run further analyses on these data because of the low N.

Deleted: The step wise regression entered t

Deleted: that

Deleted: r=.598; R²

Deleted: P

Deleted: They were: treatment readiness rating at pre treatment, IQ and an interview question rating motivation for treatment.

Deleted: than slower unmotivated participants

Deleted: ,

Deleted: An examination of the correlates of variables with spousal violence showed that c

Deleted: and

Deleted: race were not sign

Deleted: ificantly

Deleted: (what about the scores on the self report measures? And the vignettes?). t

Deleted: a

Deleted: p

Deleted: d

Deleted: Create a model. Look at total score on the GAS and its relationship as well as any other variables on the battery. APD was related, find ways to score this that might create a stronger relationship.

Deleted: ¶

Discussion

Over all, several lines of evidence provide encouraging support for the positive impact of both the high and moderate intensity programs. Intermediate results suggest that offenders are showing significant improvement on almost all the measures tapping factors related to intimate partner violence: reductions in attitudes in support of spousal abuse, improvement in skills related to conflict resolution and communication; reductions in jealousy and a better understanding of the factors related to their offending pattern and the development of plans to address these factors. Content quizzes indicated that most offenders understood and could apply the major concepts of the program. Parole officers' observation of offenders who had complete treatment provided endorsement for the program and the offenders themselves overwhelmingly stated that they found the program useful. Preliminary analyses of recidivism outcome demonstrated that treatment participants in the two programs were 69% less likely to be involved in an incident related to spousal abuse in a 6 month follow-up on release from prison than untreated offenders. It appears that completion of the program also reduced rates of general violence on release. The program, however, does not have an impact on general nonviolent criminality. Profiles of most federal offenders who have incidents related to spousal abuse in their offence histories have histories of general criminality as well. Previous research on the typology of spousal abusers within the Canadian federal system has shown that only 13.5% can be classified as "spousal only/non patholological"; the rest were classified as generally violent and assaultive (Wexler, 2000). The program content focuses on skills specifically linked to intimate relationships that would also apply to resolving or avoiding general interpersonal conflicts, there is, however, no emphasis on avoidance of non violent

Deleted: the

Deleted: participation in

Deleted: treatment

Deleted: largely

Deleted: %

Deleted: generally violence/antisocial while only 12% were classed as

Deleted:

Deleted: ed

Deleted: ally

Deleted: and to skills that wo

Deleted: uld

Deleted: =====. T

criminality. This result points to a need for additional intervention for spousal violence perpetrators with histories of non violent criminality.

It is notable that some of the measures (i.e., Family Violence Vignettes, Treatment Readiness Scale, Goal Attainment Scale) that are *not* self-report in nature; rather, they are coded or rated by someone who knows the offender are most valuable for anticipating which offenders might drop out of treatment. A simple item in which facilitators rate the motivation of offenders for treatment and another item rating the offender on motivation to make changes related to his abusive behaviour were significantly related to drop out and to facilitators' final evaluations on treatment progress. Previous research has demonstrated that staff working with offenders can make estimates of the motivation of offenders to address their criminality that are related to recidivism (Stewart and Millson, 1995). These scales are simple to train to use and are completed in a couple of minutes if the rater is familiar with the offender. They are as strongly related to drop out as the URICA-DV, a longer measure that is completed by perpetrators and is more time consuming to train staff to score and interpret. The current study, however, did not find that any of these ratings were significantly related to spousal violence on release. At this point in the study, the only variables related to spousal violence were antisocial personality and a general rating by the facilitators of the extent of the offenders' thinking and beliefs in support of violence against women. We expect that as the base rates increase with longer follow-up periods we will be able to get a more thorough picture of the factors contributing to release outcome specifically related to intimate partner violence.

An evaluation design including drop outs as part of the comparison group is generally considered to be "naïve to the features of drop out". We recognise the

Deleted: additional intervention to address this specific criminogenic area

Deleted: asking

Deleted: to

Deleted: progress in

Deleted: also confirmed

Deleted: who are

Deleted: familiar

Deleted: through a rating scale

Deleted: outcome

Deleted: .

Deleted: very easy

Deleted: as

Deleted: or more strongly

Deleted: outcome

Deleted: R

Deleted: difficult

Deleted: use and

Deleted: and takes longer for the offenders to complete

Deleted: (confirm)

Deleted: Previous studies had linked substance abuse to program attrition ( ), a finding that was not confirmed in this research. It may be that for incarcerated offenders drug and alcohol abuse do not prohibit offenders from program participation to the extent that they would if the offenders were on conditional release/ (how many of our participants were incarcerated? Did any take the program in the community?).¶

Deleted: using

Deleted: ( )"

limitations of this decision; however, within CSC with its extensive menu of correctional programs and the correctional mandate to address offender's criminal behaviour through program participation, it is very difficult to identify a non treatment comparison group. The majority of offenders in the comparison group, however, did not complete the program for reasons that are not theoretically linked to outcome; that is, 40% were identified as needing the program, but for administrative reasons (i.e., the program was not offered prior to their parole dates, they were transferred to another institution, took employment, etc.) were not able to start the program. Among the actual drop outs, 30% left the program for administrative reasons, i.e., there was a conflict with work, their language skills impinged on their ability to understand the material or they were transferred to an institution where the program was not immediately being offered.

Deleted: However, th
Deleted: e
Deleted: group
Deleted: did not attend treatment
Deleted: ,
Deleted: reasons theoretically unlikely to be related to outcome
Deleted: attend the program

Methodology applying an instrumental variable analysis or a propensity score analysis could help confirm whether differences in outcome of the treated group were due to program participation (Jones, D'Agostino, Gondolf, & Heckert, 2001; Jones and Gondolf, 2002). We will also be extending our follow-up period, although the 6 month period following release is generally acknowledged as the most critical time period for criminal recidivism. Likewise, offenders who reoffend against their partners are most likely to do so within 6 months of program commencement (if they are receiving the program in the community, Gondolf, 1999a).

Deleted: In further research we will
Deleted: to
Deleted: that the
Deleted: program participants
Deleted: as
Deleted: .

It is as illustrative to review what is not related to treatment outcome as what was related. Ethnicity was not related to outcome variables including drop out, measures of recidivism or measures of treatment progress. Likewise, there were no differences between the three ethnic groups on any of the pre and post treatment measures with the exception of the

Deleted:
Deleted: interesting
Deleted: is
Deleted:

"sexual possessiveness" subscale of the Interpersonal Relationship Scale. Here it was observed that offenders in the Other ethnicity group scored significantly higher than Caucasians on sexual possessiveness. This suggests that the program design or delivery do not bias ethnic groups or cultural differences. In addition, program outcome was not related to Borderline Personality Disorder. Dutton's research had associated problematic attachment patterns related to Borderline disorders with spousal violence (Dutton, 1995) and had speculated that this group may have needed a differential treatment approach. The programs, however, appear to benefit offenders identified with higher scores on Borderline symptomlogy as much as those with lower scores. Facilitators are trained in motivational techniques and to make reasonable adaptations for individual differences and provide individual sessions that supplement the group curriculum. These adaptations may allow the program to meet the responsivity principle by accommodating the cognitive and emotional styles of program participants. Previous studies had linked substance abuse to program attrition (Daly et al, 2001), a finding that was not confirmed in this research. It may be that when the program is delivered in a prison setting, drug and alcohol abuse does not seriously impinge on offenders' program participation to the extent that it might if the offenders were on conditional release.

Future plans will focus on identifying a less potentially biased comparison group and in providing further differential analysis that will allow us to determine what components of the program provide the most impact on reductions in recidivism. At this point, however, we are encouraged that while we can improve on the design of the evaluation study, all the variables associated with treatment impact point in a positive direction.

Deleted:
Deleted: es
Deleted: d
Deleted:
Deleted: However, t
Deleted: s
Deleted: this disorder
Deleted: out
Deleted: Borderline traits
Deleted: check for this** .
Deleted: to
Deleted: to
Deleted: the
Deleted: ¶
Deleted: However, recent evidence suggests most batterers who re-offend do so within six months of their admittance to the program (Gondolf, 1999a).¶

References

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work?: A meta-analytic review of domestic violence treatment outcome research. *Clinical Psychology Review, 23*, 1023-1053.

Bennett, L. & Williams, O. (last revised 2004). Controversies and Recent Studies of Batterer Intervention Program Effectiveness. .Minnesota Center Against Violence and Abuse (MINCAVA). Applied Research Forum. National Electronic Network on Violence Against Women.

Blackburn, R., and D. Fawcett. 1999. The Antisocial Personality Questionnaire: An inventory for assessing personality deviation in offender populations. European Journal of Psychological Assessment. 15, 14-24.

Blackburn, R., & Fawcett, D.J. (1996). Manual for the Antisocial Personality Questionnaire (APQ). Unpublished Manuscript, University of Liverpool.

Boer, D.P., Kroner, D.G., Wong, S., Cadsky, O. (undated.) Assessing the dysfunctional beliefs of spouse assaulters: Development and validation of Abusive Relationships Inventory.

Correctional Service Canada (2001). Assessment manual for the moderate and high intensity family violence prevention programs. Reintegration Programs Division.

Daly, J.E., Power, T.G., & Gondolf, E.W. (2001). Predictors of batterer program attendance. *Journal of Interpersonal Violence, 16 (10),* 971- 991.

Dobash, R. & Dobash, R. (2000). Evaluating criminal justice interventions for domestic violence. Crime and Delinquency, 46(2), 252-270.

Deleted: ¶

Dowsen, C. and Serin, R. (2001). Anger management programming for offenders: The impact of program performance measures. Research report. Correctional Service of Canada.

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

Dutton, D. G., & Hart, S. D. (1992). Risk markers for family violence in a federally incarcerated population. *International Journal of Law and Psychiatry, 15*, 101-112.

Dutton, D. (1995). *The domestic assault of women*. Vancouver, BC: UBC Press.

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

Gondolf, E (2001). An extended follow-up of batterers and their partners. Final report (1997-2001) Centers for Disease Control and Prevention Injury Prevention Research for Violence Against Women.

Griffin, D. W. and K. Bartholomew. 1994. The metaphysics of measurement: The case of adult attachment. In K. Bartholomew & D. Perlman (Eds.), Advances in personal relationships Vol. 5: 17-52. London: Jessica Kingsley.

Hanson, K & Wallace-Capretta, S. (2000). Predicting Recidivism Among Male Batterers Research Report 2000 – 06 R. Department of the Solicitor General Canada

Deleted: ¶
Hart, S. D., Kropp, P. R., Roesch, R., Ogloff, J. R. P., and Whittemore, K (1994). Wife assault in community-resident offenders. Canadian Journal of Criminology, October, pp. 4¶
¶

Hart, S. D., Kropp, P. R., Roesch, R., Ogloff, J. R. P., and Whittemore, K (1994). Wife assault in community-resident offenders. Canadian Journal of Criminology, October, pp. 4.

Hogue, T.E. (March, 1993). Goal Attainment Scaling: A measure of clinical impact and risk assessment. A Paper presented at the 3rd Annual Conference of the British Psychological Society. Division of Criminal and Legal Psychology, Harrogate, North Yorks, England.

Hupka, R.B. & Rusch, P.A. (1997). The Interpersonal Relationship Scale. Paper presented at the annual meeting of the Western Psychological Association, Seattle, Washington

Jones, A. & Gondolf, E. (2002). Assessment of the effect of batterer program completion on reassault: an instrumental variables analysis. Journal of Quantitative Criminology, 18, 71-98.

Jones, A., D'Agostino, R., Gondolf, E., & Heckert, A. (2001). Assessing the effect of batterer program completion on reassault using propensity scores. Poster presented at the New Hampshire Conference.

Levesque, D. Gelles, R. and Velicer, W. (2000). Development and validation of a stages of change measure for men in batterer treatment. Cognitive Therapy and Research, 24, 175-199.

Nuffield, J. (1982). Parole decision making in Canada: Research towards decisions guidelines. Ottawa, Canada. Department of the Solicitor General Canada.

Oldham, J., J. Clarkin, A. Applebaum, A. Carr, P. Kernberg, A. Lottermen, and G. Haas. 1985. A self-report instrument for Borderline Personality Organization. In T. H.

McGlashan, ed., The Borderline: Current Empirical Research. The Progress in Psychiatry Series. Washington, D.C.: American Psychiatric Press, Inc. pp. 3-18.

Paulhus, D. L. 1990. Measurement and control response bias. In J. P. Robinson, P.R. Shaver, and L.S. Wrightsman, eds., Measurement of Personality and Social Psychological Attitudes. San Diego: Academic Press. pp. 37-41.

Stewart, L. & Millson, W. (1995). Offender motivation for treatment as a responsivity factor. Forum on Correctional Research, 7, 5-7.

Taylor, B.G., Davis, R.C., & Maxwell, C.D. (2001). The effects of a group batterer treatment program in Brooklyn. Justice Quarterly, 18 , 170-201.

Wexler, A. (2000). Can typologies of male batterers be generalised to populations of federal inmates? Unpublished Masters Thesis. Carleton University.

Deleted: Hanson, K & Wallace-Capretta, S. (2000). Predicting Recidivism Among Male Batterers Research Report 2000 – 06 R. Department of the Solicitor General Canada¶
¶
Dobash, R. & Dobash, R. (2000). Evaluating criminal justice interventions for domestic violence. Crime and Delinquency, 46(2), 252-270.¶
¶
¶
Dutton, D. G., & Hart, S. D. (1992). Risk markers for family violence in a federally incarcerated population. *International Journal of Law and Psychiatry, 15*, 101-112.¶
¶
Dunford, F. (2000). The San Diego Navy Experiment: An assessment of interventions for men who assault their wives. Journal of Consulting and Clinical Psychology, 68(3), 468-476.¶
¶
Bennett, L. & Williams, O. (last revised 2004). Controversies and Recent Studies of Batterer Intervention Program Effectiveness. .Minnesota Center Against Violence and Abuse (MINCAVA). Applied Research Forum. National Electronic Network on Violence Against Women.¶
¶
Gondolf, E. (2001). Limitations o ... [1]

Deleted: ¶

Deleted: Hogue, T.E. (March, 1993). Goal Attainment Scaling: A measure of clinical impact and risk assessment. A Paper presented at the 3rd Annual Conference of the British Psychological Society. Division of Criminal and Legal Psychology, Harrogate, North Yorks, England.¶
Dowsen, C. and Serin, R. (2001). Anger management programming for offenders: The impact of program performance measures. Research report. Correctional Service of Canada.¶
¶
): 51-64.¶
Cadsky, O., R.K. Hanson, M. Cra ... [2]

Deleted: Page Break
Andrews, D. & Bonta, J. (1998). The Psychology of Criminal Conduct (2nd Edition). Cincinnati, Ohio: Anderson Publishing Co. ¶
¶
Babcock. J., Green, C. & Robie, C. (in press). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. Clinical Psychology Review. ¶
¶
Boer, D.P., Kroner, D.G., Wong, S., Cadsky, O. (undated.) Assessing the dysfunctional beliefs of spouse assaulters: Development and validation of Ab ... [3]

Page 35: [1] Deleted Lynn Stewart 7/22/2005 4:58:00 PM

Hanson, K & Wallace-Capretta, S. (2000). Predicting Recidivism Among Male Batterers Research Report 2000 – 06 R. Department of the Solicitor General Canada

Dobash, R. & Dobash, R. (2000). Evaluating criminal justice interventions for domestic violence. Crime and Delinquency, 46(2), 252-270.

Dutton, D. G., & Hart, S. D. (1992). Risk markers for family violence in a federally incarcerated population. *International Journal of Law and Psychiatry, 15*, 101-112.

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

Bennett, L. & Williams, O. (last revised 2004). Controversies and Recent Studies of Batterer Intervention Program Effectiveness. .Minnesota Center Against Violence and Abuse (MINCAVA). Applied Research Forum. National Electronic Network on Violence Against Women.

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

Gondolf, E (2001). An extended follow-up of batterers and their partners. Final report (1997-2001) Centers for Disease Control and Prevention Injury Prevention Research for Violence Against Women.

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work?: A meta-analytic review of domestic violence treatment outcome research. *Clinical Psychology Review, 23*, 1023-1053.

Page 35: [2] Deleted Lynn Stewart 7/22/2005 4:59:00 PM

Hogue, T.E. (March, 1993). Goal Attainment Scaling: A measure of clinical impact and risk assessment. A Paper presented at the 3rd Annual Conference of the British Psychological Society. Division of Criminal and Legal Psychology, Harrogate, North Yorks, England.

Dowsen, C. and Serin, R. (2001). Anger management programming for offenders: The impact of program performance measures. Research report. Correctional Service of Canada.

): 51-64.

Cadsky, O., R.K. Hanson, M. Crawford and C. Lalonde (1996). Attrition from a Male Batterer Treatment Program: Client-Treatment Congruence and Lifestyle Instability. Violence and Victims, 11(1): 51-64.

Daly, J.E., Power, T.G., & Gondolf, E.W. (2001). Predictors of batterer program attendance.

Journal of Interpersonal Violence, 16 (10), 971- 991.

Page 35: [3] Deleted Lynn Stewart 7/22/2005 5:06:00 PM

Page Break

Andrews, D. & Bonta, J. (1998). The Psychology of Criminal Conduct (2nd Edition). Cincinnati, Ohio: Anderson Publishing Co.

Babcock. J., Green, C. & Robie, C. (in press). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. Clinical Psychology Review.

Boer, D.P., Kroner, D.G., Wong, S., Cadsky, O. (undated.) Assessing the dysfunctional beliefs of spouse assaulters: Development and validation of Abusive Relationships Inventory.

Blackburn, R., & Fawcett, D.J. (1996). Manual for the Antisocial Personality Questionnaire (APQ). Unpublished Manuscript, University of Liverpool.

Campbell, J.C. (1995). Prediction of homicide of and by battered women. In: J.C. Campbell (Ed.), Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers (pp. 96-113). Thousand Oaks, CA: Sage.

Commission on Domestic Violence: Report to the Governor, State of New York. (1997).

Daly, J., Power, T., & Gondolf, E. (2001). Predictors of batterer program attendance. Journal of Interpersonal Violence, 16 (10), 971-991.

Davis, R.C. & Taylor, B.G. (1999). Does batterer treatment reduce violence? A synthesis of the literature. Women and domestic violence: An Interdisciplinary Approach, 10(2), 69-93.

Deffenbacher, J. L., Story, D. A., Brandon, A. D., Hogg, J. A. & Hazaleus, S. L. (1988). Cognitive and cognitive-relaxation treatments of anger. Cognitive Therapy and Research, 12, 167-184.

Dobash, R. E. and Dobash, R. P. (1999) "Criminal Justice programmes for men who assault their partners." In C.R. Hollin (Ed.). *Handbook of Offender Assessment and Treatment*. Chichester: John Wiley and Sons.

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

Dutton, D.G. (1995). The domestic abuse of women: Psychological and criminal justice perspectives (Rev. ed.). Vancouver, BC: UBC Press.

Dutton, D. (1995). A scale for measuring propensity for abusiveness. Journal of Family Violence, 10(2), 203-221.

Dutton, D. & Kropp, P.R (2000). A review of domestic violence risk instruments. Trauma, Violence & Abuse, 1 (2), 171-181.

Dutton, D., Landolt, A.L., Starzomski, A., & Bodnarchuk, M. (2001). Validation of the propensity for Abusiveness Scale in diverse male populations. Journal of Family Violence, 16(1), 59-73.

Dutton, D.G. & Kerry, G. (1999). Modus operandi and personality disorders in incarcerated spousal killers. International Journal of Law and Psychiatry, 22(3-4), pp. 287-299

Dutton, D.G., Bodnarchuk, M., Kropp, R., Hart, S.D. & Ogloff, J.R.P. (1997). Wife assault treatment and criminal recidivism: An 11-year follow-up. International Journal of Offender Therapy and Comparative Criminology, 41(1), 2-23.

Dutton, D.G., Landolt, M.A., Starzomski, A. & Bodnarchuk, M. (2001). Validation of the Propensity for Abusiveness Scale in diverse male populations. Journal of Family Violence, 16(1), 59-73.

Edleson, J.L. & Syers, M. (1990). Relative effectiveness of group treatments for men who batter. National Association of Social Workers, Inc. 10-17.

Ellis, A. (1977). Anger – How to live with and without it. Secaucus, NJ: Citadel Press.

Feder, L., & Forde, D.R. (2000). A test of the efficacy of court-mandated counseling for domestic violence offenders: The Broward experiment. National Institute of Justice.

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. T. Harland (Ed.), Choosing correctional options that work: Defining the demand and evaluating the supply (pp. 117-130). California: Sage.

Gondolf (1999). A comparison of reassault rates in four batterer programs: Do court referral, program length and services matter? Journal of Interpersonal Violence, 15, 428-437.

Gondolf, E.W. (2000a). Reassault at 30 months after batterer program intake. International Journal of Offender Therapy and Comparative Criminology, 44, 111-128.

Gondolf, E. (2000b). A 30-month follow-up of court-referred batterers in four cities. International Journal of Offender Therapy and Comparative Criminology, 44(1), 111-128.

Gondolf, E.W. (2001). Limitations of experimental evaluation of batterer programs. Trauma, Violence and Abuse, 2 Hickey, E.W, no.1, 79-88.

Gondolf, E. & Williams, O. (2001). Culturally focused batterer counseling for African American men. Trauma, Violence & Abuse, 2(4), 283-295.

Hanson, K. R. & Wallace-Capretta, S. (2000). Predicting Recidivism Among Male Batterers. Report submitted to the Department of the Solicitor General Canada. Cat. No.: JS42-91/2000.

Hamberger, L.K., J.M. Lohr, D. Bonge and D.F. Tolin (1996). A Large Sample Empirical Typology of Male Spouse Abusers and its Relationship to Dimensions of Abuse. Violence and Victims, 11(4): 277-292.

Hare, R.D. (1991). The Hare Psychopathy Checklist-Revised. Toronto: Multi-Health Systems.

Hastings, J.E. & Hamberger, L.K. (1988). Personality characteristics of spouse abusers: A controlled comparison. Violence and Victims, 3(1), 31-48.

Hazaleus, S. & Deffenbacher, J. (1986). Relaxation and cognitive treatments of anger. Journal of Consulting and Clinical Psychology, 54, 222-226.

Hickey, E.W. (1991). Serial murderers and their victims. Belmont. Ca.: Wadsworth, Inc.

Holtzworth-Munroe, A. and G.L. Stuart (1994). Typologies of Male Batterers: Three Sub-Types and Differences Among Them. Psychological Bulletin, 116(3): 476-497.

Howell, M.J. & Pugliesi, K.L. (1988). Husbands who harm: Predicting spousal violence by men. Journal of Family Violence, 3, 15-27.

Hughes, G. V. (1993). Anger management program outcomes. Forum on Corrections Research, 5, 1, 5-9.

Jones, A. & Gondolf, E. (in press). Assessment the effect of batterer program completion on reassault: an instrumental variables analysis. Journal of Quantitative Criminology.

Jones, A., D'Agostino, R., Gondolf, E., & Heckert, A. (2001). Assessing the effect of batterer Program completion on reassault using propensity scores. Poster presented at the New Hampshire Conference.

Kaufman Kantor, G. Straus, M.A. The "Drunken Bum" theory of wife beating. In, M.A. Straus & R.J. Gelles (Eds). Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8145 Families. (pp. 203-224). New Jersey: Transaction Publishers.

Kerry, G. (2000). Typologies of federal offenders convicted of intimate femicide. Workshop Presentation, International Community Corrections Association Conference. Ottawa.

Levens, B.R & Dutton, D.G (1980). The social service role of the police: Domestic crisis intervention. Ottawa. Solicitor General of Canada.

Losel, F. (1996). Effective correctional programming: What empirical research tells us and what it doesn't. Forum on Corrections Research, 8, 33-36.

Kropp, P.R. & Hart, S.D. (2000). The Spousal Assault Risk Assessment (SARA) Guide: Reliability and validity in adult male offenders. Law and Human Behavior, 24 (1), pp. 101-118

Kropp, P. R., Hart, S. D., Webster, C. D. and Eaves, D. (1995) Manual for the spousal assault risk assessment guide. (2nd ed.). Vancouver, BC: The British Columbia Institute on Family Violence.

Levesque, D.A. (1998). Violence desistance among battering men: Existing interventions and the application of the transtheoretical model of change. Unpublished doctoral dissertation, University of Rhode Island, Rhode Island.

Leyton, E. (1986). Hunting Humans. Toronto: McClelland and Stewart Ltd.

Lipsey, M. 1995. "What Do We Learn from 400 Research Studies on the Effectiveness of Treatment with Juvenile Delinquents? In, What works: Reducing Reoffending, edited by J. McGuire. Chichester: John Wiley.

Maiuro, R.D. Cahn, T.S. & Vitaliano, P.P. (1986). Assertiveness deficits and hostility in domestically violent men. Violence and Victims, 1(4), 279-289.

Maruna, S. (2001). Making good: How ex-convicts reform and rebuild their lives. Washington, DC: American Psychological Association.

Marzuk, P.M., Tardif, Khirsh, C.S. (1992). The epidemiology of murder-suicide. Journal of American Medical Association. 267, 3179-3183.

Miller, W. R., & Rollnick, S. Motivational interviewing: Preparing people to change addictive behavior. New York: The Guilford Press.

Moffit T. E. , Robins, R.W. Avshalom, C. (2001) A Couples Analysis of Partner Abuse with Implications for Abuse-Prevention Policy," Vol. 1 (1), pp. 5-36.

Morton, E., Runyan, C.W. Moracco, K.E. Butts, J. (1998). Partner homicide-suicide involving feamle homicide victims: A populaiton based study in North Carolina, 1988-1992.

Oldham, J., Clarkin, J., Applebaum, A., Carr, A., Kernberg, P., Lottermen, A., & Haas, G. (1985). A self-report instrument for Borderline Personality Organization. In T.H. McGlashan (Ed.), The Borderline: Current empirical research. The Progress in Psychiatry Series (pp. 3-18). Washington, DC: American Psychiatric Press, Inc.

O'Leary, K.D. & Murphy, C. (1999). Clinical issues in the assessment of partner violence. In R.T., Ammerman & M. Hergen (Eds.). Assessment of Family Violence: A Clinical and Legal Sourcebook, Second Edition. John Wiley Books; Toronto.

Paulhus, D. L. (1990). Measurement and control response bias. In J.P. Robinson, P.R. Shaver, & L.S. Wrightsman (Eds.), Measurement of personality and social psychological attitudes. San Diego: Academic Press, p. 37-41.

Pence, E. and M. Paymar (1993). Education Groups for Men Who Batter: The Duluth Model. New York, NY: Springer.

Prochaska, J. O. & DiClemente, C. C. (1983). Stages and processes of self change in smoking: Toward an integrative model of change. Journal of Consulting and Clinical Psychology, 5, 390-395.

Prochaska, J.O., DiClemente, C.C & Norcross, J.C. (1992). In Search of How People Change: Application to Addictive Behaviors. American Psychologist, 47 (9) 1102-1114.

Quinsey, V.L., Harris, G.T., Rice, M.E. & Cormier, C. (1998). Violent Offenders: Appraising and Managing Risk. Washington, DC: American Psychological Association.

Renzeti, C.M. (1997). Violence in lesbian and gay relationships. In, O'Toole, L.L. & Schiffman, J.R. (Eds). Gender violence: Interdisciplinary perspectives. New York: New York University Press. Pp. 285-293

Robinson, D. and Taylor, J. (1995) The incidence of family violence perpetrated by federal offenders: A file review study. Ottawa, ON: Research Branch, Correctional Service of Canada.

Rooney, J. & Hanson, K. (2001). Predicting attrition from treatment programs for abusive men. Journal of Family Violence, 16(2), 131-149.

Rogers, K. (1994). Wife assault: The findings of a national survey. Juristat, 14, 9.

Rosenfeld, B.D.(1992). Court-ordered treatment of spouse abuse. Clinical Psychology Review, 12, 205-226.

Rosenbaum, A, Geffner, R and Benjamin, S. (1997). A biopsychological model for understanding relationship aggression. Journal of Aggression, Maltreatment & Trauma Press, 1, No. 1 pp. 57-79.

Saunders, D G. (1992) A typology of men who batter: Three types derived from cluster analysis. American Journal of Orthopsychiatry, 62 (2), p. 264-275.

Saunders, D.G. (1995). Prediction of wife assault. In J.C. Campbell (Ed.), Assessing the risk of dangerousness. Newbury Park, CA: Sage.

Saunders, D.G., Lynch, A.B., Greyson, M. & Linz, D. (1987). The Inventory of Beliefs about Wife Beating: The construction and initial validation of a measure of beliefs and attitudes. Violence and Victims, 2(1), 39-57.

Selzer, M.L. (1971). The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry 127, 89-94.

Shipley, W.C. (1967). The Shipley Institute of Living Skills. Western Psychological Services.

Shepard, M.F. & Campbell, J.A. (1992). The Abusive Behaviour Inventory: A measure of psychological and physical abuse. Journal of Interpersonal Violence, 7(3), 291-305.

Shover, N. (1983). The later stages of ordinary offender careers. Social Problems, 31(2), 208-218.

Skinner, H.A. (1992). The Drug Abuse Screening Test. Addictive Behaviours, 7, 363-371.

Skinner, H. A. (1994). Computerized Lifestyle Assessment. Toronto: Multi-Health Systems.

Sonkin, D.G. (1997). The perpetrator assessment handbook. Sausalito, CA: Volcano

Spence, J.T., Helrich, R. & Strapp, J. (1972). A short version of the Attitudes Toward Women Scale. (Report No. TC007199). Princeton, NJ: Educational Testing Service (ETS) Test Collection Library. (ETS Document Tracking No. TC007199).

Statistics Canada (1994). Wife assault: The findings of a national survey. Juristat Service Bulletin, Vol. 14, No.9., 1-22.

Statistics Canada (1993). Highlights from The Violence Against Women Survey. The Daily. Ottawa: Statistics Canada.

Steadman, H., Silver, E., Monahan, J., Appelbaum, P., Robbins, P., Mulvey, E., Grisso, T.,
Roth, L., and Banks, S. (2000). A classification tree approach to the development of actuarial violence risk assessment tools. Law and Human Behavior, 24, 83-100.

Stewart, L. & Rowe, R (2001). Problems of self regulation among adult offenders. In L..L. Motiuk, and R.C. Serin (Eds). Compendium 2000 on Effective Correctional Programming, Volume 1, 113-121.

Straus, M.A. & Gelles, R.J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family, 48 August,465-479.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in the American family. New York: Doubleday.

Straus, M.A. & Gelles, R.J. (eds.).(1990). Physical violence in American families. New Brunswick, NJ, Transaction Publishers.

Straus, M.A., Hamby, S.L. Boney-McCoy, S. & Sugarman, D.B (1996). The revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. Journal of Family Issues, 17(3), 283-316.

Sudermann, M. & Jaffe, P.G. (1999). Children and adolescents who witness violence. New diecions in intervention and prevention. In R.D. Peters, R. McMahon & D.A. Wolfe (eds.), Child Abuse: New D-irections in Prevention and Treatment Across a Lifespan. (pp 55-78) Thousand Oaks, CA: Sage.

Sugarman, D.B. & Frankel, S.L. (1996). Patriarchal ideology and wide-assault: A meta-analytic review. Journal of Family Violence, 11(1), 13-40.

Taylor, B.G., Davis, R.C., & Maxwell, C.D. (2001). The effects of a group batterer treatment program in Brooklyn. Justice Quarterly, 18, 170-201.

Tolman, R.M. (1999). The validation of the Psychological Maltreatment of Women Inventory. Violence and Victims, 14(1), 25-37.

Wexler, A. (2000). Can typologies of male batterers be generalised to populations of federal inmates? Unpublished Masters Thesis. Carleton University.

White, R. & Gondolf, E. (2000). Implications of personality profiles for batterer treatment. Journal of Interpersonal Violence, 15(5), 467-488.

Wilson, M.I. & Daly, M. (1996). Male sexual proprietariness and violence against wives. Current Directions in Psychological Science, 5(1), 2-7.