## Research for Standard 5.000 Changes

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<th>Authors</th>
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<tr>
<td>Gannon, T. A et al. (2019). Does Specialized Psychological treatment for offending reduce recidivism?</td>
<td>Meta-analysis of 70 studies, with a total population of 55,604 offenders</td>
<td>To study offense specific treatment and program moderators to assess for effectiveness in reducing recidivism. A search for offense specific research including sex offenses, domestic violence, and general violence.</td>
<td>Domestic violence programs (k= 14) generated statistically significant positive treatment effects. DV recidivism was 15.5% over a 62-mont follow-up for treated individuals vs. 24.2% for untreated.</td>
<td>Certain findings were driven by large sample single studies, but this was accounted for in the use of fixed and random modeling.</td>
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<tr>
<td>Hilton, N. Z. &amp; Radatz, D. L. (2018). The Criminogenic and Noncriminogenic Treatment Needs of IPV Offenders</td>
<td>Total sample of 435 male offenders: 99 IPV offenders, 233 non-IPV violent offenders, &amp; 103 nonviolent offenders</td>
<td>To explore the difference in treatment needs (from the LSI-R) of IPV offenders compared to non-violent and non-IPV violent offenders. Medical records from forensic evaluations were used to study treatment needs identified from evaluations.</td>
<td>IPV offenders had significantly more criminogenic treatment needs than either other sample of offenders in 5 of the 6 coded treatment needs identified by the authors.</td>
<td>Study had a relatively small sample of IPV offenders (n= 99). Authors were unable to assess limited participation in prosocial leisure activities. All offenders in sample were justice involved, and further study needed to generalize findings to a community.</td>
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<tr>
<td>Richards, T &amp; Murphy, C. (2018). An Examination of Maryland Abuser Intervention Programs’ Impact on Domestic Violence Recidivism</td>
<td>Sample containing a cohort of DV offenders referred to one of eight Maryland AIPs during 2014-2015 (n = 1916) and a control group of randomly selected offenders who received a domestically related charge in the counties served by the participating AIPs (n = 400)</td>
<td>To explore the differences in recidivism between the AIP referred offenders and the control group, while also studying the differences in recidivism for the AIP completers, no-shows, and drop-outs against the control group.</td>
<td>Offenders who completed AIP had lower average violent and general recidivism than non-completers, drop-outs, no-shows, and the control group (statistically significant). AIP completer’s average DV recidivism was lower than drop-outs and no-shows (stat sig).</td>
<td>Due to issues with MD Case Search only violations of PPO and/or crimes associated with a PPO violation were coded as a DV crime for both criminal history and recidivism purposes, making “any violent” crime most likely a better indicator for DV purposes.</td>
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<tr>
<td>Bloomfield, S &amp; Dixon, L (2015). An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Program (CDVP)</td>
<td>A sample of DV offenders referred to either IDAP or CDVP between January 2002 and April 2007 (n = 6,695), with a treatment group (n = 4,537) of offenders who</td>
<td>To evaluate the effectiveness of IDAP or CDVP (over a 2 year follow-up) in reducing three different categories of reoffending: any offense, violent offense, and domestic violence offense.</td>
<td>Offenders who completed IDAP, CDVP, or both were less likely to recidivate for any general offenses and DV offenses over the 2 year follow-up than the control group (statistically significant). These groups were also less likely than SARA scores were not available for all offenders. The sample, while large, consists entirely of cases from the UK which cannot be directly extrapolated to the US due to differences in the justice system.</td>
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had started the program and control group \((n=2,158)\) who had never started
the control group to recidivate for a violent offense, with the CDVP only group being the only one without statistical significance.

| Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? | Meta-analysis on treatment for DV offenders in a group based setting and male offenders. | To evaluate the effectiveness of DV treatment in the reduction of recidivism. | The analysis found that research showed that the Duluth model, one of the most common DV treatment approaches, has no significant effect on recidivism. The other methods of treatment had an average significant reduction in recidivism of 33%; however, these approaches are too distinct and varied to make a concrete recommendation on a specific model. | Due to legislative mandate and direction for the body conducting this analysis the scope of the evaluation was stringent, resulting in a small sample size \((n=11/34)\) of research meeting the inclusion criteria. This small sample size also made it difficult to draw conclusions on specific programming recommendations of the approaches that had a significant positive effect on reduction in recidivism. |
| Richards, T., Jennings, W., Tomsich, E., & Gover, A. | Single study on a cohort of men \((n=286)\) arraigned for recidivism | To investigate patterns of recidivism among DV offenders, including both DV | The study found that during the 10-year follow-up period, 51.5% of | Data from this study comes from one specific jurisdiction in |
(2014). A 10-year analysis of rearrests among a cohort of domestic violence offenders. | DV charges in Quincy, MA between 1994 and 1996, with a follow-up period of 10 years. | offenses and non-DV offenses. | the sample were rearrested for a new DV offense, and that participation in a BIP was not significantly associated with re-arrest or time to re-arrest for DV or non-DV crimes. N.B. - DV offenders whose victims placed a restraining order against them were 36% more likely to be rearrested for DV offenses. Massachusetts which cannot be easily extrapolated to other areas who may operate differently in treatment, supervision, etc. There is also a lack of a group of non-DV offenders to act as a comparison for context and significance of the rates of rearrests for the DV offenders.

Eckhardt, C. & Crane, C. (2014). Male Perpetrators of Intimate Partner Violence and Implicit Attitudes Toward Violence: Associations with Treatment Outcomes. | A single small sample study of male offenders (n=26) adjudicated in a month period on IPV charges, with a 6 month follow-up period. | To examine the associations among implicit attitudes toward IPV related factors and objective behavioral outcomes of participants legally mandated to attend IPV interventions. | This study found that more rapid associations between violence-related words and positive valences were associated with greater IPV perpetration during the year prior to involvement in the study (self-report) and poorer outcomes (greater treatment non-Extremely small sample size of 26 makes it incredibly difficult to extrapolate findings to any other samples or populations. Short follow-up time would not allow capture of full picture of future recidivism.
<table>
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<th>Study Reference</th>
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<th>Findings</th>
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<tr>
<td>Easton, C., Crane, C., &amp; Mandel, D. (2017). A Randomized Controlled Trial Assessing the Efficacy of Cognitive Behavioral Therapy for Substance-Dependent Domestic Violence Offenders: An Integrated Substance Abuse-Domestic Violence Treatment Approach (SADV).</td>
<td>This study was an RCT with a relatively small sample size (n= 63) comparing substance-dependent Male DV Offenders arrested for IPV in a one year period. Offenders were randomly assigned to a CBT-Substance Abuse and DV program (SADV, n= 29) or a drug counseling program (DC, n=34)</td>
<td>The purpose of this study was to assess the efficacy of a combined CBT substance abuse and DV treatment program for substance-dependent DV offenders on decreasing addiction and recidivism/future incidents of domestic violence.</td>
<td>This study found that SADV participants had fewer cocaine-positive toxicology screens and breathalyzer results during the treatment, and were less likely to engage in aggressive behavior proximal to a drinking episode. The SADV participants also reported fewer episodes of partner violence at the follow-up to post treatment (3 months) - These results were very close to statistical significance (1% away)</td>
<td>There was a significant difference between groups on average hours of contact with partner, but this was used as a covariate to control for a confound. The data in this study did not include the possibility of establishing a temporal relationship between substance use and IPV. The sample was randomized, treatment fidelity was checked, and there was comprehensive assessment; however, the sample size for this study was still small (n= 63).</td>
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<tr>
<td>Olver, M., Stockdale, K., &amp; Wormith, J. (2011). A Meta-Analysis covering treatment literature to identify predictors of treatment attrition</td>
<td>The purpose of this research was to identify predictors of treatment attrition</td>
<td>This study found that the overall attrition rate for DV programs was Meta-analysis studied both DV programs and SO programs, but did a</td>
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<td>Analysis of Predictors of Offender Treatment Attrition and its Relationship to Recidivism.</td>
<td>identify predictors of treatment attrition and examine its relationship to recidivism (k= 114, n= 41,438)</td>
<td>37.8% (k= 35). Identified significant predictors for attrition were demographic characteristics (e.g. age), criminal history (e.g. prior offenses), personality variables (e.g. antisocial personality), higher risk assessment measures, and treatment-related attitudes and behaviors (e.g. motivation). The results indicated that treatment noncompleters were higher risk offenders and attrition significantly predicted recidivism.</td>
<td>good job of delineating which predictors and variables applied to which program type. As with all meta-analyses there are differences between programs/studies so not all nuanced information may be captured but rather it is the aggregate.</td>
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<tr>
<td>Jewell, L. &amp; Wormith, J. S. (2010). Variables Associated with Attrition from DV treatment programs</td>
<td>Meta-analysis (k= 30) examining the effect of various demographic, for DV and SO offenders and examine this relationship in terms of recidivism.</td>
<td>To determine the extent to which certain variables predict attrition from DV treatment programs and to</td>
<td>This study found that the strongest predictors of treatment completion were for individuals</td>
<td>There were varying definitions of attrition and differences between program content and length</td>
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Domestic Violence Treatment Programs Targeting Male Batterers: A Meta-Analysis.

violence-related, and intrapersonal variables on attrition from DV treatment programs for male batterers.

discuss this relation to recidivism.

who were gainfully employed, older, and court mandated to treatment. The next strongest predictors were if treatment was being attended after the first offense for IPV and if the individual had a higher income. The least strong predictors (still sig.) of treatment completion were more education, being married, no problems with alcohol or drugs, and being White (belonging to no minority groups). The authors also note that many of the characteristics demonstrative of treatment attrition are the responsivity characteristics that need to be taken into account across the studies that lead to increased variance across the meta-analytic findings of this study.
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<td>Study of male and female DV offenders (n= 4,095) who were court ordered to attend DV treatment in Colorado.</td>
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<td>To identify significant predictors of treatment completion among both the male and female population of DV Offenders.</td>
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<td>This study found that of the demographic characteristics studied there were three that had a significant impact on treatment completion: gender, race, and age. Male offenders were significantly less likely to complete treatment, white offenders were significantly more likely to complete treatment, and older offenders were significantly more likely to complete treatment. The study also identified protective factors with a significant impact: alcohol use, employment, and residence at time of discharge.</td>
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<tr>
<td>There are other potentially relevant variables that have been shown to have an impact on treatment completion that were not available for this study. While treatment fidelity could be an issue or limitation, the training and technical assistance of the DVOMB and Standards most likely minimized this limitation. This study focused solely on treatment completion and not on the identified factors and their relationship to subsequent recidivism for DV. The study also only captured offenders who were court-ordered to begin</td>
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Offenders who were sober at the time of the arresting offense significantly impacted treatment completion, being employed significantly impacted likelihood of treatment completion, and offenders who lived with their spouse or partner at time of discharge also had a positive significant impact on treatment completion. Offenders who were arrested for the first time were significantly more likely to complete treatment, but prior unsuccessful DV treatment and only participating in DV group treatment had a significant impact on non-completion and actually showed up, there may be differences in predictors for non-completion and not showing up at all. This study alone is not easily generalizable to other areas; however, this study and the replication of some of the findings from previous research should increase the confidence of generalizability to other areas.
  
  o Study description:
    • This article is a meta-analysis examining Offense Specific Treatment effectiveness and staff/program moderators.
    • The sample studied in this research is a collection of studies specific to DV treatment (k= 14) with a total sample size of 9,845 offenders.
  
  o Results/Conclusion:
    • This research found that DV Treatment produced significant positive treatment effects on recidivism (15.5% vs 24.2%), and that programs operated with consistent presence of a qualified psychologist were most effective.
  
  o Limitations
    • Limitations of this research included the fact that certain findings were driven by the existence of large sample single studies; however, the authors controlled for this by using random AND fixed effect modeling.

  
  o Study description
    • This article is a single study examining the criminogenic and noncriminogenic treatment needs of offenders.
    • The total sample in this study was 435 male offenders, with 99 IPV offenders, 233 non-IPV violent offenders and 103 nonviolent offenders.
  
  o Results/Conclusion:
    • This research found that IPV offenders have significantly more criminogenic needs than either of the other offender categories, with only the violent non-IPV offenders having a higher need in the employment or school problems category.
  
  o Limitations:
• Actual sample of IPV offenders is small (n=99), and all offenders in the population were criminal justice system involved and findings cannot be generalized to a community setting. The seventh criminogenic need, limited participation in prosocial leisure activities, was unable to be studied. The findings of this study may not apply to female offenders.

  
  ○ Study description
  
  ▪ This article is an analysis of Maryland’s Abuser Intervention Programs utilizing 8 programs from the authors’ prior process analysis of 20 AIP programs
  
  ▪ The sample for this study included 1,916 offenders referred to AIP from 2014-2015 and a control group of 400 offenders who were not referred to AIP but came from the same districts/areas as the AIP programs being studied
  
  ○ Results/Conclusion:
  
  ▪ This research found that offenders who completed AIP had lower average violent and general recidivism than non-completers, dropouts, no-shows, and the control group (statistically significant). AIP completer average DV recidivism was lower than dropouts and no-shows (stat sig), even when controlling variables were added into the analysis.
  
  ○ Limitations
  
  ▪ Due to issues with MD Case Search only violations of PPO and/or crimes associated with a PPO violation were coded as a DV crime for both criminal history and recidivism purposes, making “any violent” crime most likely a better indicator for DV purposes.

  
  ○ Study description
  
  ▪ This is a study measuring the effectiveness of two different DV interventions in the UK
  
  ▪ The sample for this study consists of DV offenders referred to either IDAP or CDVP between January 2002 and April 2007 (n= 6,695), with a treatment group (n= 4,537) of offenders who had started the program and control group (n= 2,158) who had never started either of the programs
Results/Conclusion

- This research found that Offenders who completed IDAP, CDVP, or both were less likely to recidivate for any general offenses (31, 37.1, 32.3% vs 44.3, 49.7, 45.5%) and DV offenses (22, 25.5, 22.8% vs 33, 34.9, 33.7%) over the 2 year follow-up than the control group (statistically significant). These groups were also less likely than the control group to recidivate for a violent offense (14.7 & 15.3% vs 21.8 & 21.8%), with the CDVP only group being the only one without statistical significance.

Limitations

- The SARA scores were not available for all members of the sample
- The sample, while large, consists entirely of cases from the UK, which cannot be directly extrapolated to the US due to differences in the justice system.


Study Description

- This is a Meta-analysis on treatment for male DV offenders in a group-based setting, to evaluate the effectiveness of DV treatment in the reduction of recidivism.
- Stringent scope lead to a sample size with only 11 studies, out of an initial 34, meeting the inclusion criteria

Results/Conclusion

- This research found that the Duluth model, one of the most common DV treatment approaches, has no significant effect on recidivism. The other methods of treatment had an average significant reduction in recidivism of 33%; however, these approaches are too distinct and varied to make a concrete recommendation on a specific model.

Limitations

- Due to legislative mandate and direction for the body conducting this analysis the scope of the evaluation was stringent, resulting in a small sample size of research meeting the inclusion criteria. This small sample size also made it difficult to draw conclusions on specific programming recommendations of the approaches that had a significant positive effect on reduction in recidivism.

○ Study Description

- This is a single study on a cohort of men (n= 286) arraigned for DV charges in Quincy, MA between 1994 and 1996, with a follow-up period of 10 years.
- The purpose of this study was to investigate patterns of recidivism among DV offenders, including both DV offenses and non-DV offenses.

○ Results/Conclusion

- This study found that during the 10-year follow-up period 51.5% of the sample were rearrested for a new DV offense, and that participation in a BIP was not significantly associated with re-arrest or time to re-arrest for DV or non-DV crimes.
- DV offenders whose victims placed a restraining order against them were 36% more likely to be rearrested for DV.

○ Limitations

- Data from this study comes from one specific jurisdiction in Massachusetts, which cannot be easily extrapolated, to other areas who may operate differently in treatment, supervision, etc. There is also a lack of a group of non-DV offenders to act as a comparison for context and significance of the rates of rearrests for the DV offenders.


○ Study Description

- A single small sample study of male offenders (n= 26) adjudicated in a month period on IPV charges, with a 6 month follow-up period.
- Purpose was to examine the associations among implicit attitudes toward IPV related factors and objective behavioral outcomes of participants legally mandated to attend IPV interventions.

○ Results/Conclusion

- This study found that more rapid associations between violence-related words and positive valences were associated with greater IPV perpetration during the year prior to involvement in
the study (self-report) and poorer outcomes (greater treatment non-compliance and recidivism) during the follow-up period.

- Limitations
  
  - Extremely small sample size of 26 makes it incredibly difficult to extrapolate findings to any other samples or populations. Short follow-up time would not allow capture of full picture of future recidivism.


- Study Description
  
  - This study was an RCT with a relatively small sample size (n= 63) comparing substance-dependent Male DV Offenders arrested for IPV in a one year period. Offenders were randomly assigned to a CBT-Substance Abuse and DV program (SADV, n= 29) or a drug counseling program (DC, n=34)
  
  - The purpose of this study was to assess the efficacy of a combined CBT substance abuse and DV treatment program for substance-dependent DV offenders on decreasing addiction and recidivism/future incidents of domestic violence.

- Results/Conclusion
  
  - This study found that SADV participants had fewer cocaine-positive toxicology screens and breathalyzer results during the treatment, and were less likely to engage in aggressive behavior proximal to a drinking episode. The SADV participants also reported fewer episodes of partner violence at the follow-up to post treatment (3 months) - *The violence results were very close to statistical significance (1% away)*

- Limitations
  
  - There was a significant difference between groups on average hours of contact with partner, but this was used as a covariate to control for a confound. The data in this study did not include the possibility of establishing a temporal relationship between substance use and IPV. The sample was randomized, treatment fidelity was checked, and there was comprehensive assessment; however, the sample size for this study was still small (n= 63).

Study Description

- This study was a Meta-analysis covering treatment literature to identify predictors of treatment attrition and examine its relationship to recidivism (k=114, n=41,438).
- The purpose of this research was to identify predictors of treatment attrition for DV and SO offenders and examine this relationship in terms of recidivism.

Results/Conclusion

- This study found that the overall attrition rate for DV programs was 37.8% (k=35). Identified significant predictors for attrition were demographic characteristics (e.g., age), criminal history (e.g., prior offenses), personality variables (e.g., antisocial personality), higher risk assessment measures, and treatment-related attitudes and behaviors (e.g., motivation). The results indicated that treatment noncompleters were higher risk offenders and attrition significantly predicted recidivism.

Limitations

- Meta-analysis studied both DV programs and SO programs, but did a good job of delineating which predictors and variables applied to which program type. As with all meta-analyses there are differences between programs/studies so not all nuanced information may be captured but rather it is the aggregate.


Study Description

- This study was a Meta-analysis (k=30) examining the effect of various demographic, violence-related, and intrapersonal variables on attrition from DV treatment programs for male batterers.
- To determine the extent to which certain variables predict attrition from DV treatment programs and to discuss this relation to recidivism.

Results/Conclusion

- This study found that the strongest predictors of treatment completion were for individuals who were gainfully employed, older, and court mandated to treatment. The next strongest predictors were if treatment was being attended after the first offense for IPV and if the individual had a higher income. The least strong predictors (still sig.) of treatment completion were
more education, being married, no problems with alcohol or drugs, and being White (belonging to no minority groups). The authors also note that many of the characteristics demonstrative of treatment attrition are the responsivity characteristics that need to be taken into consideration when matching offenders to treatment.

- **Limitations**

  - There were varying definitions of attrition and differences between program content and length across the studies that lead to increased variance across the meta-analytic findings of this study.


- **Study Description**

  - Study of male and female DV offenders (n= 4,095) who were court ordered to attend DV treatment in Colorado.

  - Purpose was to identify significant predictors of treatment completion among both the male and female population of DV Offenders.

- **Results/Conclusion**

  - This study found that of the demographic characteristics studied there were three that had a significant impact on treatment completion: gender, race, and age. Male offenders were significantly less likely to complete treatment, white offenders were significantly more likely to complete treatment, and older offenders were significantly more likely to complete treatment. The study also identified protective factors with a significant impact: alcohol use, employment, and residence at time of discharge. Offenders who were sober at the time of the arresting offense significantly impacted treatment completion, being employed significantly impacted likelihood of treatment completion, and offenders who lived with their spouse or partner at time of discharge had a positive significant impact on treatment completion. Offenders who were arrested for the first time were significantly more likely to complete treatment, but prior unsuccessful DV treatment and only participating in DV group treatment had a significant impact on non-completion of treatment.

- **Limitations**
Other potentially relevant variables have been shown to have an impact on treatment completion that were not available for this study. While treatment fidelity could be an issue or limitation, the training and technical assistance of the DVOMB and Standards most likely minimized this limitation. This study focused solely on treatment completion and not on the identified factors and their relationship to subsequent recidivism for DV. The study also only captured offenders who were court-ordered to begin treatment and actually showed up, there may be differences in predictors for non-completion and not showing up at all. This study alone is not easily generalizable to other areas; however, this study and the replication of some of the findings from previous research should increase the confidence of generalizability to other areas.

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