

The Impact of Legislative Standards on Batterer Intervention Program Practices and Characteristics

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Abstract Changes in social policy are often pursued with the goal of reducing a social problem by improving prevention efforts, intervention program practices, or participant outcomes. State legislative standards for intimate partner violence intervention programs have been adopted nearly universally across the US, however, we do not know whether such standards actually achieve the intended goal of affecting programs' policies and practices. To assess the effect that batterer intervention program (BIP) standards have on policies and practices of programs, this study used longitudinal surveys collected as part of an ongoing evaluation conducted from 2001 to the present to compare intervention program ($N = 74$) characteristics and practices at three time points before and after the adoption of standards in Oregon. Analyses were conducted to examine all BIPs in Oregon at each time point, as well as change among a subset of programs in existence at all survey assessments. Results indicate that across all programs, the use of mixed gender group co-facilitation increased by 14 % between 2004 and 2008, while program length increased by approximately 12 weeks. However, other practices such as programs' coordination with community partners were unchanged. Analyses of within-program change revealed fewer differences, with only program

length increasing significantly over the three assessments. These and other findings indicate that while standards affected program length as intended, other practices commonly addressed by legislative standards remained unchanged. The findings provide needed information regarding programs' compliance with components of the standards, the potential need for compliance monitoring, and the potential impact of state standards on program effectiveness and on the prevalence of intimate partner violence.

Keywords Intimate partner violence · Batterer intervention programs · Policy implementation

Introduction

Among its concerns, community psychology seeks to understand how changes in ecological systems, such as shifts in social policy or social program characteristics, impact individual well-being and functioning. These dynamics have been studied with respect to intimate partner violence (IPV) victimization, including how welfare reform may affect IPV against women (Riger and Kriegstein 2000) and how perceptions of social policies that address IPV are related to the attitudes about IPV (Salazar et al. 2003). This study examines the impact of legislative standards for IPV intervention programs for abusive men on the practices and characteristics of those programs over time.

Court mandated interventions for men who abuse their partner have become the most common response to the problem of men's violence against women. These interventions have largely taken the form of group educational programs known as batterer intervention programs (BIPs)

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(Dalton 2007; Price and Rosenbaum 2009). Extrapolating from available data (Dalton 2007; Price and Rosenbaum 2009) we estimate that almost half a million men are enrolled in approximately 2,500 BIPs in a given year in the US. The large number of BIPs and individuals participating in BIPs points to the importance of understanding how these programs function.

In line with theory that IPV is rooted in dynamics of power and control (Pence and Paymar 1993; Stark 2007), BIPs typically utilize gender-specific education groups of pre-determined length that attempt to change men's beliefs and motives about relational power and control (Price and Rosenbaum 2009; Rosenbaum and Leisring 2001). The primary goals of BIPs are to prevent further IPV by directing participants to examine their abusive behavior and understand patterns of power and control, while holding them accountable for their abusive behavior. In order to achieve these goals, lessons are utilized that emphasize cognitive behavioral strategies such as improving communication, identifying anger cues, understanding what is underlying anger and the cognitions that are involved in violence, and helping men realize the affects and costs of aggression (Rosenbaum and Leisring 2001).

Regulating standards became necessary as BIPs proliferated following the implementation of mandatory arrest laws for domestic violence (Gondolf 1997), and many program evaluation studies failed to provide convincing empirical support for program effectiveness (Babcock et al. 2004; Feder and Wilson 2005). Guidelines for BIPs were first introduced in the mid-1980s and tended to be rooted in ideals from the battered women's movement and victim advocates (Austin and Dankwort 1999; Bennet and Piet 1999). Over the past 25 years, 45 states and the District of Columbia have developed some form of standards to regulate BIP practices (Maiuro and Eberle 2008). Standards have been established to encourage uniform approaches to stopping violence and to prohibit the use of program modalities and practices thought to be ineffective or harmful, such as couples counseling or anger management (Bograd and Mederos 1999; Geffner and Rosenbaum 2001; Gelles 2001). However, the use of legislation at the state or national level to enforce program uniformity may lead to the neglect of contextually specific aspects or causes of a social problem (see Castro et al. 2004, for a discussion of the broader tension between program fidelity and cultural adaptation).

Despite the intentions underlying BIP standards, some reviewers claim that they may not be as useful as anticipated for several reasons. First, the extent to which standards are based on scientific evidence has been questioned (Austin and Dankwort 1999; Gelles 2001; Holtzworth-Munroe 2001). Little empirical research has been

conducted to identify the most effective practices for batterer intervention. In the face of limited research, standards have largely been developed based on available information such as the clinical experience of providers, victim advocate and criminal justice perspectives, and norms in other states. While limited research directly relevant to BIP practice is available, theory and empirical studies from fields such as community and social psychology can be extended to inform BIP practices. For example, studies examining the modeling of behavior (e.g., Bandura 1974; Gist et al. 1989; Sarason and Ganzer 1973) may be useful in informing decisions regarding the facilitation structure utilized within programs. Second, reviewers have suggested the use of standards may limit innovation in the field (Austin and Dankwort 1999), and prohibit practices that might be beneficial for some populations (Holtzworth-Munroe 2001; Saunders 1996). Additionally, the efficacy of standards in improving BIP outcomes and reducing recidivism is unknown (Holtzworth-Munroe 2001). Despite these critiques, most states have developed standards, but have not evaluated whether the standards are actually implemented in local communities or whether they actually impact program practices.

While adoption of standards is common across the US, requirements surrounding programs' compliance with the standards vary widely (Tolman 2001). Some states' standards or specific components within them are written as guidelines rather than legal requirements. Knowledge regarding the extent to which compliance is assessed and monitored and whether and how enforcement occurs when programs are non-compliant is limited. According to a review of state standards conducted in 1997, 73 % of the 37 states utilizing standards at that time indicated that some type of monitoring process should take place, but very few described a process by which monitoring should occur (Austin and Dankwort 1999).

Like the majority of states in the US, Oregon has adopted a set of standards for BIPs. In 2002, responding to concerns of domestic violence advocates and others about BIP functioning and effectiveness, the Oregon state legislature passed Senate Bill 81 (SB 81), which required the development of state standards for BIP practice. In accordance with SB 81, a diverse committee of individuals headed by the Oregon Attorney General was formed and began to develop a set of standards, drawing in part on the examples of other states' standards that were available at the time. This committee was and continues to be composed of individuals from various groups and agencies related to IPV intervention and prevention in the state of Oregon. The committee is currently composed of 14 members including: government officials working in positions related to IPV prevention, attorneys, batterer intervention providers, victim advocates, community

corrections officers, one judge, one IPV coalition member, and one university professor. The committee worked together to develop the standards that were finalized and implemented in 2006 when the state legislature adopted the Oregon Administrative Rules (OARs) governing BIPs. The committee continues to meet to discuss, evaluate, and propose modifications of the standards based on local input from the communities represented by the committee members, in addition to providing education about the standards and responding to stakeholder feedback about successes and challenges of implementing the standards.

The Oregon state standards address BIPs working with abusive men in heterosexual relationships (Oregon Department of Justice (ODOJ) 2009). Similar to the content areas included in standards across the US, the Oregon standards address many aspects of program functioning such as intake procedures, information release, victim contact, facilitation strategies, etc. (ODOJ 2009). Different courts and probation departments within the state have different expectations and procedures in place for monitoring program compliance with the standards. No state-wide or consistent monitoring or enforcement system exists to ensure that the standards have been successfully implemented. The lack of uniform monitoring and enforcement begs the question as to whether or not programs have actually implemented the criteria of the standards into their program practices and procedures. The extent to which implementation occurs impacts outcomes (Durlak and DuPre 2008), thus if standards are intended to reduce recidivism and increase victim safety, understanding the extent to which implementation has occurred is immensely important.

Theoretical and Empirical Rationale for Standards

State policy designed to impact BIPs should be based on knowledge from scientific literature, research, and practice. Understanding the theoretical and empirical basis for the standards' requirements may provide insight into why some components of standards are implemented more successfully than other components. With this in mind, the current study assessed program policies and practices before and after the legislative adoption of Oregon's standards. The four practices and policies to be assessed include: (1) community collaboration, including collaboration with domestic violence (DV) councils, victim advocates, and probation; (2) requirements for program completion, such as attendance and creation of an accountability plan; (3) program length; and (4) male and female co-facilitation of groups. While many other important components exist, such as victim contact policies, intervention strategies, curriculum, and post-release services, these four components were selected primarily

due to their widespread inclusion in Oregon's and other state's standards. Additionally, each of these components has been discussed in the literature surrounding the efficacy of BIPs and/or state standards. Finally, these four components were measured consistently in 2001, 2004, and 2008, thus comparisons across time were warranted. The following section describes the theoretical and empirical evidence for each component of interest.

Community Collaboration

In order to create change system wide, experts have called for a coordinated community response (CCR) that involves multiple partners throughout the community who work together to combat the social problem of IPV (Shepard 2005). Agencies that are typically involved in a CCR to IPV include police, prosecutors, judges, probation officers, BIPs, battered women's services, and battered women's advocates (Mederos and Perilla 2004). Each agency involved in the CCR is expected to work in collaboration with other relevant agencies. The integration of these community agencies is sometimes described as a DV coordinating council or DV council and it may include some or all of the partners described above (Allen et al. 2008). Theoretically, prevention and intervention will be more successful and less fragmented if the entire community is held responsible for holding perpetrators accountable and ensuring survivor safety, rather than individual agencies alone (Allen et al. 2008; Klevens et al. 2008; Shepard et al. 2002). Although the use of a CCR is common across state standards and exhibits theoretical and conceptual merit, the empirical evidence regarding the effectiveness of a coordinated community response in reducing IPV recidivism is inconclusive (Klevens et al. 2008; Murphy et al. 1998; Shepard et al. 2002). However, advocates for its use have indicated that a collaborative approach has benefits that reach beyond reducing abusive behavior and criminal recidivism, including increasing access to services for survivors and creating systems level change in the judicial response to IPV (Allen et al. 2013; Klevens et al. 2008).

Whatever the evaluation findings to date, integrating community agencies is a common ideal for those working to prevent IPV. In 1999, 92 % of state standards named community collaboration as an important component in stopping IPV (Austin and Dankwort 1999). The importance of creating a CCR in Oregon is explicit in the purpose of the state standards (ODOJ 2009). The BIP standards in Oregon conceptualize collaboration as having regular contact with, a liaison to, and participation with victim advocacy, the criminal justice system, other BIPs, as well as other social services, including a DV council if one exists in the area (ODOJ 2009).

Requirements for Program Completion

As state standards have developed, there has been strong agreement that individuals should be held to specific and formal criteria for program completion (Bennett and Piet 1999; Bennett and Vincent 2001). Austin and Dankwort (1999) found that 81 % of state standards required some type of specific program completion requirement, though these varied from state to state. Specifically, some states require attendance-based measures of completion. Others use product-based or assignment-based measures of completion or require that individuals remain violence-free for a specified amount of time. Some states require a combination of these requirements (Austin and Dankwort 1999; Bennett and Piet 1999). In Oregon, individuals must meet four distinct criteria before they can complete participation in the program. Specifically, individuals are required to adhere to all attendance policies set forth by the program for the entire length of their participation, comply with group rules, act in accordance with program rules and criteria for participation (which include remaining violence-free), and create an accountability plan (ODOJ 2009).

Program Length

The amount of intervention necessary to prevent further abusive behavior and criminal recidivism has been debated in the field, and research evaluating recidivism in relation to program length is inconclusive (Edleson and Syers 1990; Gondolf 1999; Rosenbaum et al. 2001). While a specific number of intervention group sessions for optimal outcomes has not been identified, the vast majority of state standards give a discrete number of weeks or sessions that are required to complete the program. Maiuro et al. (2001) examined standards in 30 states and found that 74 % of the assessed states require more than 16 weeks of participation (Maiuro et al. 2001). Austin and Dankwort (1999) found that most states or jurisdictions with standards recommended at least 24–26 weeks of participation in a program, though the majority of states did not give any reasoning for the specified length. While most states recommend 24–26 weeks, studies have found that programs on average require 31–31.5 weeks of participation (Dalton 2007; Price and Rosenbaum 2009), which is at least 1 month longer than most state standards. Oregon's standards, like those in most states, require a specific number of weekly sessions without giving rationale for the decided length. Programs are instructed to require 48 sessions lasting 1.5–2 hours attended on a weekly basis (ODOJ 2009). In addition to the 48-weekly sessions, participants are also expected to return to the group once per month for three

additional months in order to provide ongoing supervision as men transition out of the program.

Male and Female Co-facilitation

The use of mixed gender co-facilitation has been advocated based on the notion that it will provide an opportunity for men to interact with women in a healthy manner and provide a model of healthy male–female relationships (Adams and Cayouette 2002; La Violette 2001; ODOJ 2009). The requirement that both a male and female facilitator lead groups is supported by the psychological literature on modeling; providing effective models may be one element that contributes to behavior change (Bandura 1974; Gist et al. 1989; Sarason and Ganzer 1973).

According to a review of state standards conducted by Austin and Dankwort (1999), 51 % of states specified that groups should be co-facilitated by two qualified facilitators, and of these, many required that the co-facilitation team be composed of both a male and female facilitators. Like many other states, Oregon standards do not require groups to be co-facilitated but advise that groups be led by one male and one female facilitator whenever possible (ODOJ 2009). The standards also specify that whenever mixed gender co-facilitation is not possible, the BIP must notify the local supervisory authority and explain why. Thus, there should be some accountability in determining when and why this co-facilitation structure is not used.

Current Study

The purpose of the current study is to determine whether and how the passage of state legislative standards impacts the practices and characteristics of domestic violence intervention programs. The current study was conducted with the approval of the Portland State University Institutional Review Board and stems from an ongoing evaluation of BIPs in the state of Oregon that began in 2001 and is currently ongoing. Specifically, the present study includes data from BIPs in the state of Oregon surveyed at three time points across 7 years; both before and after the standards were adopted. These data were analyzed to determine if programs' practices changed after the legislative adoption of state standards. Specifically, we analyze whether program practices and policies changed between 2001, 2004, and 2008, thus capturing practices before and after the adoption of state standards in 2006. The current study aimed to determine how BIP practices and policies regarding community collaboration, completion requirements, program length, and mixed-gender co-facilitation changed over time using two different analyses. First, in order to examine aggregate change over time among Oregon's entire population of BIPs, we descriptively compared

program practices between each time point (i.e., 2001, 2004 and 2008) using data from programs that completed a survey at any of the three time points. Second, in order to examine change over time in individual programs, a within-case analysis of the subset of programs that completed surveys at all three time points was conducted. Acquiring knowledge about whether and how program practices and policies are different across the three time points will indicate areas of success and challenge in the implementation of BIP standards and will have implications for whether and how BIP practices should be monitored in order to ensure their adherence to standards.

Method

Participants and Programs

Participants are program directors and/or facilitators of BIPs in the state of Oregon ($N = 74$). These directors/facilitators completed the BIP practices survey at one or more of the three study time points. The first survey was administered in 2001 and was completed by all programs known to be in existence in Oregon at that time ($n = 51$; 100 % response rate). The second survey was administered in 2004 and was completed by all programs known to exist in Oregon at that time ($n = 50$; 100 % response rate). For the third survey, we attempted to contact all programs known to be in existence in 2008 ($n = 58$). Forty-eight of these programs were successfully reached and 42 returned a completed survey (72 % response rate).¹

Because some programs closed and others opened in between the three survey administrations, many programs could not respond to the survey at all three time points. Of the 74 programs that completed at least one survey, 23 (31 %) completed surveys in 2001, 2004, and 2008; 19 (26 %) completed surveys only in 2001 and 2004; 4 programs (5 %) completed surveys only in 2004 and 2008; 28 (38 %) completed one of the three surveys in 2001, 2004, or 2008. This resulted in a total dataset of 143 surveys across the three survey points.

The programs included in this study were located throughout Oregon, with at least one program located in 30 of the 36 counties in the state. Programs were distributed almost equally between urban ($n = 36$; 48.6 %) and rural

($n = 38$; 51.4 %) areas.² The longest running program began providing services in 1984 and new programs formed as recently as 2008. Thus, the sample included programs that began providing services both before and after the implementation of state standards in 2006. Specifically, of the 74 different programs sampled, 11 (14.9 %) began providing services in 2006 or later while the remaining programs ($n = 63$; 85.1 %) formed prior to the introduction of standards. Programs varied considerably in size, with programs serving an average of 3 to 375 clients ($M = 55.16$, $SD = 64.71$) at any given time in 1–48 groups ($M = 5.05$, $SD = 6.64$); thus, the average program had approximately 55 men distributed across 5 groups. Participating programs typically provided services to individuals who were court mandated to attend the intervention program, with more than 90 % of programs reporting that at least three-quarters of clients were court mandated to attend.

Design

The current study utilized a one group double-pretest posttest design (Kirk 2009), with observations occurring in 2001, 2004, and 2008. The implementation of the standards between observation time point two and time point three represents the intervention in the research design, as follows: $O_1 O_2 X O_3$. This design enables us to assess change in program practices and whether any change should be attributed more to gradual historical change or to the implementation of standards in 2006.

Procedure and Survey Measures

The survey was administered in 2001, 2004, and 2008. All items included in the current analyses were consistent across the three surveys. The survey was originally developed in collaboration with a local BIP provider. This survey assessed program practices and characteristics and was administered via telephone to the program director or owner of each BIP in Oregon by trained undergraduate community psychology practicum students. The survey assessed a broad range of program components including philosophical orientation, curriculum and activities, intake and referral procedures, program fees, amount of collaboration, characteristics of group facilitators, and program length. The 2004 survey was identical to the 2001 survey, with several additional questions that were not analyzed in this study. As with the 2001 survey, the 2004 survey was administered to a program director or owner of each BIP in

¹ Of the six non-responders in 2008, 50 % ($n = 3$) had completed a survey in 2001 and 2004 and thus could have been included in the within-program analyses if participation in 2008 had occurred. Given the reduced response rate in 2008, 2004 responses were compared for programs that completed the 2008 survey and those that did not. Systematic differences in program characteristics (e.g., location, size, etc.) and survey responses in 2004 across 2008 responders and non-responders were not detected ($p > .05$).

² Programs were coded as rural if they were outside of a ten-mile radius of neighboring cities with a population of 50,000 or greater and they did not lie within continuous suburban development.

Oregon by trained research assistants via telephone and/or paper mail surveys. Finally, the 2008 survey was largely similar to the 2004 survey, with additional questions to assess compliance that were not analyzed in this study. The revision was developed by a subcommittee on the Oregon Attorney General's BIP Standards Advisory Committee that included the authors and two BIP facilitators. Program directors and/or facilitators were contacted via telephone or email and asked to complete the 2008 survey using an internet Websurveyor program or via paper mail survey.

Analysis

First, *community collaboration* was assessed by asking whether the program collaborates with three of the partners typically involved in the coordinated community response to DV: victim advocates, DV councils, and probation officers. Each of these three types of collaboration was coded as yes (=1) or no (=0). The number of yes (=1) responses were combined to create a 4-point scale where 0 indicates no community collaborators and 3 indicates all collaborative partners. Initial screening of the 2008 data revealed that eight programs reported collaboration with a DV council was not possible because a DV council did not exist in their county. In order to verify that the programs indeed did not have DV councils in their counties, a representative from a local family violence coordinating council was contacted. The representative provided information about which counties had functioning DV councils in 2008. After this verification process it was determined that only two programs were actually located in areas where a DV council did not exist. The remaining six programs were recoded as not collaborating with a DV council because a functioning council actually existed in their county.

Second, *program completion requirements* were assessed using three items about requirements for program completion. Responses were coded as yes (=1) or no (=0) for each of the state mandated completion requirements (i.e., following the program's attendance policy, compliance with program and group rules and procedures, and completion of an accountability plan). The number of yes (=1) responses were combined to create a 4-point scale where 0 indicates the BIP had none of the completion requirements and 3 indicates the program had all completion requirements.

Third, *program length* was assessed by asking the number or average number of weeks required to complete the program or the number of weeks from program intake to program completion. If a range was given, the average of that range was computed.

Fourth, *mixed gender co-facilitation* was assessed by asking whether programs utilized mixed gender co-

facilitation in at least one of the groups offered in the program. Responses were coded as not offering any mixed-gender co-facilitation (=0) or offering at least one mixed-gender co-facilitated group (=1).

Each component was examined for all programs that completed at least one survey and for the subset of programs that completed surveys at all three time periods. To examine program practices for programs that completed at least one survey, descriptive statistics examining compliance with each component were computed for all programs at each time point. To examine program practices among the subset of programs in existence at each time point several inferential tests were utilized to examine change over time. Specifically, change in the continuous variables of number of community partners, number of completion requirements, and program length were tested with a repeated measures multivariate analysis of variance (MANOVA). Follow-up one-way repeated measures analysis of variance (ANOVA) and contrasts were employed when necessary. To assess change in the proportion of programs that indicated using mixed-gender co-facilitation Cochran's Q test, a test suited for repeated-measures designs with dichotomous variables, was utilized.

Results

In order to assess program practices and policies for programs that completed at least one survey, descriptive statistics for the study variables were computed. It is important to note that while these descriptive analyses provide insight into program practices and policies at each time point, they do not gauge whether the magnitude of any differences or fluctuations is statistically significant. Rather, these analyses capture the average practices of the community of programs in existence at any of the three time points and highlight any fluctuations observed over the three time points (see Fig. 1). With this in mind, results indicate that the average number of community partners is generally high, but, the average number of partners was similar in 2001 ($M = 2.71$) and 2004 ($M = 2.71$), then slightly lower in 2008 ($M = 2.64$) (see Table 1). Examination of the percentage of programs that collaborate with all community partners shows that at each time point most programs collaborated with all community partners. However, the percentage of programs collaborating with all partners was highest in 2001 (74.5 %), followed by 2004 (73.5 %), and lowest in 2008 (66.7 %). Almost all programs collaborate with both victim advocates and probation. However, collaboration with victim advocates decreased slightly over the years, while the collaboration with probation increased slightly. Collaboration with DV councils was comparatively less common; collaboration

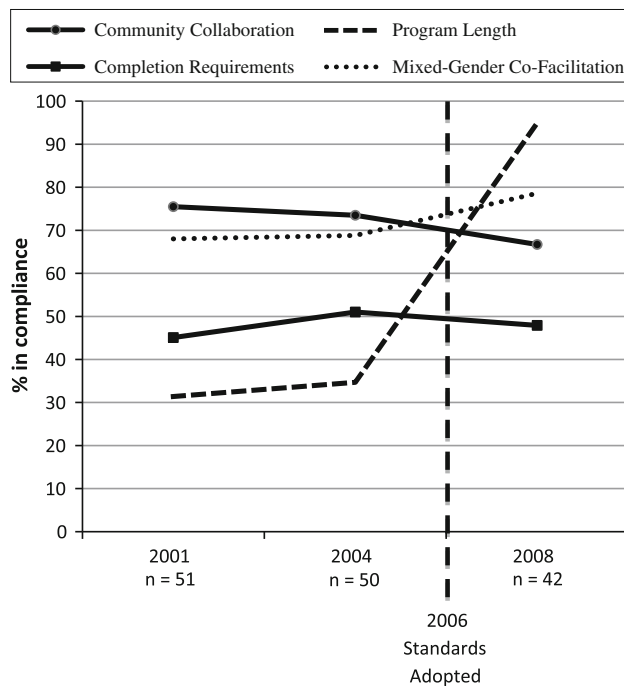


Fig. 1 Change in batterer intervention program compliance with state standards over time

increased slightly from 2001 (78.4 %) to 2004 (79.2 %) then decreased slightly from 2004 (79.2 %) to 2008 (75 %).

The average number of completion requirements among BIPs that completed at least one survey increased from 2001 ($M = 2.33$) to 2004 ($M = 2.43$) and then decreased from 2004 ($M = 2.43$) to 2008 ($M = 2.37$) (see Table 1). While a decrease occurred from 2004 to 2008, the number of program requirements for completion is nearly identical in 2008 and 2001. The percentage of programs that require all completion requirements was examined next. At each time point, approximately 50 % of programs mandate all three completion requirements. When examining specific components, it is evident that the completion requirement of program attendance increased from 2004 (71.4 %) to 2008 (90 %) while the requirement to adhere to group and program rules and procedures decreased from 2004 (89.8 %) to 2008 (62.5 %). The percentage of programs mandating an accountability plan remained relatively stable from 2001 to 2008.

Across BIPs that completed at least one survey, average program length increased over the three time points. Specifically, length increased by approximately 1 week from 2001 ($M = 37.25$ weeks) to 2004 ($M = 38.28$ weeks), then increased by approximately 12 weeks from 2004 ($M = 38.28$ weeks) to 2008 ($M = 50.13$ weeks) (see Table 1). The data were then examined to identify the proportion of BIPs that require at least 48 weeks of intervention at each time point. In 2001 and 2004, the majority of BIPs, 70 % and 61 % respectively, reported that fewer than 48 weeks were required to complete the program. In

Table 1 Oregon Batterer Intervention Program Policies and Practices (n = 143)

Requirements	2001 (n = 51)		2004 (n = 50)		2008 (n = 42)	
	%	Mean (SD)	%	Mean (SD)	%	Mean (SD)
<i>Community Collaboration</i>						
Victim Advocates	96.1 %		93.9 %		92.9 %	
DV Council	78.4 %		79.2 %		75 %	
Probation	96.1 %		100 %		100 %	
All partners ^a	74.5 %	2.71 (.54)	73.5 %	2.71 (.50)	66.7 %	2.64 (.53)
<i>Completion Requirements</i>						
Attendance	72.5 %		71.4 %		90 %	
Follow policies	78.4 %		89.8 %		62.5 %	
Accountability Plan	82.4 %		83.7 %		85 %	
All requirements ^b	45.1 %	2.33 (.68)	51 %	2.43 (.64)	47.9 %	2.37 (.67)
<i>Program Length</i>						
<48 weeks	68.6 %		65.3 %		5.1 %	
≥48 weeks	31.4 %		34.7 %		94.9 %	
Average weeks ^c		37.25 (13.41)		38.28 (12.17)		50.13 (9.09)
<i>Group Co-facilitation</i>						
≥1 Group	68.0 %		68.8 %		78.6 %	

^a The mean identifies the average number of partners with which the program reported collaborating; ^b the mean identifies the average number of completion requirements; ^c the mean identifies the average program length

2008, 95 % of BIPs reported that on average participants are required to attend the program for at least 48 weeks. Not only did a high proportion of BIPs in 2008 meet the standard's requirement of 48 weekly sessions, but 40.5 % of BIPs in 2008 required 52 weeks or more. This indicates that a high proportion of BIPs not only surpassed the requirement of 48 weekly sessions but also the requirement of 51 total sessions.

Finally, we assessed whether the use of mixed gender co-facilitation changed over time. Across Oregon BIPs that completed at least one survey, there appears to be a trend over time towards the use of mixed gender co-facilitation. The percentage of BIPs that reported using co-facilitation was similar in 2001 (68 %) and 2004 (69 %) and then was larger in 2008 (79 %) (see Table 1).

While these descriptive analyses provide insight into the 2001, 2004, and 2008 practices and characteristics of BIPs that completed at least one survey, the use of descriptive statistics alone does not provide insight into the extent to which any observed fluctuations or changes are likely to be attributable to chance alone. In order to better understand whether the magnitude of changes over time were large enough to reach statistical significance, a second analysis was conducted. This analysis focused on change over time for the subset of programs in existence at all time points ($n = 23$). First, a repeated measures MANOVA was conducted to determine whether the number of community partners, number of completion requirements, and program length changed within programs over time. For community collaboration, programs on average reported having 2.61 ($SD = .58$) community partners in 2001, 2.78 ($SD = .42$) community partners in 2004, and 2.57 ($SD = .59$) community partners in 2008. For completion requirements, programs on average reported having 2.52 ($SD = .59$) completion requirements in 2001, 2.70 ($SD = .47$) completion requirements in 2004, and 2.55 ($SD = .51$) completion requirements in 2008. For program length, programs reported requiring 39.48 ($SD = 12.97$) weeks of intervention in 2001, 39.00 ($SD = 12.78$) weeks of intervention in 2004, and 48.45 ($SD = 8.51$) weeks of intervention in 2008. A repeated measures MANOVA revealed significant differences within programs over time in compliance with these components of standards, Wilks's $\Lambda = .25$, $F(3, 18) = 7.38$, $p < .01$, partial $\eta^2 = .76$.

In order to identify which specific components differed within programs over time, repeated-measure ANOVAs were conducted. For each individual ANOVA, Mauchly's test was significant. Therefore sphericity could not be assumed and the Greenhouse-Geisser adjustment was made. These analyses indicated that the number of community partners and the number of completion requirements did not change significantly over time, while program length did increase significantly, $F(1.3,$

$27.30) = 24.69$, $p < .001$, partial $\eta^2 = .54$. Planned comparisons examining program length in 2001 ($M = 39.48$) versus 2004 ($M = 39.00$) were non-significant, while tests comparing length in 2001 ($M = 39.48$) versus 2008 ($M = 48.45$) and 2004 ($M = 39.00$) versus 2008 ($M = 48.45$) revealed a significant increase in length of approximately 9 weeks ($p < .001$).

Finally, we evaluated whether the proportion of programs reporting the use of mixed gender co-facilitation changed over time. In 2001 and 2004, 83 % of programs reported utilizing mixed gender co-facilitation and in 2008, 74 % of programs reported utilizing this method of facilitation. Cochran's Q test was not significant, $\chi^2(2, n = 23) = .89$, $p = .64$.

Discussion

This study was designed to assess how social policy impacts the practices of BIPs and their compliance with regulatory standards. By surveying nearly every BIP in existence in the state across a 7 year period from 2001, before the state adopted standards, until 2008, 2 years after their implementation, we were able to estimate the impact of standards on BIP practices. The data were examined in two ways. First, practices and characteristics of programs that completed at least one survey were evaluated at each time point in order to identify descriptive fluctuations over time. These data indicate that specific program practices differed across the three time points, suggesting that the adoption of BIP standards affects some BIP practices in ways intended by the legislative body. After the standards were adopted, compared to before they existed, a larger proportion (31.4 % and 34.7 % vs. 94.9 %) of BIPs met the state standard of 48 weeks of required participation and more BIPs (68.0 % and 68.8 % vs. 78.6 %) used mixed gender co-facilitation of their groups. However, across all programs, compliance with some components of the standards (i.e., community collaboration; requirements for completion) decreased or changed inconsistently following the adoption of standards. This finding suggests that implementation of the standards was incomplete, thus achieving intended outcomes (e.g., reduced recidivism and increased victim safety) may be limited (Durlak and DuPre 2008). Future studies should investigate the reasons in which compliance is greater for some components of the standards (e.g., length) compared to other components (e.g., collaboration).

Next, the subset of BIPs in existence at all three time points was examined to better understand change over time within programs. These analyses revealed that only one component, program length, changed significantly over time. The number of weeks required by programs did not change from 2001 to 2004 but increased significantly at

2008, suggesting that the adoption of standards impacted program length as intended. However, all other assessed practices did not change significantly over time—specifically, changes in community collaboration, completion requirements, and mixed-gender co-facilitation were not observed following the adoption of standards.

While a 14 % increase in the use of mixed-gender co-facilitation was observed when BIPs who completed at least one survey were considered, lack of change within individual programs in existence at all three time periods could be due in part to difficulties inherent in changing established program practices. Newer BIPs may have formed their program with the standards in mind, whereas BIPs functioning since 2001 likely had to adapt existing program practices to the standards over time. This readjustment may be one explanation for the more limited changes observed in this subset of programs. Below, we discuss these findings further, their limitations, and their implications for BIP program policy and practice.

While there may be potentially positive effects of a coordinated community response for both perpetrators and survivors of IPV (Allen et al. 2013; Klevens et al. 2008), among all programs, the proportion collaborating with victim advocates and DV councils decreased slightly between 2001 and 2008. In contrast, there was an increase in the proportion of all programs that collaborate with probation. This high level of collaboration (100 %) may occur because a large majority of BIP participants in the US are court-mandated to attend (Dalton 2007) and consequently, programs must communicate with the probation officers who supervise the participants. Further, within the subset of BIPs in existence at all time points, the number of collaborative partners did not change significantly. The failure of standards to increase collaboration further, beyond its reported generally high level, suggests that collaboration may be difficult to impact through legislation, and is rather a complex and differentiated process (Allen et al. 2008; Trickett and Espino 2004). While this study provided some information about whether or not BIPs participate in the coordinated community response to IPV, future research should look beyond the having regular contact with members of the coordinated community response and instead look to understand the quality of these relationships and how this impacts participant outcomes and survivor safety.

Despite the lack of research examining the most appropriate program completion requirements, almost all states, including Oregon, have adopted the use of formal completion criteria (Austin and Dankwort 1999; Maiuro and Eberle 2008). When examining change in specific completion criteria across all BIPs, no consistent pattern was identified. Across all BIPs there was an increase in the use of an attendance requirement over time, which is

perhaps not surprising given the increase in average program length that was observed. The use of behavioral requirements, such as specifically following group and program rules and procedures (including remaining violence free), increased from 2001 to 2004 and then decreased from 2004 to 2008. More BIPs did use accountability plans for clients over time. Analysis of the BIPs that participated across all 7 years of the study revealed no significant change in the number of completion requirements across time. In sum, standards appear not to have impacted how BIPs determine completion, and hence, what they consider to be an effective program outcome.

In addition to these concerns about the substantive program outcome, there has been conflicting evidence regarding the amount of time that is most effective for individuals to participate in a BIP in order to accomplish behavior change (Edleson and Syers 1990; Gondolf 1999; Rosenbaum et al. 2001). Notwithstanding the inconclusive research findings, Oregon standards require BIP participants to attend at least 48 weeks of intervention to complete a program. Participants also must attend three follow up sessions over the subsequent 3-month period. Since 2001, there has been an increase in the number of weeks required across all BIPs. The average program length of 50 weeks in 2008 surpassed the requirement, as well as the average length of intervention (31 weeks) reported by BIPs in a national sample of programs (Price and Rosenbaum 2009). Further, the subset of BIPs in existence at each time point reported a significant increase in length between 2004 and 2008. These data suggest that the adoption of standards clearly and substantially increased the number of weekly sessions required to complete a BIP in Oregon. This shift occurred both across all BIPs and within the subset of programs that were surveyed at each time point. Standards that are discrete, quantifiable and do not require additional resources to meet may be easiest to implement.

The use of mixed gender co-facilitation in BIPs has been advocated based on the notion that it provides an opportunity for men in the group to interact with a woman in a healthy manner and provides a model of healthy male-female relationships (Adams and Cayouette 2002; La Viollette 2001; ODOJ 2009). In a national sample of programs, mixed gender co-facilitation was often used, with one-third of BIPs reporting that the majority of their groups are staffed in this way (Price and Rosenbaum 2009). Even so, in 2008, 79 % of Oregon BIPs reported utilizing mixed gender co-facilitation, which substantially exceeds the proportion in BIPs across the US and represents a small increase in the use of this practice across all programs after the adoption of standards. However, in the current study, mixed gender co-facilitation was coded as the use of co-facilitation in at least one group or not, rather than as the majority of groups in the program. This difference in

assessment makes it difficult to compare exactly the results across the two studies. While BIPs overall appear to have slightly increased their use of mixed-gender co-facilitation, change did not occur within individual programs over time. This pattern could result from programs that formed and began providing service during the study being more likely to comply with standards and use co-facilitation, or from programs that closed during the study having been less likely to use co-facilitated groups, however, these sub-samples are too small for reliable statistical analysis.

Our evidence indicates that legislative standards affected only one component of the assessed program practices (i.e., program length) without formal monitoring or enforcement. Prior research has demonstrated the positive effect that the use of enforcement by an authority figure has on compliance in a variety of settings (e.g., Gray and Deily 1996; Jason et al. 1999; Milgram 1974). Monitoring and enforcement of compliance with standards can potentially come in many forms. On one end of the spectrum, BIPs may function without any state level monitoring or enforcement, as is currently the case in Oregon. By contrast, at the other end of the spectrum, monitoring and enforcement can be a formal process of review and certification, as is currently the practice in other states (e.g., Washington, Illinois, Texas). Monitoring and enforcement can even take the form of government sanctioned and funded programs, as in the United Kingdom, where programs must demonstrate their compliance with standards through a rigorous evaluation in order to receive funding from the state (Respect, 2010), as opposed to practices in the US where most programs are funded largely by client fees. When policymakers consider implementing some type of monitoring or enforcement there are different levels of monitoring that may be selected and the choice of monitoring type may influence how programs respond to the state standards.

Given that compliance was not achieved across all assessed components, this study suggests the possible value of BIP standard monitoring and enforcement systems to increase compliance with standards. Power tactics such as coercive power to introduce punishments for non-compliance (e.g., removal from BIP provider listings) or reward power to introduce incentives for compliance (e.g., financial incentives based on achieving compliance), may impact the extent to which compliance is achieved, though these forms of power may have limited effectiveness (Tyler 2006). It is also possible that over time changes in normative practices and increased education about the standards could increase compliance. For instance, while tactics to increase implementation that require reward or coercive power tend to be costly and limited in effectiveness, options focused on increasing the perceptions of legitimacy regarding the standards by influencing

perceptions of procedural justice, social norms, and policy logic may be a valuable tool (Tyler 2006).

Alternatively, it may be the case that in this study, or with increased formal monitoring or enforcement, programs report greater compliance than their actual practices indicate. Such occurrences would reflect an unfortunate loss of trust between BIPs and enforcement bodies. However, the decrease in reported compliance with some components of the standards suggests that this is not likely. Future research could examine enforcement or monitoring at the county level in order to understand whether evaluation from counties contributes to or detracts from compliance.

While the use of enforcement and monitoring may provide a valuable incentive to increase adherence to standards, it is possible that other factors influence the extent to which compliance is achieved. For example, representatives from BIPs in Oregon reported nine barriers to compliance they have experienced while attempting to comply with state standards (Boal and Mankowski in press). These barriers included factors such as difficulty finding facilitators, lack of funding, difficulty meeting training requirements, and rural location. These barriers highlight larger contextual factors (i.e., insufficient resources, lack of a trained workforce) that may influence compliance. An additional barrier that may contribute to reduced compliance is the extent to which providers are knowledgeable about the content of the standards. If BIP representatives are not fully aware of the requirements included in the standards or are unable to understand how the sometimes complex language of policy translates into program practices, compliance may be reduced. Education and outreach to increase program directors' awareness and comprehension of the standards (i.e., conferences, trainings, online resources) could increase compliance. Thus, while greater monitoring and enforcement might increase compliance with standards, working collaboratively with providers to address barriers to compliance they identify would also be useful.

As with any study, a number of methodological limitations must be taken into account when interpreting the findings. First, several of the program policies and practices were measured imperfectly. In some domains, a relatively simplified response format was chosen to maximize the likelihood that busy program directors would take the time to complete the survey, and an unprecedented response rate in studies of BIPs was attained; however, some precision in measurement was sacrificed. Similarly, different modes of survey administration were utilized within and across the three time points. The use of different modes (i.e., phone, mail, and web) may have introduced an additional source of measurement error (Dillman et al. 2009). While it is possible that measurement error was increased, the use of multiple, participant selected modes

of survey administration is likely to have important benefits including increasing response rates, reducing coverage error, and reducing cost (Dillman et al. 2009).

Second, only a small proportion of BIP practices addressed by standards were assessed at all three time points. These practices were selected because of their prevalence in standards nationwide, as well as their consistency in measurement across the three time points. Other practices could have remained more stable over time or might have changed in a direction opposite than intended by the standards. While this is the case, the four components that were examined are informative because they have been highlighted in the literature as beneficial practices and are commonly required by standards across the US.

Third, the study design did not incorporate a comparison state, such as one of the very few states in the US that remain without standards. Consequently, it is not possible to determine with certainty whether the observed change in BIP practices are the result specifically of the adoption and implementation of state standards, or other causes such as the influence of other states' standards or changes in how BIP group facilitators are trained at national workshops and conferences. However, across all programs there was relatively little change in program length between 2001 and 2004 compared to between 2004 and 2008, which suggests that the implementation of standards in 2006 played a unique role, as opposed to national influences, which were relatively consistent throughout the time of observation. Further, within the subset of programs in existence at each time point, the only component that changed did so between 2004 and 2008, further suggesting a circumscribed impact of the standards on practice.

An additional limitation stems from the fact that this study aimed to assess the success of policy implementation as changes unfolded in a real world context. This introduced complexities and nuance that are common in studies of implementation and make experimental designs that account for all confounding variables extremely difficult, if not impossible (Meyers et al. 2012). For instance, one limitation that arose in attempting to understand the success of implementation over time is that many programs were not in existence during all three time points. This created a missing data problem with some programs having data at all time points, while other programs have data from two time points or a single time point. Despite this limitation, the 100 % response rate obtained in 2001 and 2004 and the significant majority of programs who responded in 2008 likely produced a sample that approximates the population of BIPs in Oregon at each year. The high response rate makes the descriptive statistics compelling when considering all BIPs at each time point. Additionally, the inclusion of inferential analyses for the subset of programs in existence at each time point provides insight into

whether individual programs changed over time. While these precautions were taken to make sense of the data, it is important to note that an additional threat to validity may have been introduced due to sample attrition in 2008. The relatively lower response rate in 2008 may have occurred because this survey was administered in collaboration with the Oregon Attorney General's BIP Standards Advisory Committee. Despite assurances of anonymity, programs may have been hesitant to participate due to fear of being sanctioned for noncompliance.

Despite the limitations noted above, there are numerous implications of this study for our understanding of systems change and the impact of social policy on intervention program functioning. Consistent with prior community studies demonstrating the impact of social policy and programs on domestic violence survivors (Riger and Krieglstein 2000; Salazar et al. 2003), this study shows how social policy can impact practices of intervention programs for perpetrators of domestic violence. Whether such changes and the resulting increase in domestic violence program homogeneity actually reduce the prevalence of IPV would depend on the relative efficacy of the program practices that changed. States across the US have implemented standards with the intent of ensuring that programs do not provide services that may be counterproductive (Geffner and Rosenbaum 2001; Gelles 2001). Although the ultimate goal of state standards is to increase the safety of abuse survivors by creating the most effective BIPs possible, we did not assess the impact that standards have had on survivors' safety or program participants' abusive behavior or criminal recidivism. Instead, this study demonstrates that while standards affect a limited number of program practices as intended, other important practices commonly addressed by legislative standards remain unchanged, suggesting the value of more formal compliance monitoring, research that identifies possible barriers to compliance with social policies, and implementation strategies based on the findings to address those barriers.

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