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Changes in Oregon Batterer Intervention Program Characteristics in Relation to State Standards

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Changes in Oregon Batterer Intervention Program Characteristics in
Relation to State Standards

by

Ashley Lynn Boal

A thesis submitted in partial fulfillment of the
requirements for the degree of

Master of Science
in
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Thesis Committee:
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Portland State University
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Abstract

The social problem of intimate partner violence affects approximately one-half to two million individuals each year in the United States (Catalano, 2007; Tjaden & Thoennes, 2000). Commonly the criminal justice system mandates completion of a group-based intervention intended to prevent violent behavior (Dalton, 2007). These groups are typically referred to as a batterer intervention program (BIP). Despite the popularity of this intervention approach, research findings examining the efficacy of these programs remain inconsistent (Babcock, Green & Robie, 2004). Nonetheless, 45 U.S. states including the District of Columbia, have implemented standards that aim to proscribe and regulate elements of program functioning. To gain insight regarding the effects that standards implemented in the state of Oregon in 2006 have had on the functioning and characteristics of BIPs, this study examined survey data collected in 2001, 2004, and 2008 from a total of 76 BIPs functioning in Oregon. Several hypotheses were tested. First, it was hypothesized that program compliance with state standards would increase from 2001 to 2004 and from 2004 to 2008. Overall compliance did increase, though this change was not statistically significant. Consistent with this hypothesis, a statistically significant increase in one component of compliance, program length, was found between 2004 and 2008. Additionally, some components, such as collaboration with community partners, did not change in the expected direction. Second, the analyses tested whether programs that began functioning after the creation of the standards in 2006 would be more compliant

with the standards than those operating prior to 2006. This was not the case; there was not a significant difference in the compliance ratios for programs that began functioning before and after 2006. Third, it was hypothesized that program characteristics of program size, location, and barriers to compliance would predict program compliance. This hypothesis was not supported; program size, location and barriers did not predict program compliance. These results indicate that some portions of the standards are being met by programs regardless of their program characteristics, while other components are not. Understanding which components of state standards programs are and are not in compliance with provides valuable insight into which components of standards may be difficult for programs to adhere. This information is important for understanding how programs may need assistance to comply with specific components and whether enforcement or formal monitoring of programs is necessary.

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Introduction

Intimate Partner Violence

Intimate partner violence (IPV) is a significant social problem that has devastating physical and psychological effects on many individuals, particularly women. Studies have found that each year in the United States, anywhere from one-half to two million individuals are victims of IPV (Catalano, 2007; Tjaden & Thoennes, 2000). The large range in the estimate of those affected by IPV is the byproduct of how different agencies and studies conceptualize and measure IPV. IPV is defined as a single episode or recurrent pattern of abuse occurring between two individuals in an existing or former intimate relationship, including physical abuse, sexual abuse, emotional abuse and the use of threats (Centers for Disease Control (CDC), 2006). Between 2001 and 2005, IPV accounted for 22% of non-fatal violent crimes against women in the United States (Catalano, 2007). Studies have also reported that 40-60% of homicides committed against women in North America were a result of aggression by intimate partners (Campbell, 2002). Studies assessing the prevalence of IPV in the United States have found that approximately 25 to 54% of the female population has experienced some type of violence committed by a significant other in their lifetime (Coker, Smith, McKeown & King, 2000; Tjaden & Thoennes, 1998; Thompson, Bonomi, Anderson, Reid, Dimer, Carrell & Rivara, 2006). The large range in the percentage of individuals affected by IPV that has been described in the literature

as primarily the result of the categorization of violent acts. Some studies included all types of abuse when determining the number of individuals affected (i.e., Coker et al., 2000; Thompson et al., 2006), while others limited their criteria to physical assault (i.e., Tjaden & Thoennes, 1998).

Experiencing victimization by an intimate partner can have profound effects on both physical and mental health. Women who have experienced IPV in their lifetime are more likely to report a greater number of health problems, including headaches, back pain, sexually transmitted diseases, pelvic pain, appetite loss, and digestive problems (Campbell, Snow Jones, Dienermann, Kub, Schollenberger, O'Campo, Carlson Gielen & Wynne, 2002). Golding (1999) found that women who have been victims of IPV have higher odds of experiencing depression, suicide, PTSD, alcohol abuse, and drug abuse than women in the general population.

Men and individuals in same-sex couples can also experience IPV. In spite of the increase in the number of females being arrested for IPV related crimes, males continue to constitute the majority of individuals arrested for IPV (Swan & Snow, 2002). Although both men and women commit IPV, it is believed that the reasons causing their partner violence are very different, making the type of response and/or intervention that is most appropriate unique to the sex of the perpetrator (Dowd, 2001). Due to the high proportion of men being arrested for IPV related crimes, interventions to eliminate IPV have historically been designed primarily for men and little is known about the appropriateness or

efficacy of these interventions with women (Dowd, 2001). For this reason, the current study focuses on interventions for men who are violent towards a female partner.

Intervention Programs for Men who Batter

Court mandated interventions for men who batter have become an increasingly popular response to the problem of IPV since the mid 1970s (Dalton, 2007). This was not only due to the possibly effective quality of this type of intervention but also because BIPs address other practical issues such as prison and jail overcrowding (Gondolf, 2002). Treatment has largely taken the form of group support and educational programs known as batterer intervention programs (Dalton, 2007).

Batterer intervention programs (BIPs) grew out of the social movement to stop violence against women (Gondolf, 2002). Individuals working in victim services realized that providing services solely for victims would not stop violence towards women; instead the men committing violence must be targeted for preventive intervention (Feder & Wilson, 2005; Gondolf, 2002). The first programs aimed to make men more aware of power dynamics between men and women. They utilized peer-support and focused their messages through a feminist perspective.

As programs grew in number and evolved, some common areas of emphasis that programs worked to target included skills training (i.e., tactics to prevent violence and positive relationship skills) and modeling of non-violent

behavior, changing thought patterns relevant to violence, education about sex roles, consciousness-raising regarding power and control, the impact of violence on victims, analyzing communication patterns and family dynamics, and therapeutic approaches that emphasize trauma in the man's life (Saunders, 2008). Although there was and continues to be variation among groups, many programs have adopted a psychoeducational or cognitive-behavioral approach to targeting men in the groups (Feder & Wilson, 2005). Today, interventions for men who batter tend to be gender-specific groups of pre-determined length that attempt to change men's ideas about power and control (Rosenbaum & Leisring, 2001). This is accomplished through lessons emphasizing behavioral strategies such as improving communication, identifying anger cues, taking timeouts and utilizing relaxation skills, understanding what is underlying anger and the cognitions that are involved in violence, and helping men realize the costs of aggression (Rosenbaum & Leisring, 2001).

One model of intervention that has become the most prevalent and influenced how BIPs currently function is the Duluth model (Feder & Wilson, 2005). The Duluth model focuses on system level change by incorporating a variety of partners and institutions (Gondolf, 2007; Shepard, 2005). The Duluth model is related to but distinct from the Duluth curriculum, which is a specific curriculum for conducting groups that focuses on challenging men's conceptions about power and control (Rosenbaum & Leisring, 2001). Programs may employ elements of the Duluth model without utilizing the Duluth curriculum. The

Duluth model aims to achieve system level change by not only focusing on addressing batterers, but also on addressing the community. For those that have been violent the model applies psychoeducational techniques administered through a feminist lens in a group setting (Feder & Wilson, 2005). This model views men's violence towards women as the result of patriarchy that is prevalent in the larger culture (Mankowski, Haaken, & Silvergleid, 2002). The Duluth model asserts that every individual has a choice in whether or not they behave violently. Techniques to help individuals recognize that this is a choice are employed in order to aid men in changing their violent behavior (Mankowski et al., 2002). In order to create change system wide, the Duluth model calls for a coordinated community response that involves multiple partners throughout the community that can work together to combat this social problem (Shepard, 2005).

Effective intervention for men who batter is important due to the legal ramifications and victim safety implications associated with BIPs. The criminal justice system advocates the utility of BIPs when judges sentence individuals to attend groups as a consequence for an arrest for an IPV-related crime. This choice of consequence is at least partially based on the premise that BIP participation will contribute to stopping violent behavior (Rosenbaum & Leisring, 2001). Utilizing BIPs as a solution to stopping violent behavior has a direct impact on the female partners of men going through the criminal justice system. Gondolf (1988) found that women are more likely to return to their violent partners if the abuser is involved in a treatment program. If the victim in an

abusive relationship believes that the BIP will be effective in changing her partner's violent behavior, she may feel it is safe to return to her partner. Therefore, an ineffective program can place a female partner in an increasingly dangerous situation (Gondolf, 1988).

Despite the importance of determining program efficacy, there are many challenges to evaluating BIPs. Some of these challenges include forming working relationships with programs, determining what outcomes are considered successes, tracking participants over time, and getting honest reports about IPV from participants (Gondolf, 2002). In spite of the many difficulties researchers face when examining the success of BIPs, there have been several studies that have examined whether BIPs prevent further violent behavior toward spouses/partners.

Although there are challenges to determining the efficacy of BIPs, studies have been conducted that attempt to determine how successful these programs are at ending violent behavior. Research on the effectiveness of BIPs is contradictory and unclear in determining whether BIPs reduce IPV (Babcock et al., 2004). One meta-analysis across 22 studies evaluating BIPs, showed only a small effect of treatment when controlling for the effect of being arrested (Babcock et al., 2004). Subsequent meta-analyses utilizing more stringent and conservative methods showed mixed results depending on whether the study was experimental or quasi-experimental and whether the outcome was official reports of arrest or victim reports (Feder & Wilson, 2005; Feder, Wilson & Austin, 2008).

Despite the lack of clear and consistent empirical support for the effectiveness of the current functioning of BIPs, many states have developed standards in order to regulate components of BIP groups and provide a way for judges, probation officers, and victims to know that the program is adhering to practices deemed to be effective and to ensure quality and consistency across programs (Geffner & Rosenbaum, 2001). Standards were designed to encourage uniform approaches to stopping violence and prohibiting the use of practices thought to be ineffective or harmful in some situations, such as couples counseling or anger management (Bograd & Mederos, 1999; Mankowski et al., 2002).

Regulatory Standards for Batterer Intervention Programs

Although there is some variability in the exact program requirements across states (i.e., the specific number of weeks required for completion or the process by which victims are contacted) and a lack of uniform national regulations, many states' standards address common elements in programs similarly. Standards vary from state to state, and currently, there is no governmental agency that regulates programs at the national level (Dalton, 2007). Although variations do exist, there are several common elements which standards in many states address. Bennett and Vincent (2001) identified nine components of standards that are most typical. These elements consist of expectations of ethical behavior from staff, protocol for addressing standard violations, instruction to inform victims of safety issues, structure of batterer accountability

plans, appropriate treatment administration, proscription and prescription of various types of treatment, payment and fee policies, requirements for program completion, and information that should be obtained about each individual in the program (Bennett & Vincent, 2001). Ideally, creating standards that regulate these characteristics of programs will lead to the elimination of programs that use practices that cause more harm than good or change these practices, in order to give judges, probation officers, men, and victims a form of “quality-assurance” (Geffner & Rosenbaum, 2001; Gelles, 2001). Despite the good intentions underlying general standards, some reviewers (i.e., Gelles, 2001; Holtzworth-Munroe, 2001) claim that they may not be as useful as anticipated.

Critics of the standards approach note four reasons why standards should not be implemented. First, they claim that standards are not based on scientific research and instead are driven by advocates in the field (Austin & Dankwort, 1999). In this analysis, standards have largely been created from the ideologies of those that work with battered women and common-sense best practices that are not guided by empirically validated theory or philosophy (Gelles, 2001). Additionally, the efficacy of standards has not been tested and it is unknown whether programs utilizing standards are more effective than those that are not (Holtzworth-Munroe, 2001). Second, standards may limit the types of intervention that are possible without having proof as to which methods are most effective (Austin & Dankwort, 1999). Many state standards prohibit the use of specific types of intervention (i.e., couples counseling), despite evidence that

alternative forms of treatment can be useful for certain populations (Holtzworth-Munroe, 2001; O’Leary, Heyman & Neidig, 1999). The creation of standards imply that there is an ideal program structure and model from which all men can benefit, yet researchers are discovering that offender subtype along with readiness for change and stage of change may profoundly impact how an individual responds to interventions (Begun, Shelley, Strodthoff & Short, 2001; Holtzworth-Munroe, 2001). Third, development of standards will limit future research that may help determine what practices are most effective (Austin & Dankwort, 1999). As previously discussed, the efficacy of BIPs in preventing further violence is uncertain. Adopting standards that dictate practices and program characteristics may inhibit further growth and innovation in the field (Gelles, 2001). Finally, there is debate about whether individuals providing BIP services should obtain certification and education, and whether individuals should be allowed to facilitate groups based on the amount of experience they have working with batterers (Austin & Dankwort, 1999). Many other types of groups supporting behavior change (i.e., Alcoholics Anonymous) utilize group leaders who have experienced the issues that those in the group are experiencing first hand. Prohibiting individuals who have been violent in the past and changed their behaviors from being involved in the behavior change process may cut off a potential resource for men engaged in the process of change. Additionally, there have been no studies that investigate the effectiveness of peer- versus professionally-led BIP groups. Supporting these claims, some have noted that it

is irresponsible to create a set of regulations that are not supported empirically. Some researchers argue that standardization of BIPs has the potential to limit the search for new knowledge and methods that could increase program effectiveness (Holtzworth-Munroe, 2001). Despite these critiques, many states have already begun implementing standards. As of 2008, 45 states including the District of Columbia in the US had created some version of standards to regulate BIPs (Maiuro & Eberle, 2008).

Program Compliance with Regulatory Standards

Although 45 states including the District of Columbia in the U.S. have developed standards (Maiuro & Eberle, 2008), requirements surrounding compliance vary widely (Tolman, 2001). The degree to which programs are mandated to comply with standards, along with monitoring and/or enforcement processes fluctuates from state to state. According to a review of state standards conducted in 1997, 73% of the 37 states with standards at that time indicated that some type of monitoring process should take place, but very few described the process by which monitoring would occur (Austin & Dankwort, 1999). Further, upon interviewing programs, Austin and Dankwort (1999) found that very few programs are actually being monitored to ensure compliance. If monitoring and enforcement are not taking place in the majority of states, it is important to understand how the lack of enforcement may effect program compliance.

Compliance occurs when an individual or organization is aware that they are expected to respond to a request in a particular way and they act in accordance

with those expectations (Cialdini & Trost, 1998). Cialdini and Trost describe six common reasons for compliance: (1) to give back what is owed, for instance to return a favor; (2) to remain constant in choices or behaviors; (3) to be like others; (4) to help others we are fond of; (5) to appease authority; (6) to get hold of resources that are limited. Although compliance may occur for any of these reasons, program compliance to state standards may be most similar to compliance due to the influence of an authority figure. Social psychology has studied the compliance of individuals with authority for many years and the insight gained through this research is valuable in understanding compliance in this context. Some of the key findings include: compliance increases with authority (Milgram, 1974); compliance at the level of individuals is a function of both personality and the situational context (Blass, 1991); and the type of power used to generate compliance may effect the degree to which compliance is achieved (Podaskoff & Schriesheim, 1985). Understanding of these social psychological concepts surrounding compliance may inform expectations about whether programs will comply with standards without formal enforcement by an authority figure such as a regulatory or monitoring body.

Milgram's (1974) research on compliance demonstrates the powerful effect of authority on individual behavior. In this experiment, participants were asked to take on the role of teacher and deliver electric shocks to an individual they believed to be another participant in the role of student. In reality, the participant depicting the student was a confederate. The teacher was instructed by

the experimenter to deliver shocks each time the student answered a question incorrectly. A large proportion (65%) of the participants delivered shocks that exceeded the “dangerous” level, despite protests and cries from the student. This compliance was achieved through the use of an authority figure in the room, the experimenter, who urged that the study must continue. This interpretation is consistent with one specific motivation for compliance discussed by Cialdini and Trost (1998), appealing authority.

To further examine the use of authority and its effects on compliance, follow-up studies were conducted. Specifically, when Milgram replaced the role of experimenter and instead introduced another participant in the role of the authority figure, the number of participants that gave high levels of electric shocks decreased substantially (Milgram, 1974). Additionally, Shalala (1974) found similar results when the Milgram study was replicated in a military setting and the role of experimenter was played by either a high- or low-ranking officer. Participants gave lower levels of shocks when the authority figure had lower rankings and was perceived as less legitimate by the participants (Shalala, 1974). These findings indicate that pressure or even presence of an authority figure may play an important role in inducing compliance. When examining how compliance is effected by authority and enforcement in diverse settings at the level of organizations, this trend continues to be evident.

One study pertinent to this discussion due to its examination of the role enforcement has on compliance with legislature asked whether enforcement of

laws pertaining to purchasing cigarettes would decrease the number of youth who use cigarettes (Jason, Berk, Schnopp-Wyatt & Talbot, 1999). In order to answer this question, the researchers studied several communities; some that had implemented an enforcement system where vendors caught selling cigarettes to minors would receive some type of penalty, such as a fine, and other communities that had not implemented any formal enforcement system. The results indicated that the enforcement system not only affected the vendors, but in addition decreased youth smoking behaviors by making cigarettes less accessible (Jason et al., 1999). Similar to the Milgram study (1974) the motivation for compliance was likely to appease authority. These findings highlight the importance of an enforcement system. Although laws are in place that prohibits selling cigarettes to minors, the law without enforcement is not as effective as the law in combination with regular enforcement. When applying this to BIPs, it is possible that the effects of standards may not be as substantial without formal enforcement.

An additional study (Gray & Deily, 1996) attempted to understand under what circumstances organizational compliance is most effectively achieved by investigating how manufacturing plants producing steel comply with air pollution laws with and without enforcement. All known integrated steel making plants in the United States, 41 in total, were utilized for the analysis and were assessed for compliance levels and type of enforcement over a nine-year period from 1980 to 1989. The results indicate that compliance with air pollution laws was highest for

plants that experienced a greater number of enforcement actions (i.e. monetary fines) and/or inspections. Interestingly, not only did enforcement influence compliance with air pollution laws, but the expectation to be in compliance also influenced enforcement. Specifically, plants that had previously been compliant and therefore were expected to be in compliance faced subsequent enforcement less often than plants that were not expected to be in compliance (Gray & Deily, 1996). This study provides more evidence that enforcement is related to increased compliance with laws and it also provides insight into how compliance can actually impact enforcement decisions.

Although a formal enforcement system is associated with greater compliance (Gray & Deily, 1996; Jason et al., 1999), there may be some types of enforcement that are more successful in gaining positive compliance than others. French and Raven (1959) introduced five bases or types of power that an authority figure (or agency) can exert. The five bases include: reward power, coercive power, legitimate power, expert power, and referent power. Each type of power utilizes different methods for gaining compliance. Reward power occurs when the authority has the ability to grant rewards, coercive power occurs when the authority has the ability to administer punishments, legitimate power occurs when the individual receiving requests feels the authority figure has the innate right to make requests, expert power occurs when the authority has specialized knowledge that is valuable, and referent power occurs when the individual

receiving requests identifies with the authority figure and wants to please or be similar to that individual or agency (French & Raven, 1959).

The previously described examples of gaining compliance from cigarette vendors (Jason et al., 1999) and steel production facilities (Gray & Deily, 1996) both utilize one specific type of power, coercive power. Authorities utilizing coercive power gain compliance by administering punishments to those that do not comply (French & Raven, 1959), for example monetary fines and/or criminal or civil charges. When examining the utility of each of these types of authority in multiple published studies Podsakoff and Schriesheim (1985) found that all types of power created compliance, but coercive power was the only type of power that was not associated with positive relations with the authority figure. This indicates that although compliance may be achieved through enforcement involving negative consequences, it may do so while inhibiting potential positive relationships and alliances.

These findings may be applicable outside of the realm of steel production and cigarette vending and inform the study of BIP standards. It would be expected that enforcement of BIP standards would lead to an increase in the level of program compliance. When designing enforcement methods, it may be important to determine what policies and procedures would maximize compliance while keeping positive working relationships that support the goal of community collaboration intact. Although the studies reviewed from other domains demonstrate that enforcement is likely to increase compliance, Oregon is one of

many states that does not currently have a system to ensure programs are complying with regulatory standards for BIPs.

Oregon State Standards

In 2006, the state of Oregon created a set of standards. Currently, these standards are aimed at creating guidelines for BIPs working with abusive men in heterosexual relationships (Oregon Department of Justice (ODOJ), 2009). Requirements of the standards include indicating intervention strategies, such as challenging beliefs about battering, duration of interventions, and training for staff (ODOJ, 2009). Like other states, although standards were developed there is currently no monitoring or enforcement system to ensure adherence to the standards (Austin & Dankwort, 1999). Although there is no formal statewide system for monitoring and enforcement it is important to note that some counties have begun monitoring programs located within their county. Furthermore, among the counties that do utilize some type of monitoring there is variation in the extent to which monitoring occurs, with some counties placing more or less emphasis on the guidelines set forth by state standards (C. Huffine, personal communication, May 17, 2010). Additionally, one county in Oregon has adopted its own standards which differ in some respects from the state standards (C. Huffine, personal communication, May 17, 2010).

Due to the 45 states, including Oregon, that have already created or are in the process of creating standards, it is important to determine what effect, if any, they have on BIPs' practices and characteristics and thus ultimately on rates of

IPV. The widespread use of state standards has the potential to influence program practices, which in turn influence program outcomes, and ultimately affect the levels of IPV in the United States. The proposed study will first assess what empirical research indicates about the validity of specific components of Oregon's standards in changing partner abusive behavior. There are numerous potential program components that are important to study when determining the how standards have effected functioning of BIPs. The five components to be assessed in this study include: (1) the requirement for BIPs to collaborate with community partners, such as domestic violence councils and probation; (2) the requirements for program completion, such as attendance and creation of an accountability plan; (3) the training and/or education of group facilitators; (4) co-facilitation of groups by a male and female; and (5) the required length or number of sessions for individuals mandated to attend BIP groups.

While many other potentially important components exist such as victim contact policies, intervention strategies and curriculum, and post-release services, these five components were primarily selected due to their widespread inclusion in state standards both inside and outside of Oregon. Additionally, each of these components has been discussed in the literature surrounding the efficacy of BIPs and/or state standards. More specifically, the existing theoretical and empirical literature that may provide a rationale for several key components of the BIP standards that are common across the United States will be examined. Finally, these components were identified because they were assessed at all time points in

the archival data used in the study, while data about other components that are possibly important were not collected during all three time points.

Each component will be assessed in the research literature to determine the theoretical underpinnings and implications for each of these requirements. This study will examine the five components in actual BIP practices before and after the standards were implemented. That is, the study will determine whether program components have changed since 2004, in what specific ways change has occurred, and whether these changes are consistent or inconsistent with the state standards. Additionally, the study will attempt to determine whether programs that opened after the standards were enacted follow the standards more closely than programs that were founded before the standards were adopted. It is possible that programs that begin providing services after the creation of the standards are better equipped to adhere to the standards while programs that have been in existence before the standards were implemented may be more resistant to change. Lastly, this study will investigate whether program characteristics in 2008 are predictive of 2008 program compliance.

Community Collaboration

The implementation of a formal collaborative community response to the social problem of IPV was developed with the help of the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota during the early 1980s (Shepard, Falk & Elliott, 2002). DAIP worked to integrate efforts to respond to and prevent IPV by several criminal justice agencies, including police and judges,

services for victims, and BIPs. The movement for a collaborated community response was an important factor in the creation of consistent mandatory arrest policies, court-ordered batterer intervention treatment, and a standard curriculum intended for use in BIPs based on combating societal norms around power and control (Shepard et al., 2002). Coordination of agencies with differing involvement in the movement towards ending IPV was advocated in hopes that coordination would decrease fragmentation of the key agencies important to preventing and dealing with this type of violence. Fragmentation of resources limits individuals' and agencies' ability to recognize problems and create solutions, communicate with one another, and identify shared goals (Hart, 1995). These consequences of fragmentation not only effect men receiving services, but also may severely impact victims of IPV (Hart, 1995). Community collaboration was encouraged so that the problem of IPV could be combated more comprehensively.

Agencies that are typically involved in a coordinated response to IPV include police, prosecutors, judges, probation officers, BIPs, battered women's services, and battered women's advocates (Mederos & Perilla, 2004). Some models of community collaboration extend to include additional stakeholders, such as healthcare providers, drug and alcohol services, religious organizations, and child welfare agencies (Clark, Burt, Schulte & Maguire, 1996). Each agency involved in the collaborative response is responsible not only for their piece of the intervention process, but they are also expected to communicate with other

relevant agencies. The integration of these community agencies is sometimes described as a domestic violence council and it may include some or all of the partners described above. Allen (2006) found that these types of councils can potentially play an important role in creating a coordinated response within the community, though the impact of the councils largely depends on factors such as creating a shared mission and effectively navigating power differences among the community partners. Theoretically, prevention and intervention will be more successful if the entire community is held responsible for holding perpetrators accountable and ensuring victim safety, rather than just individual agencies (Klevens, Baker, Shelley & Ingram, 2008; Shepard et al., 2002).

Although the use of a collaborative community response is common across state standards and has theoretical and conceptual merit, the empirical evidence about the effectiveness of this type of intervention has been mixed. Murphy, Musser, and Maton (1998) conducted a study that examined the effects of community collaboration on court-documented recidivism. The study utilized measures of prosecution, probation, and domestic violence counseling to determine the isolated and cumulative effect of these responses. The authors found that the cumulative effect of the three intervention systems was associated with lower court-documented recidivism rates than involvement with any single agency. Additionally, the degree of involvement with the intervention systems contributed to a significant portion of the variance when predicting recidivism (Murphy et al., 1998).

Despite these positive findings, other studies have not found the same results. Klevens et al. (2008) examined whether utilization of collaborative community responses was associated with lower reports of IPV based on partner reports. The authors found that involvement with a collaborative response was not associated with lower reports of IPV from female partners. Although there was no difference in the reports of violence, the authors did discover that women involved in collaborative responses have significantly more contact with IPV related services. It is possible that, although violence has not decreased, the women involved in coordinated responses have greater access to resources than women that are utilizing fragmented sources of intervention. Another study conducted by Shepard et al. (2002) compared a traditional collaborative approach with an expanded collaborative response. The traditional response involved victim advocates, police, prosecutors, probation officers, judges and rehabilitation services, while the expanded response utilized a danger assessment tool and increased perpetrator monitoring, in addition to the agencies involved in the traditional response. This study found that the offenders involved in the expanded collaborative response had significantly lower recidivism rates than those involved in the traditional collaborative response at 6 and 12 month follow up assessments.

These examples of the mixed findings assessing the effectiveness of collaborative community responses indicate that recidivism and experiences of violence may not be affected by coordinating agencies. Critics of collaborative

responses have noted that this type of response is primarily aimed at men who perpetrate violence, instead of focusing on women experiencing victimization (Mederos & Perilla, 2004). Additionally, many collaborative responses follow a one-size fits all approach that does not account for individual differences, such as culture, religion, or socio-economic status (Clark et al., 2006; Mederos & Perilla, 2004).

Although findings about the extent to which collaboration impacts perpetration of violence are unclear, other effects of collaboration seem more obvious. In theory higher degrees of collaboration may be associated with less recidivism, and studies showing little or no effect of collaboration may be flawed by only examining a portion of the agencies necessary to impact recidivism. Additionally, current collaboration efforts may not be comprehensive enough to achieve the full effects that collaboration might produce. Further research integrating additional community sectors that are beginning to be included in the collaborative response, such as health care and clergy, may give insight into what is missing from current systems. An additional effect of collaboration is that it leads victims to have more contact with relevant agencies related to IPV (Klevens et al., 2008). From a victim safety perspective, this could be very important for providing victims resources and information. Community collaboration may not lower recidivism, but there are other benefits to creating a response to IPV that involves collaboration and communication among multiple stakeholders,

including the criminal justice system, domestic violence councils, and victim advocates.

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 & Dankwort, 1999). The importance of creating a collaborative community response in Oregon is explicit in the purpose of the state standards. The standards assert two specific purposes: “To foster local and statewide communication and interaction between BIPs and victim advocacy programs, and among BIPs; and to help ensure that BIPs operate as an integrated part of the wider community response to battering” (ODOJ, 2009, p. 1). The BIP standards in Oregon recommend programs to have regular contact with victim advocates, the criminal justice system, other BIPs, and other social services, including a domestic violence council if one exists in the area (ODOJ, 2009). Community collaboration is a key area of focus that the standards targeted for development. Additional requirements attempt to create guidelines for successful program functioning and completion.

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 & Piet, 1999; Bennett & Vincent, 2001). Austin and Dankwort (1999) found that 81% of state standards required some type of specific program

completion requirement, though programs differ on which completion requirements are called for. Programs vary in their areas of focus to determine whether an individual has successfully completed the program. Some states use attendance-based measures of completion, some use product-based or assignment-based measures of completion, some require that individuals remain violence-free for a specified amount of time, and some states require a combination of these requirements (Austin & Dankwort, 1999; Bennett & 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, and create an accountability plan (ODOJ, 2009). In order to successfully complete the program, individuals must comply with all four of these criteria as set forth by the specific program.

The requirements surrounding attendance and compliance with group and program rules seem mostly straightforward. Men are expected to regularly attend group sessions, follow rules, and stay in good standing with the program. Despite the concrete requirement that group rules and policies must be followed, the standards do not specify what rules and policies should be adhered to in the group. The vague nature of this requirement allows programs some flexibility in determining what exact rules and policies are important to require. The final requirement, creation of an accountability plan, is also less straightforward and

may vary from program to program. One goal of many programs, as well as Oregon state standards, is to hold the batterer accountable for their violent actions (ODOJ, 2009; Pence & McDonnell, 1999). Accountability plans (or letters of accountability) are written by the man by the end of his tenure at the BIP. These plans typically include several sections which include descriptions of the violence the individual has perpetrated, how it affected others, and how they plan to make reparations to those that they have affected (Silvergleid & Mankowski, 2006). In order to address these areas, men are asked to answer a variety of questions within their accountability plans, such as describing exactly how abuse has affected partners in various aspects of life (Adams & Cayouette, 2002). They are also instructed to be specific in their answers and focus on taking responsibility for the violence they have perpetrated (Adams & Cayouette, 2002).

The standards in Oregon require that three primary components of an accountability plan are present in order to complete the program. First, the individual must describe the violent acts he has committed, the beliefs behind those acts, and the full range of consequences that have occurred due to his behavior. Second, the individual must create a plan that describes how he will treat his partner and children in a respectful, equal manor, including what beliefs and behaviors will be necessary to succeed in his plan. Last, the individual must take full responsibility for his actions, including the harm he has caused the victim and how he plans to make “reparation and restitution” (ODOJ, 2009, p. 11). Despite the detailed requirements for men to successfully complete programs,

there have been no studies to date that examine the effects of various types of completion requirements on program completion or recidivism rates. Although there has been no research assessing the efficacy of various completion requirements, there has been some investigation into the education of group facilitators.

Education of Facilitators

Batterer intervention programs are facilitated by individuals that vary widely in terms of their level of formal education pertinent to education on behavior (Geffner & Rosenbaum, 2001). The utilization of intervention groups led by professionals versus paraprofessionals has not been fully examined in the context of BIPs. This distinction has been examined in other contexts related to support and intervention for a variety of issues. Durlak (1979) conducted a review of 42 studies that assessed the effects of professional versus paraprofessional interventions. Professionals are those that have had some formal training beyond a bachelor's degree in the field of psychology, psychiatry, social work, or a related field, while paraprofessionals include individuals that have not received education or training beyond a bachelor's degree (Durlak, 1979). The studies were conducted in a variety of contexts including: individual or group counseling, academic counseling or advising, crisis intervention, interventions directed towards a specific target, and other interventions. The findings indicated that, generally, paraprofessionals achieved the same or better outcomes than their professional counterparts (Durlak, 1979). A subsequent meta-analysis verified

the results found by Durlak (1979), providing further support for the positive outcomes associated with the work of paraprofessionals (Hattie, Sharpley & Rogers, 1984).

Although differences in the outcomes related to professional versus paraprofessional leaders may not be dramatic, some have speculated that having professional degrees in the context of providing services to men who batter may be important. Taft and Murphy (2007) discuss the importance of a working alliance between the treatment provider and the man in the program for predicting program completion and recidivism outcomes. A working alliance can be described as a matching of goals and tasks involved in the change process as well as a positive rapport between the service provider and the individual receiving services (Taft & Murphy, 2007). One study found that a positive working alliance is associated with higher rates of program compliance and lower rates of psychological and physical abuse recidivism (Taft & Murphy, 2007). Other studies report mixed findings when examining how level of training is associated with the development of working alliances. One study examining therapeutic counseling relationships found that level of training has a significant effect on the working alliance, with more experienced counselors having better working alliances with their clients than those with less experience (Mallinckrodt & Nelson, 1991). Another study found that formal therapeutic counselor experience did not uniquely predict components of a strong working alliance (Dunkle & Friedlander, 1996). Despite contradictory findings, these studies used samples of

similar size and type, as well as some of the same assessment tools to evaluate perceptions of working alliance. This suggests that experience is just one component of a positive working alliance, and there may be other factors that affect the creation of a working alliance. A subsequent study found that the relationship between formal counselor experience and a positive working alliance is moderated by factors such as difficulty of the client, with more experienced counselors being better able to form positive working alliances with more challenging clients (Kivlighan, Patton & Foote, 1998). This finding may be of particular importance when working with men who batter because they tend to be considered a treatment resistant population (Geffner & Rosenbaum, 2001), perhaps because most are court-mandated to attend. When examining post-intervention groups for men that have successfully completed a BIP, it has been noted that the use of a professional facilitator, rather than a peer-led model of support, is likely to influence what the men in the group disclose and how they behave (Morgan, 2007). This finding is not only applicable to post-intervention groups, it seems reasonable that in general men in BIPs will be more guarded when a professional facilitator is present. In the context of a support group for adult children who provide care for their elderly parents, participating in the group led to lower levels of depression but there was no difference in the outcomes depending on whether the groups were lead by a professional or a peer (Toseland, 1990). Moreover, these studies demonstrate the inconsistencies within the literature comparing professional and paraprofessional leaders.

Although some research indicates that paraprofessionals are likely to be just as successful as professionals, other studies report that professionals may have skills that paraprofessionals lack (Kivlighan, Patton & Foote, 1998; Mallinckrodt & Nelson, 1991). In the face of this ambiguity, the majority of states that have created state standards do not require a specific level of education for facilitators, though 20-22% of states do require that facilitators obtain a bachelor's degree in order to provide services (Maiuro, Hagar, Lin & Olson, 2001; Austin & Dankwort, 1999). Although the majority of programs do not require formal education, 46% of standards do recommend that facilitators obtain some type of formal education or certification (Austin & Dankwort, 1999). Oregon, like most states, does not require a specific level of education but does allow a reduction in training hours for those that have advanced degrees. According to state standards, in order to facilitate BIP groups in Oregon, individuals must obtain 200 hours of face-to-face experience working with men in BIP groups (ODOJ, 2009). To obtain these hours facilitators must have first hand experience co-facilitating BIP groups, unless they have obtained some type of training. Specifically, obtaining a bachelor's degree accounts for 50 hours of experience and obtaining a master's degree accounts for 100 hours of experience, as long as the degree is in a relevant field, such as psychology or women's studies (ODOJ, 2009). There is some reduction in training for those who obtain a degree in a field that is pertinent to this type of work, but it is not a necessary prerequisite to become a BIP facilitator. Additionally, the standards describe specific

procedures that must take place if an individual that has previously been involved in any type of criminal proceeding for an IPV-related incident. If an individual that has been involved in court-documented violence towards a partner, they must complete a BIP program and have remained violence free for at least five years after program completion. If these requirements are met, the BIP hiring the individual is expected to report this information, along with any additional details about the violent incident, to the Domestic Violence Council in the local area so that the council can participate in the deciding whether or not this individual will be hired (ODOJ, 2009). The procedures allow paraprofessional former batterers to become facilitators as long as they have demonstrated long-term change in their behaviors and the BIP and DV Council deem the hiring decision appropriate. Beyond gaining clearance for former batterers and completing training and education, facilitators are also expected to collaborate and work in male-female co-facilitation teams in order to effectively run the groups.

Male and Female Co-Facilitation

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 many states required that the co-facilitation team be composed of both a male and female facilitators. In Illinois, for example, 72% of programs reported using a male-female co-facilitation model (Bennett & Vincent, 2001). Like many other states, Oregon standards also advise that groups should be led by one male and one female facilitator whenever possible (ODOJ, 2009).

The standards state three primary reasons behind the decision to require mixed gender facilitation: (1) to create a model of intervention that includes both men and women; (2) to increase accountability; and (3) to model healthy and equal relationships (ODOJ, 2009). In addition to these reasons, other states have cited using co-facilitation to avoid male collusion in the groups (Austin & Dankwort, 1999). Programs that advocate using male and female co-facilitation have noted that utilizing facilitators of both genders allows men to gain experience interacting with women in a healthy manner as well as allows them to observe healthy communication patterns between men and women by watching the facilitators (La Violette, 2001). Additionally, those developing curriculum for BIPs have noticed that men may exhibit negative behaviors towards women, such as interrupting, challenging, or ignoring the female facilitator (Adams & Cayouette, 2002). This behavior would not occur and facilitators would not have the opportunity to correct the behavior if a female facilitator was not present (Adams & Cayouette, 2002).

It is important to note the heterosexist assumptions that are endorsed with this line of thinking. Mixed gender facilitation may not be ideal for individuals in same-sex relationships and recommending that programs use this method of facilitation for BIPs in Oregon may create a system that is not ideal for some individuals receiving intervention. Though this is true, the current standards are intended for use with men in heterosexual relationships and it is believed that

utilizing mixed gender facilitation gives men in the BIP an opportunity to practice skills and observe appropriate behavior toward women.

Modeling of behavior has been used in contexts outside of BIPs in order to change a number of behaviors. This approach has been a useful component of programming or intervention for a variety of behaviors, including in-patient alcoholics (Marlatt, 1996), employees learning computer software skills (Gist, Schwoerer, & Rosen, 1989), and juveniles undergoing rehabilitation (Sarason & Ganzer, 1973). Along with the practical and clinical reasonings that support conducting groups with facilitators of both genders, there are also theoretical reasons that provide evidence for the efficacy of this approach.

Modeling of behavior has been described as a necessary component of learning and behavior change (Bandura, 1977). Modeling is the learning of human behavior that occurs through intentional or unintentional observation of social examples (Bandura, 1971). Watching others provides an opportunity to observe how a desired behavior should be performed so that, in the future, an individual will be able to draw on that experience and attempt to simulate the behavior. In order for modeling to be effective, Bandura (1974) describes four distinct processes that must occur. First, attention must be directed at the potential models and the desired behavior. Next, the observations must be transformed into a memory that is accessible to the individual. After memories of the behavior are created, the individual must take part in some type of behavioral rehearsal in order to practice the new skill or behavior. Finally, the individual

must have some motivation or incentive to continue performing the desired behavior. According to these requirements for effective modeling, the opportunity to observe a healthy, egalitarian male-female relationship between facilitators is not enough to ensure successful modeling of behavior. However, it is theoretically one important component of the process.

Program Length

The ideal amount of treatment necessary to prevent recidivism has been debated (Rosenbaum, Gearan & Ondovic, 2001). Considered as a whole, research evaluating recidivism in relation to program length is ambiguous its findings (Edleson & Syers, 1990; Gondolf, 1999; Rosenbaum et al., 2001). A recent national survey examining actual practices of BIPs in the United States found that programs length varies widely, with programs lasting an average of 31.5 weeks with a standard deviation of 12.21 weeks (Dalton, 2007).

The implications of program success for victim safety necessitate a thorough discussion determining the optimal number of hours or sessions of intervention treatment. A general timeframe for program completion is also important because there are numerous logistical implications of mandating various lengths of treatment. Logistical concerns include ensuring men complete the program and the financial resources of the program and the clients. Understanding the amount of treatment needed to prevent further violence is essential for ensuring that perpetrators of IPV are required to complete the amount of treatment that is necessary to create behavior change. In addition to

determining an optimal amount of treatment to prevent recidivism, other logistical factors, such as the percentage of men who complete the program, must be taken into account when designing a program that will be successful at preventing recidivism. If programs are too short it is possible that behavior change will not occur and violent behavior will continue. It is also possible that if programs are too long, men will not be able to complete the program, either due to financial restraints, time restraints, or lack of desire to continue the program. These possibilities make it important to determine the optimal amount of intervention needed for behavior change to occur.

The notion that longer durations of treatment should be more effective in preventing further violence seems intuitive. Those that directly work with men who batter have advocated increasing the length of interventions (LaViolette, 2001). They have observed that the process of changing attitudes and behaviors towards women tends to be a lengthy one. One study with thought provoking results was conducted by Rosenbaum et al. (2001) and examined how various program lengths affected recidivism, which they defined as an arrest for a domestic assault. Participants (N=326) completed programs consisting of 7, 10, or 20 weeks and were followed-up for 20 months post-treatment to determine recidivism rates. The authors found that individuals completing 10 or 20-week programs had significantly lower levels of recidivism than those that completed the 7 week program. Additionally, those that completed 20 weeks of treatment had lower rates of recidivism than those that completed 10 weeks of treatment,

though this difference was not significant (Rosenbaum et al., 2001). These findings suggest that there is some utility to having a program that is longer in length, but there may be a point at which the effects from increasing length of treatment plateau.

Gondolf (1999) conducted a study comparing recidivism outcomes for men that completed 3, 6, or 9 months of treatment in a BIP in four different cities. Findings from this study indicated that those involved in the most comprehensive program lasting 9 months were significantly less likely to commit a severe assault based on partner reports of violence when compared to the men in the 3 and 6 month programs. Despite the findings that severe assaults were less likely, the 9 month program was similar to the 3 and 6 month programs for every other type of recidivism, including less severe physical assaults, verbal abuse, and threats (Gondolf, 1999). When examining both the Rosenbaum et al. (2001) study and the Gondolf (1999) study, the Gondolf (1999) study may be more informative than the study by Rosenbaum et al. (2001). Specifically, it is important to note that Gondolf (1999) utilized a sample more than two times larger than Rosenbaum et al. (2001). Additionally, the Rosenbaum et al. (2001) study collected archival data from a single program that increased the required length of intervention several times over the years it was in existence, while the Gondolf (1999) study examined a sample from four distinct programs in existence at the same time. Although both of these studies provide evidence suggesting that increasing

program length reduces recidivism, there have also been studies that have demonstrated the opposite to be true.

One study that found longer program length does not necessarily make violent behavior less likely was conducted by Edleson and Syers (1990) and evaluated recidivism rates for men in programs that lasted 12 and 32 sessions over a period of 12 or 16 weeks, respectively. Recidivism was assessed using both partner and batterer reports. The authors found that those in the 12 session group had lower rates of recidivism than those in the 32 session group. Additionally, those that participated in the shorter length program were more likely to complete the program than those that were assigned to the longer length program (Edleson & Syers, 1990). Investigating how program length affects completion is important because studies report drop-out rates for BIPs as high as 50% (Bennett & Williams, 2001). Program length appears to affect program completion, which in turn affects recidivism. Men who do not complete their program are twice as likely to have a subsequent arrest when compared to those that complete their program (Bennett & Williams, 2001). In the study conducted by Rosenbaum et al. (2001), those that completed the program were significantly less likely to recidivate than those that dropped out, regardless of the length of the program. Requiring longer length of participation in a BIP makes the process more costly for the individual, which may impact the likelihood of program completion (Rosenbaum et al., 2001). It is difficult to determine how effective a program of a

certain length is when participants are not receiving the extent of treatment that is expected.

These examples highlight some of the conflicting evidence and methodological challenges in research concerning the most appropriate and efficacious program length for BIPs. Despite the lack of clear empirical evidence supporting a specified length of treatment, many state standards have mandated the length of participation for men receiving services from a BIP.

Studies describing the content and scope of standards for BIPs in the United States have found that the vast majority of standards note a specific number of weeks or sessions that are necessary to successfully complete the program (Austin & Dankwort, 1999; Maiuro et al., 2001). Maiuro et al. (2001) surveyed 30 states that established and implemented standards. They found that 74% of the surveyed states require more than 16 weeks of treatment (Maiuro et al., 2001). Austin and Dankwort (1999) found that most states or jurisdictions with standards recommended at least 24 to 26 weeks of participation in a program, though the majority of states did not give any reasoning for the specified length of treatment. Although most states require 24 to 26 weeks, Dalton (2007) found that programs on average require 31.5 weeks of treatment, which is at least one month longer than most standards require.

Oregon standards, like most states, require a specific number of weekly sessions without giving rationale for the decided length. Despite the specific requirement that programs in Oregon last a specific number of weeks, there is no

discussion in Oregon standards that describes the reasoning or rationale behind the decision to mandate a specific duration. In Oregon, programs are instructed to require forty-eight sessions lasting 1.5 to 2 hours attended on a weekly basis in order to successfully complete the program (ODOJ, 2009). In addition to the 48-week commitment, individuals are also expected to return to the group once per month for three additional months in order to allow for a transition period. The standards do not provide any rationale for mandating a transition period. In total men are required to attend for 51 weeks, including both the weekly meetings and monthly transition meetings. Programs are also given explicit power to increase the number of sessions required as long as the expectations for attendance and completion requirements are clearly explained and written in their policies and procedures (ODOJ, 2009). Understanding the empirical evidence and rationale behind the state standards should aid in understanding the effect they have in the state of Oregon.

The Current Study

Purpose

Understanding the empirical background for the five key program constructs (i.e., community collaboration, completion requirements, education of facilitators, use of co-facilitation, and program length) is important in order to interpret the findings of the current study. The first goal of the current study was to determine whether state standards actually affect the practices of programs. In order to achieve this, I examined whether programs in the state of Oregon have changed since the creation of state standards. I have also noted which components of programs have changed and which have not changed. Next, it was necessary to determine whether programs that began providing services after the implementation of standards are in greater compliance than those that were providing services prior to the the creation of the standards in 2006. The second goal of the current study was to determine whether compliance with state standards in 2008 differs for programs based on program characteristics. Specifically, I examined whether program size, program location, and barriers to compliance are associated with differences in program compliance.

State standards and mandates surrounding BIPs should be based on scientific literature, research, and practice. Understanding the theoretical implications for the standard requirements may give background and insight into why some components of standards are more successfully implemented into programs than other components. Acquiring knowledge about how programs

have changed as a function of standards will not only give information about what changes needed to be made, but also whether or not these changes have been implemented in established programs. It could also inform legislation that determines how BIPs will be monitored to ensure standards are being followed. Additionally, knowledge about the impact that standards have had on the development of new programs will be another measure of their potential success. Finally, understanding how characteristics of programs impact compliance will provide information about which types of programs may experience greater difficulty complying with state standards.

Research Questions and Hypotheses

To achieve these goals, the present study addresses two research questions:

Research Question One. Do program characteristics change to become more similar over time to those mandated by state standards?

In order to examine how programs have evolved over time in relation to the components of the state standards, it is important to determine if within-program change has occurred. Specifically, have programs in existence at all three time points changed over time, and if so, when did these changes occur?

Hypothesis 1 (H:1): Individual programs have characteristics more similar to the standards in 2004 than 2001 and in 2008 than 2004.

It is also necessary to evaluate whether between-program change has occurred in order to understand how programs have changed. Specifically, have programs as a group at each time point changed, and if so, when did these

changes occur? *Hypothesis 2 (H:2)*: Programs as a group have characteristics more similar to the standards in 2004 than 2001 and in 2008 than 2004.

Finally, in order to determine how programs have changed as a function of state standards, it is necessary to understand how programs that began providing services after the creation of standards are functioning compared to those that were providing services prior the implementation of standards. It is possible that programs that began providing services prior to 2006 may have a more difficult time adapting practices and policies than programs that were formed after the expectations of the standards were set forth. *Hypothesis 3 (H:3)*: Programs that began providing services after January 1st, 2006 will be more compliant in 2008 than programs that were functioning prior to 2006.

Research Question Two. Are there program characteristics and factors that are associated with compliance to state standards?

To assess how compliance with standards is affected by program characteristics, it was necessary to examine the level of program compliance as well as the factors of program size, location, and barriers to compliance. Large urban programs with no barriers to compliance will likely be in higher compliance than small rural programs that identify barriers to compliance. *Hypothesis 4 (H:4)*: Program size, location, and barriers to compliance in 2008 will predict 2008 program compliance.

Method

Study Background

Three surveys were conducted of BIPs in 2001, 2004, and 2008. The research questions of interest were investigated through secondary analyses of these archival data. The 2001 and 2004 surveys were designed and administered by Dr. Eric Mankowski, Dr. Chris Huffine and a group of students enrolled in a community capstone course at Portland State University. The 2008 survey was designed and administered by Dr. Eric Mankowski, Margaret Braun and a group of graduate and undergraduate students on Dr. Mankowski's research team.

The 2001 survey was created to capture descriptive information about each BIP in the state of Oregon in order to build and exchange knowledge about programs and aid in the creation of a network of providers. Additionally, the information was used to create a statewide directory of BIPs. The purpose of the directory was to aid those interested in gaining information about BIPs in Oregon, improve referrals and increase knowledge about BIP practices. Before the directory was created, a comprehensive list of programs in each county did not exist. In order to identify all known programs, the research team of graduate and undergraduate students led by Dr. Eric Mankowski and Dr. Chris Huffine gathered information from the criminal justice system and other BIPs. This was accomplished by identifying and surveying every known BIP in the state.

Participants

The current study participants are program directors and/or facilitators of batterer intervention programs in the state of Oregon. These directors/facilitators completed the BIP survey at one or more of the three time points. The first survey was administered in 2001 and was completed by 51 programs. This was the total number of programs known to be in existence in Oregon at that time, which indicates a 100% response rate (Mankowski, Wilson, Silvergleid, & Huffine, under review). The second survey was administered to program directors and owners in 2004 and was completed by 50 programs, also the total number of programs known in Oregon at that time (100% response rate). The third survey was distributed to 58 programs in 2008. Forty-eight programs responded (83%) and 10 failed to respond (17%) to the survey request despite repeated attempts to make contact. Of the 48 programs that responded, six of the programs declined to participate (12%). The survey was completed by representatives of 42 programs, which indicates a 72% response rate.

Due to differences in program existence and participation over the three time points, most programs did not complete all three surveys. In total, 74 programs completed at least one survey. Of the 74 programs, 23 (31%) completed surveys in 2001, 2004, and 2008. Nineteen (26%) completed surveys only in 2001 and 2004. Four programs (5%) completed surveys only in 2004 and 2008. Twenty-eight (38%) completed one of the three surveys in 2001, 2004, or 2008.

Design

The current study utilizes a one group double-pretest posttest design (Kirk, 2009). Program characteristics were assessed at three time points. Some programs were in operation during all three time points, others were in operation during two of the three time points, and several programs were in operation at only one of the time points. The creation of the standards between observation time point two and time point three represents the intervention in the research design, as follows:

$$O_1 \quad O_2 \quad X \quad O_3$$

This type of research design addresses the potential confounding effects of program maturation and regression to the mean (Kirk, 2009), but in theory also increases the threat to internal validity of testing. Specifically, the detection of changes between 2001 and 2004 will be interesting to note, but also will aid in the interpretation of possible changes between 2004 and 2008. By examining all three time points, it is possible to understand what differences occur over time in program functioning and how functioning may have been affected by the implementation of standards. Utilizing a one group double-pretest posttest design greatly aids in the interpretation of any changes that are identified. Changes between 2001 and 2004 may be due to natural evolution in BIPs due to increased knowledge in the field more generally. Changes between 2004 and 2008 are more likely due to passage of the state standards. A model representing the two pretest observations, the natural intervention of the state standards, and the posttest

observation is represented in Figure 1. The dashed line intersecting the timeline depicts the introduction of state standards for BIPs in Oregon.

Procedure

2001 Survey. A survey was administered to a program director or owner from each BIP by trained undergraduate community psychology practicum students via telephone. As participants answered survey questions, trained undergraduate students recorded responses that were subsequently coded into relevant categories by trained graduate students, including the author. The survey consisted of approximately 30 open-ended questions assessing a variety of program components that might be important to users of the directory (i.e., probation officers or judges) and researchers studying BIP characteristics and effectiveness. For example, the survey requested information about each program's philosophical orientation, curriculum and activities, intake and referral procedures and program fees. Additionally, questions were asked to gauge the amount of collaboration each program had with community agencies, such as victim advocates, probation, and domestic violence councils. Finally, questions were asked to determine characteristics of group facilitators, program length and completion rates.

2004 Survey. The 2004 survey utilized the same questions as in 2001, with additional questions in the form of an addendum. The addendum was created to obtain information about additional characteristics of the programs and more detailed information about several characteristics assessed in the prior

survey of the programs. The specific areas that were examined in greater detail were the nature and extent of contact with victim advocates, the probation department and victims, post-intervention services, and contact with other BIP providers. The survey also asked programs if they were aware of the possibility of state standards and assessed whether or not the program utilized an endorsement process. The responses to the 2001 survey were mailed or faxed to programs that participated in the 2001 survey to allow the programs to review and update (if necessary) their responses. Trained undergraduates contacted program directors or owners who participated in the 2001 survey via telephone and asked a representative from each program to review their responses from 2001 and update any answers that changed from 2001 to 2004. New programs were also contacted via telephone and asked to complete the survey. As in the 2001 survey, trained undergraduate students recorded all responses given by participants and the responses were later coded into relevant categories by graduate and undergraduate students working on Dr. Eric Mankowski's and Dr. Chris Huffine's collaborative research team.

2008 Survey. The 2008 survey used a different procedure and survey measure than the previous surveys. The survey and procedure were created by a subcommittee on the Oregon Attorney General's BIP Standards Advisory Committee to examine program characteristics and practices in relation to the recently adopted state standards. Program directors and/or facilitators were contacted via telephone or email and asked to complete the survey, which was

administered electronically via an Internet “Websurveyor.” A paper copy version was distributed to four programs that preferred this method instead of the electronic Internet survey. The 2008 survey included both multiple choice and open-ended questions that examine program characteristics relevant to the state standards, including questions that assess program procedures, including intake, referral, transfers, fees, completion requirements, and completion rates.

Additionally, the survey assessed program length, composition and characteristics of group facilitators, program curriculum and intervention strategies, and program policies. Programs also were asked about how they accommodate the unique needs of the clients (i.e., culture, language, disability) as well as about the services they provide for victims. Finally, programs were asked to comment on their perceived level of compliance with state standards and any barriers experienced while attempting to comply with the standards.

After all of the completed surveys were submitted, Dr. Eric Mankowski’s research team, including both graduate and undergraduate students, read all of the open-ended responses and developed coding categories to represent the range of information. The coding categories include: difficulty finding facilitators; lack of funding; training requirements; rural location; time and workload difficulties; creating/maintaining necessary collaborations; inability to accommodate client needs; lack of evidence based requirements; and conflict with county requirements. After coding categories were selected, undergraduate and graduate research assistants in pairs coded the data to increase the reliability and validity of

the coding scheme. For example, one program indicated, “unavailability of qualified or trainable male cofacilitator”, which was coded as “difficulty finding facilitators”. Another program indicated the barrier of “finding and obtaining approved training”, which was coded as “training requirements”. In general there was a high degree of agreement among the coders. If a disagreement occurred, the question was presented to an additional graduate research assistant and Dr. Eric Mankowski to resolve the disagreement.

During initial examination of the data, it became evident that the wording of one question caused most programs (N = 38) to report their completion requirements or their program length, but not both. In order to obtain data for both variables 25 (59%) programs were called and asked to report their requirements for program completion and 13 (31%) programs were called by the author and asked to report their required program length. Additionally it was discovered that in 2008, eight programs stated that collaboration with a domestic violence council was not possible because a domestic violence council did not exist in their county.

In order to verify that the programs did not have domestic violence councils in their counties, a representative from the Multnomah County Domestic Violence Coordinator’s Office was contacted. The representative provided information about which counties had functioning domestic violence councils in 2008. After verifying the responses, only two programs were coded as not having a domestic violence council to collaborate with, while the remaining six programs

were coded as not collaborating with a domestic violence council because a functioning council actually existed in their county.

Measures

Community collaboration was assessed at all three time points by asking whether or not the program collaborates with victim advocates, domestic violence councils, and probation. In 2001 and 2004 the survey asked programs to indicate whether they “Work closely with victim advocates?”; “Work closely with a local domestic violence council?”; and “Work with the local probation department?”. In the 2008 survey, programs responded to the following questions: “Does a member of your program staff attend meetings held by the (domestic violence) council?”; “Does your program have contact with a victims’ advocacy program?”; and “Which components of the criminal justice system does your program communicate with?”. The last question allowed programs to select which components they collaborate with, with one choice being “Probation/Parole officer(s)”. 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.

Program completion requirements were assessed using questions about requirements for program completion. In 2001 and 2004 programs were asked to list, “Requirements for clients to complete program” and in 2008 programs were asked, “If you entered N/A in the question above, please describe the

requirements for program completion (e.g., certain number of sessions, etc.)”.

Corresponding to the completion requirements listed in the state standards, responses were coded as yes (=1) or no (=0) for each of the three state mandated completion requirements, including behavioral requirements, attendance requirements, and work-based requirements. 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.

Education of group facilitators was assessed in 2001 and 2004 by asking, “What are the credentials of the counselors?” Responses were coded into the following four categories: less than a bachelor’s degree (=1), bachelor’s degree or equivalent (=2), master’s degree or equivalent (=3), and doctorate or equivalent (=4). The highest level of education listed was used as the indicator of facilitator education. The 2008 survey examined education levels of group facilitators by asking programs to list the number of facilitators with various degrees of education. This question was coded using the same four categories listed above, and again, the highest listed level of education for any facilitator was used for the analysis.

Co-facilitation was assessed in 2001 and 2004 by asking, “Are co-facilitated groups available?” Responses to this question were coded as yes (=1) or no (=0). The 2008 survey asks, “Does your program offer co-facilitated groups?” Responses to this question were also coded as yes (=1) or no (=0).

Programs that indicated that co-facilitated groups are not available were coded as not offering mixed-gender co-facilitation (=0). An additional variable, *gender of co-facilitators*, was coded for programs that indicated that co-facilitated groups are available. This variable represents whether the co-facilitated groups are facilitated by people with the same or different gender. The coding of this variable was based on each participant's response to a question in the 2001 and 2004 surveys asking if the facilitators are of the same or different gender and a question in the 2008 survey asking how many groups are co-facilitated by facilitators of different genders. For each time point, the response was coded dichotomously as not offering mixed-gender co-facilitation (=0) or offering mixed-gender co-facilitation (=1).

Length of treatment was assessed by asking programs in 2001 and 2004 to indicate the "Standard length of program from intake to completion"; and in 2008 programs were asked, "What is the standard length of your program from intake to completion?" When answering this question, programs either specified a specific number of weeks required or listed a range of possible intervention lengths. If a program listed a specific number of weeks for program completion, that number was used in the analyses. If a program listed a range of weeks, the average of that range was used.

Compliance was assessed by computing a compliance score for each program at each time point in order to determine the overall extent to which programs adhered to the state standards. This score was generated by calculating

whether or not a program followed each of the four requirements set forth by the state standards. Each program was coded for whether they collaborate with all three community partners (=1) or fewer than three (=0); whether they require all three indicators of completion requirements (=1) or fewer than three (=0); whether they offer mixed gender co-facilitated groups (=1) or not (=0), and whether they require at least 48 weeks of intervention (=1) or fewer than 48 weeks (=0). Compliance with the requirement of length was based on the number of required weekly sessions (48 weeks), rather than the total number of required sessions (51 sessions) due to the high proportion of programs in 2008 (48%) that reported requiring 48 weeks of treatment. The large proportion of programs reporting the requirement of 48 weeks indicates that programs may have answered this question based on the number of weekly sessions required, rather than the total number of sessions required. This rationale led to the decision that compliance with the requirement of length would be coded based on the number of weekly sessions (48 weeks) though it is important to note that three monthly sessions are required in addition to the 48 weekly sessions, totaling 51 sessions.

Next, the four codes were summed to create a composite score of compliance. The scores range from full compliance (=4) to no compliance (=0). The compliance score was then transformed into a ratio by dividing the score by the number of variables for which the program provided valid data. The resulting final compliance score ranges from 1.00, indicating compliance with all possible components to zero, indicating no compliance.

Program size was assessed by asking, “How many weekly batterer intervention groups for men are offered by your organization?” If a range was given, the average of the range was calculated.

Program location was coded as urban or rural based on census definitions of areas in Oregon. Specifically, programs were coded as rural if the county in which their main office was located had a population that did not exceed 50,000 and they were located outside of a ten-mile radius of any cities with a population of 50,000. Additionally, in order to be coded as rural, the program could not have been located within a continuous suburban development of a city exceeding 50,000 individuals.

Barriers to compliance were assessed by asking, “What (if any) are the biggest barriers to your program’s compliance with the BIP guidelines?” Each response was coded for the type and number of barriers described. In order to generate coding categories for the barriers, two research assistants read all responses to this question and generated meaningful categories based on the data. Next, the research assistants coded the responses and grouped them into these categories.

Analysis

Research questions one and two were answered using the five measures of compliance assessed by the surveys - community collaboration, completion requirements, education of facilitators, co-facilitation, and length of treatment. Though the state standards offer incentives for increased education levels, such as

a reduction in the number of training hours required for facilitators, the standards do not mandate a specific level of education. This creates the lack of a clear cutoff point to determine compliance with standards. For this reason, the level of education variable was only examined in hypotheses 1 and 2 in order to understand whether facilitator education level has changed or not changed over time. Subsequent hypotheses were tested using the remaining four program components to assess the level of compliance with the required elements of the state standards.

It is important to note that the study utilized data analysis techniques intended to detect linear relationships among variables. Logically, one might expect a nonlinear relationship with no change occurring between time points one (2001) and two (2004) and change occurring between time points two (2004) and three (2008) when standards were formally adopted. This would necessitate nonlinear analyses to determine whether change occurred in this way, however because some programs may have had knowledge about the standards before they were implemented, it is likely that change occurred in a linear manner.

Although the standards were created between observations two (2004) and three (2008), it is likely that programs may have been aware that standards were being created prior to their implementation, which potentially influenced their characteristics between time points one (2001) and two (2004). Additionally, it is possible that programs may have been affected between time points two and three before the standards were implemented. Specifically, programs may have

changed between 2004 and 2006, making any changes that may have occurred between time points two (2004) and three (2008) not wholly attributable to the formal implementation of state standards (C. Huffine, personal communication, May 17, 2010). Programs may have gained awareness of the potential for state standards in numerous ways. For example, programs might have had representatives serving on the Oregon Attorney General's BIP Standards Advisory Committee or heard about the potential for standards from other providers. Due to the potential influence that knowledge of the standards had before they were formally adopted, it is expected that programs will gradually change from time one (2001) to time two (2004) and then continue changing from time two (2004) to time three (2008). Given this rationale, all analyses were conducted to examine linear relationships.

Results

Research Question 1

Hypothesis 1. In order to answer research question 1 and determine whether program characteristics have changed over time to become more consistent with state standards, three hypotheses were tested. H:1 was first evaluated through examining descriptive information about the components of interest at the three time points. Table 1 provides the means, standard deviations, and medians for each of the compliance interval scale variables (i.e., number of community partners, number of completion requirements, program length, and compliance ratio).

It was hypothesized that program characteristics would become more similar to the state standards over time. Examination of Figure 2 shows that there have been changes in the degree to which programs comply with each standard, but the changes are not all in the expected direction. Specifically, the mean number of community partners and the mean number of completion requirements both increased from 2001 to 2004 and then decreased from 2004 to 2008. Average program length decreased slightly from 2001 to 2004 and increased from 2004 to 2008. Further, it is evident that in a descriptive sense, overall compliance has increased from .59 in 2001 to .67 in 2004 to .71 in 2008, indicating a 20% increase over seven years (see Table 1).

Next, each component was examined separately to understand the percentage of programs that were in compliance with each component of the

standards at each time point. Table 2 illustrates these data. Again, there were changes in both directions over time in the percentage of programs meeting each of the requirements outlined by state standards. Some of the components were met at higher rates than others. For example, in 2004 and 2008, 100% of programs were collaborating with the probation department, whereas 83% of programs in 2004 and 64% of programs in 2008 were collaborating with domestic violence councils (see Table 2). Not only is the proportion of programs collaborating with domestic violence councils lower than the proportion of programs collaborating with probation, but it also decreased over time.

When examining the number of community partners that programs had in 2001, 2004, and 2008, it is evident that most programs were collaborating with all three partners, regardless of the year (see Figure 3). The number of programs collaborating with all three partners increased from 2001 to 2004, but contrary to H:1 decreased from 2004 to 2008.

The types of partners with whom programs collaborated was examined next. In general, programs report high levels of collaboration with victim advocates and probation, regardless of the year (see Figure 4). Though this is true, collaboration with domestic violence councils first increased from 2001 to 2004 and then decreased from 2004 to 2008.

Next, the number of completion requirements programs mandated over the three time points was examined. Overall, the majority of programs at each time point mandated at least two out of three completion requirements (see Figure 5).

The percentage of programs that mandated only one requirement dropped to zero after 2001, while the number of programs requiring all three requirements increased from 2001 to 2004 and then decreased from 2004 to 2008 (see Figure 5).

When examining specific completion requirements it appears that over time there has been an increase in the number of programs requiring attendance-based and a decrease in the number of programs requiring work-based measures of completion (see Figure 6). Additionally, the use of behavioral requirements increased from 2001 to 2004 and decreased from 2004 to 2008.

Next, the proportion of programs utilizing mixed gender co-facilitation was examined. The majority of programs at each time point utilized mixed gender co-facilitation. The number of programs that report utilizing mixed gender co-facilitation did not change substantially from 2001 to 2004, and decreased from 2004 to 2008 (see Figure 7). This decreased was examined further in order to determine whether programs that stopped utilizing mixed gender co-facilitation have any distinguishing characteristics. One program that was not providing co-facilitated groups in 2004 was providing co-facilitated groups in 2008 and three programs that were providing co-facilitated groups in 2004 were not providing co-facilitated groups in 2008. All three of the groups that stopped providing mixed gender co-facilitation were located in rural areas. Additionally, two of the programs offered fewer groups than the average program in 2008. When examining the barriers to compliance listed by these programs a clear pattern in

the content of the barriers did not emerge but each program listed at least one barrier to compliance. This indicates that some characteristics, such as location and size, may influence the extent to which programs can offer mixed gender co-facilitation. Although this decrease was observed for the programs that were surveyed at all time points, the change was small and not statistically significant. Despite the decrease from 2004 to 2008, it is important to note that more than 70% of programs were utilizing mixed gender co-facilitation in 2008 (see Table 2).

The education level of group facilitators was examined next. The mean education level reported by programs at all three time points was a Bachelors degree or equivalent. It appears that the percentage of programs with employees with Masters degrees and Bachelors degrees has increased from 2004 to 2008 and the percentage of programs with facilitators with less than a Bachelors degree decreased from 2004 to 2008. Additionally, the number of individuals with Doctorate degrees decreased from 2004 to 2008 (see Figure 8).

Next, the proportion of programs that required at least 48 weeks of intervention was examined. The requirement of 48 weeks was utilized rather than the requirement for 51 sessions (48 weekly sessions and three monthly sessions) due to the high proportion of programs in 2008 (48%) that reported requiring 48 weeks of intervention. This high proportion indicates that programs appeared to answer this question based on the number of weekly sessions that are required and because of this all analyses were based on the number of weekly sessions

required. Given this, the percentage of programs indicating that men complete at least 48 weeks increased from 2001 to 2004 and then dramatically increased from 2004 to 2008 (see Figure 9).

To evaluate these changes in BIP characteristics more systematically, it was first necessary to examine correlations between the three interval scale dependent variables- number of collaborations, number of completion requirements, and length of treatment- in order to determine if multivariate analysis of variance (MANOVA) was appropriate. The correlation among the variables ranged between -.004 and -.30, indicating small to medium relationships. Despite the lack of strong correlations among the dependent variables, a repeated measures multivariate analysis of variance (MANOVA) was conducted to determine the association between time and the three dependent variables. MANOVA indicates significant differences among the areas of compliance over time, Wilks's $\Lambda = .25$, $F(3, 18) = 7.377$, $p < .01$, partial $\eta^2 = .757$.

In order to examine specifically where these differences lie, repeated-measure analyses of variance (ANOVAs) were conducted. A one-way repeated measures ANOVA was conducted to determine whether the number of community partners is significantly different in 2001, 2004 and 2008 (see Table 1). The factor, time, had three levels (2001, 2004, 2008), the dependent variable was the number of partners listed, ranging from zero to three. Mauchly's test is significant, therefore sphericity could not be assumed and the Greenhouse-Geisser adjustment was made. The results do not indicate a significant difference in the

number of community partners over the three time periods, $F(1.58, 34.73) = 1.99$, $p = .16$, partial eta-squared = .083. This shows that there are not significant differences in the number of community partners that the programs reported working with during the three time points.

Next, a one-way repeated measures ANOVA was conducted to determine whether the number of completion requirements is significantly different in 2001, 2004 and 2008 (see Table 1). Time had three levels (2001, 2004, 2008) and the dependent variable was the number of completion requirements met, ranging from zero to three. Mauchly's test is significant, therefore sphericity could not be assumed and the Greenhouse-Geisser adjustment was made. The results do not indicate a significant difference in the number of completion requirements over the three time periods, $F(1.56, 37.78) = 1.07$, $p = .34$, partial $\eta^2 = .048$. This indicates that there are not significant differences in the number of completion requirements that the programs reported requiring during the three time points.

A final one-way repeated measure ANOVA was conducted to determine whether the average length of programs differs significantly in 2001, 2004, and 2008 (see Table 1). Time had three levels (2001, 2004, 2008) and the dependent variable was the reported average length of each program. Mauchly's test is significant, therefore sphericity could not be assumed and the Greenhouse-Geisser adjustment was made. The results indicate a significant difference in the average length of programs over the three time periods, $F(1.3, 27.30) = 24.69$, $p < .001$, partial $\eta^2 = .54$. This indicates a statistically significant difference in the average

program length over the three time point. This partial η^2 represents a medium effect size.

Planned comparisons were conducted to determine whether the sample means changed significantly from 2001 to 2008, from 2001 to 2004, and then from 2004 to 2008. First, 2001 and 2008 were compared and the mean program length in 2001 ($M = 38.32$ weeks) was significantly lower than the mean program length in 2008 ($M = 48.45$ weeks), $p < .001$. Next, 2001 and 2004 were compared and the mean program length in 2001 ($M = 38.32$ weeks) was not significantly different than the mean program length in 2004 ($M = 38.04$ weeks), $p = 1.0$. Finally, 2004 and 2008 were compared and the mean program length in 2004 ($M = 38.04$ weeks) was significantly lower than the mean program length in 2008 ($M = 48.45$ weeks), $p < .001$. These findings indicate that there was not a significant change in program length from 2001 to 2004 but a significant change from 2004 to 2008 did occur, consistent with the introduction of state standards.

Due to the categorical nature of the data assessing co-facilitation and the ordinal nature of the data assessing education level of facilitators, analyses of variance were not possible. Instead, the relationship among the multiple observations of these discrete variables over time was evaluated using non-parametric statistics.

Cochran's Q test was utilized to evaluate H_1 -- that there is no difference among the programs over time in the use of mixed gender co-facilitation. 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 (see Table 2).

Cochran's test, which evaluated the differences in proportions of programs utilizing mixed gender co-facilitation, is not significant, $\chi^2(2, n = 23) = .889, p = .641$.

Finally, Friedman's test was conducted to evaluate H:1 -- that there is no difference among the programs over time in facilitators' highest education level (see Table 2). The Friedman's test examined differences in the median highest education level of facilitators over the three time points and is not significant, $\chi^2(2, n = 21) = .23, p = .889$. This indicates that the median level of education of group facilitators did not differ significantly over the three time points.

In order to understand whether overall program compliance ratios have changed over time, a one-way repeated measures ANOVA was conducted (see Table 1). The factor, time, had three levels (2001, 2004, 2008), the dependent variable was the program compliance ratio, ranging from zero to one. Mauchly's test is not significant, therefore sphericity was assumed. The results do not indicate a significant difference in the compliance ratio over the three time periods, Wilks's $\Lambda = .83, F(2, 21) = 2.17, p = .14, \text{partial } \eta^2 = .17$. This indicates that there were not significant differences in programs' overall compliance ratios over the three time points. A post-hoc paired-samples t-test was conducted to determine if mean compliance changed significantly from 2001 ($M = .59$) to 2008 ($M = .71$). This test is also non-significant, $t(22) = -1.87, p = .07$, indicating that there was not a statistically reliable increase in compliance from 2001 to 2008.

Hypothesis 2. In order to assess H:2 and determine whether programs as a whole have changed over time, the data were examined descriptively. All programs that completed a survey at any time point were included in the analyses (n = 143). Table 3 provides the means, standard deviations, and medians for each of the interval scale variables, including number of community partners, number of completion requirements, program length, and compliance ratio.

The average number of community partners is generally high and did not change from 2001 (M = 2.71) to 2004 (M = 2.71), then decreased slightly from 2004 (M = 2.71) to 2008 (M = 2.64). The average number of completion requirements increased from 2001 (M = 2.33) to 2004 (M = 2.43) and then decreased from 2004 (M = 2.43) to 2008 (M = 2.37), though it is still higher in 2008 than it was in 2001. Average program length increased by approximately one week from 2001 (M = 37.25 weeks) to 2004 (M = 38.28 weeks), then increased by approximately twelve weeks from 2004 (M = 38.28 weeks) to 2008 (M = 50.13 weeks). Finally, the average compliance ratio has increased over time with a slight increase from 2001 (M = .54) to 2004 (M = .56) and a larger increase from 2004 (M = .56) to 2008 (M = .72). Overall, there was a 33% increase in the average compliance ratio from 2001 (M = .54) to 2008 (M = .72), indicating that in general, programs have become more compliant with state standards over time (see Figure 10).

Next, each component was examined separately to understand the percentage of programs that were in adherence with each component of the

standards at each time point. Table 4 illustrates these findings. When examining the percentage of programs that collaborate with all community partners it is evident that regardless of the year, programs tended to collaborate with all three partners (see Figure 11). However, the percentage of programs collaborating with all partners decreased from 2001 (74.5%) to 2004 (73.5%) and from 2004 (73.5%) to 2008 (66.7%) (see Table 4). When examining the specific partners with which programs are collaborating, it is apparent that programs tend to collaborate with both victim advocates and probation. The collaboration with victim advocates decreased slightly over the years, while the collaboration with probation increased slightly. Collaboration with domestic violence councils increased slightly from 2001 (78.4%) to 2004 (79.2%) then decreased slightly from 2004 (79.2%) to 2008 (75%) (see Figure 12).

Next, I examined the percentage of programs that require all completion requirements. At each time point, approximately 50% of programs mandate all three completion requirements (see Table 4). The majority of programs mandated at least two completion requirements. Additionally, the number of completion requirements slightly increased from 2001 ($M = 2.33$) to 2004 ($M = 2.34$) and then slightly decreased from 2004 ($M = 2.34$) to 2008 ($M = 2.37$) (see Figure 13). Again, it was necessary to examine the proportion of programs that mandate each of the specific completion requirements. The requirement of attendance increased from 2004 (71.4%) to 2008 (90%) while behavioral requirements decreased from 2004 (89.8%) to 2008 (62.5%) (see Table 4). The percentage of programs

mandating a work-based requirement stayed fairly stable over the three time points (see Figure 14).

Next, the percentages were examined to understand descriptively how the use of mixed gender co-facilitation changed over time. There appears to be a trend over time towards the use of mixed gender co-facilitation (see Figure 15). The percentage of programs that indicated using this group format increased from 68% in 2001 to 69% in 2004 and from 69% in 2004 to 79% in 2008 (see Table 4).

The education level of group facilitators was examined next. The majority of programs reported the highest education level of facilitators being a Masters degree (see Figure 16). The proportion of programs reporting the highest level of education at each degree fluctuated over the years. Programs reporting staff with less than a Bachelor's degree increased from 8% in 2001 to 15% in 2004 and then decreased from 15% in 2004 to 12% in 2008 (see Table 4). The percentage of programs that reported staff member with a Bachelor's degree remained fairly constant over the three time points. The percentage of programs that reported a staff member holding a Master's degree decreased from 2001 (71.4%) to 2004 (62.5%) and then increased from 2004 (62.5%) to 2008 (69%) (see Table 4). Finally, the percentage of programs who reported a staff member with the highest level of education held a doctorate increased from 2001 (8.2%) to 2004 (14.6%) and then decreased from 2004 (14.6%) to 2008 (9.5%) (see Table 4).

It is important to note that due to the wording of questions assessing this component in 2001 and 2004, only the highest level of education held by any

individual at the program was examined. In order to understand whether the highest level of education is comparable to the average level of education, the 2008 data were further examined. Similar to the findings regarding the highest education level, the most common level of education across all individuals in all programs in 2008 was a Masters degree, programs had on average 1.5 individuals with a Masters degree (SD = 1.4, Median = 1.0). The second most prevalent degree held by those working in BIPs in 2008 was a bachelors degree (M = .93, SD = .97, Median = 1.0). Based on this post-hoc analysis, examination of the highest level of education appears to be representative of the most common education level in 2008.

Finally, the data were examined to understand whether the proportion of programs that require at least 48 weeks of intervention changed over time (see Table 3). In 2001 and 2004, the majority of programs, 70% and 61% respectively, reported that fewer than 48 weeks were required to complete the program. In 2008, 95% of programs reported that on average men are required to complete at least 48 weeks in the program (see Figure 17). Not only did a high proportion of programs in 2008 meet the requirement of 48 weekly sessions, but 40.5% of programs in 2008 required 52 weeks or more. This indicates that a high proportion of programs not only surpassed the requirement of 48 weekly sessions but also the requirement of 51 total sessions.

Hypothesis 3. H:3 was tested by examining whether programs that began providing services after the implementation of state standards were in greater

compliance than programs that began providing services before the standards were created. First, an independent samples t-test for nonequivalent groups was performed to determine if respondents to the 2008 survey were representative of all the programs in existence in 2008. The first test compared compliance scores of programs that were functioning in 2008 but did not participate in the 2008 survey ($n = 6$) and programs that participated in both the 2004 and 2008 surveys ($n = 43$). Levene's test is non-significant, and therefore homogeneity of variance was assumed. The independent samples t-test showed that the mean 2004 compliance ratio score for programs that did not complete the 2008 survey ($M = .49$, $SD = .24$) is not significantly different than the mean 2004 compliance ratio score for programs that completed the 2008 survey ($M = .58$, $SD = .26$), $t(47) = 1.07$, $p = .29$. This indicates that the 2008 sample of BIPs is representative of all BIPs functioning in 2008.

Next, an independent samples t-test was conducted on the compliance ratio scores of groups that began functioning before and after 2006. The first group consisted of programs that existed before 2006 ($n = 31$) and the second group consisted of programs that were formed in 2006 or later ($n = 11$). Levene's test is non-significant, therefore that homogeneity of variance was assumed. The independent samples t-test showed that the mean compliance ratio score for programs that were established before 2006 ($M = .72$, $SD = .22$) was not different than the mean compliance ratio score for programs that were established after 2006 ($M = .70$, $SD = .26$), $t(40) = .24$, $p = .81$. This indicates that program

compliance is not significantly different depending on whether the program was formed before or after state standards were implemented.

Research Question 2.

Hypothesis 4. To assess H:4 and determine whether program size, location, and barriers to compliance predict 2008 compliance scores the data were explored descriptively and using regression analysis. On average, programs offered 5.69 groups (SD = 8.41, Median = 3.0) and 55% were located in rural locations. The mean compliance ratio in 2008 was .72 (SD = .23), or 72% of the components evaluated in this study were met. On average, programs in 2008 reported 1.24 barriers to compliance (SD = 1.08). Of the 42 programs, 29 (69%) reported at least one barrier to compliance. The most common barriers were difficulty finding facilitators (21.4%) and lack of funding (21.4%). Other barriers described by programs include training requirements (16.7%), rural location (16.7%), time and workload difficulties (14.3%), inability to accommodate clients (11.9%), difficulty creating and maintaining collaborations (11.9%), conflict with county requirements (4.8%), and lack of evidence-based requirements (4.8%) (see Table 5).

Next, program size, location, and barriers to compliance in 2008 were entered simultaneously into a regression equation in order to determine if these program characteristics predict 2008 compliance ratios. This model is not significant, $F(3, 38) = .078$, $p = .972$, indicating that ecological characteristics of BIPs do not predict 2008 compliance.

Discussion

The use of state standards to guide the practices and policies of BIPs has increased substantially in the past decade (Maiuro & Eberle, 2008). Despite the presence of standards in 45 states including the District of Columbia, there has been little research conducted that evaluates the impact of standards on program functioning and characteristics (Maiuro & Eberle, 2008). The primary goals of this project were to understand how standards in the state of Oregon have impacted program characteristics over time and to determine whether certain aspects of programs can aid in understanding which programs are better able to comply with the standards. The specific program characteristics of interest included community collaboration, completion requirements, education level of facilitators, mixed gender co-facilitation, and program length.

In order to accomplish these goals, survey data from programs in Oregon were analyzed over three time points, 2001, 2004, and 2008. The first two surveys were administered before the implementation of state standards while the final survey was administered two years after the standards were put in place. To assess the first goal, characteristics of programs that were in existence and participated at all time points were examined in order to understand how they have changed over the eight year period of the study. Next, characteristics of all programs that completed a survey at any time point were examined in order to understand how programs as a whole have changed. The second goal of the current study was achieved by examining whether programs in 2008 differed in

their degree of compliance based on whether they were in operation before or after the implementation of standards. Finally, 2008 survey responses were analyzed in order to understand whether program size, location, and reported barriers to compliance aid in predicting 2008 compliance.

Program Characteristics

Community Collaboration. Although research regarding the efficacy of utilizing community collaboration for reducing IPV related recidivism has been mixed (Klevens et al, 2008; Murphy et al., 1998; Shepard et al., 2002), advocates for its use have indicated that a collaborative approach has benefits that reach beyond reducing recidivism (Klevens et al., 2008). Despite the potentially positive effects of a community collaborative response for both perpetrators and victims, the number of community partners with whom Oregon BIPs report collaborating decreased slightly between 2001 and 2008. This is true for programs that were in existence over the three time points, as well as for programs as a whole. This decrease seems to be largely due to the decrease in collaboration with domestic violence councils in particular. When describing which partners the programs are collaborating with, it is evident that programs in existence at all time points did not fluctuate in the proportion of programs collaborating with victim advocates, while the proportion of programs as a whole collaborating with victim advocates decreased over time.

Collaboration with domestic violence councils appears to have increased from 2001 to 2004 and decreased from 2004 to 2008. When examining the

barriers to compliance that programs reported in 2008 it is evident that 12% of programs reported difficulties in creating and maintaining necessary collaborations. This may be one reason why collaboration has decreased over time. Additionally, eight programs in 2008 (19%) reported not having a domestic violence council in their county. Data verification was completed in order to determine whether the reports of programs that a domestic violence council did not exist in their county were accurate. Specifically, a representative from the Multnomah County Domestic Violence Coordinator's Office was contacted and asked whether or not domestic violence councils existed in each of the counties in question in 2008. After this process of data verification, it was discovered that in reality only two programs were located in counties lacking a domestic violence council. It is possible that even though councils do exist in many of the counties, they may be difficult to access due to distance or the rural location of some programs. The process of data verification that occurred may at least partially explain the decrease in collaboration with domestic violence councils in 2008. Data verification was not utilized in 2001 or 2004 and it is possible that if this process was employed at each time point fewer programs would have been coded as collaborating with a domestic violence council in 2001 and 2004. Different trends may have emerged if data verification occurred at each time point. For instance, there could have potentially been an increase in collaboration with domestic violence councils over the three time points but because verification only occurred in 2008 it would be difficult to detect this trend.

Finally, consistent with expectations, there has been an increase from 2001 to 2004 in the proportion of programs that collaborate with probation. An increase in the proportion of programs collaborating with probation between 2004 and 2008 was not observed because at both time points all programs (100%) reported collaborating with probation. This high level of collaboration may occur because most BIP participants in the U.S. are court-mandated to attend (Dalton, 2007) and because of this it is necessary for programs to communicate with the probation officers who supervise the men. Specifically, if men are court-mandated to attend a BIP, there could be criminal justice sanctions if they do not attend their group. Probation officers may need to be in contact with BIPs in order to determine whether or not the individual is following the stipulations of probation by attending the group. These findings are consistent with the historical shift of BIPs from their origins in the early 1980s in the grassroots victim shelter-based movement of working with men who batter (Gondolf, 1985) towards a criminal justice based response due to the high proportion of court mandated participants (Dalton, 2007). Although there were some changes over time in the number of collaborative partners, these changes were not large enough to indicate a statistical difference.

Completion Requirements. Despite the lack of support for specific completion requirements, almost all states, including Oregon, have adopted the use of formal completion criteria (Austin & Dankwort, 1999; Maiuro & Eberle, 2008). It was hypothesized that over time programs would require more of the

completion criteria described by Oregon state standards. Although programs did increase the number of completion requirements slightly from 2001 to 2008, for both the programs that were assessed at all time points and programs as a whole the highest number of completion criteria required by the programs occurred in 2004. However, this could be due to the method used to collect data regarding this particular variable. For instance, 59% of programs that participated in the 2008 survey did not answer this question due to misinterpretation of a question in the survey instrument. Each of these programs were subsequently called and asked about their completion requirements over the phone, which may have caused them to answer differently than on the web-based survey.

When examining the disaggregated completion requirements it is evident that programs increased their use of an attendance requirement over time. The use of behavioral requirements, specifically remaining violence free, increased from 2001 to 2004 and then decreased from 2004 to 2008. Finally, programs that completed all three surveys displayed a decrease over time in the use of work-based requirements, while programs as a whole displayed an increase in the use of work-based requirements over time. One reason an increase in attendance-based requirements was detected while a decrease in behavioral requirements was detected may have been due to the changing culture of BIPs in Oregon after the implementation of standards (C. Huffine, personal communication, May 17, 2010). Specifically, prior to standards program directors and facilitators may have viewed their program primarily as a mechanism for behavior change,

making the behavior-based requirement prominent. As standards were developed and implemented, directors and facilitators may have shifted their conceptualization of BIPs to be more in line with the length and attendance focus in the state standards, making the attendance-based requirement more prominent (C. Huffine, personal communication, May 17, 2010). While these fluctuations did occur, a statistical difference between the time points was not detected. Interestingly, approximately 5% of programs described the lack of evidence-based requirements as a barrier to compliance. This is especially pertinent to the mandate of certain completion requirements because there has been no research that evaluates the efficacy of utilizing these requirements.

Education of Facilitators. When evaluating research examining different levels of education of counselors or group leaders, there are conflicted findings regarding what level of education is most effective in creating behavior change (Kivlighan et al., 1998; Mallinckrodt & Nelson, 1991) and Oregon state standards do not require a specific level of education for facilitators, though incentives such as decreased training hour requirements for advanced degrees are offered (ODOJ, 2009). Consistent with national norms, the majority of programs in Oregon in 2008 tend to have at least one staff member with a master's degree (Price & Rosenbaum, 2009). Due to the wording of the question assessing education level of facilitators, the highest level of education was analyzed across the three time points rather than the average level of education. In order to understand whether the highest level of education reported by programs is consistent with the most

common level of education, the 2008 data was further examined. In 2008, the highest level of education reported and the most prevalent level of education were equivalent, with both being a master's degree. It was expected that due to the incentives, the education level of facilitators reported by programs would increase over time. Generally, this was not the case. Programs experienced fluctuations over the three time points in the proportion of programs with facilitators at each level of education. Programs tended to report having the facilitator with the highest level of education holding a Masters degree regardless of year. There was not a statistically reliable difference in the proportion of programs with each level of education over the three time points.

Male and Female Co-Facilitation. The use of mixed gender co-facilitation has been advocated based on the notion that it will allow an opportunity for men to interact with a woman in a healthy manner and provide a model of healthy male-female relationships (Adams & Cayouette, 2002; La Violette, 2001; ODOJ, 2009). In a national sample of programs, mixed gender co-facilitation was utilized most often with one-third of the programs reporting that the majority of their groups are staffed in this way (Price & Rosenbaum, 2009). In 2008, 79% of Oregon programs reported utilizing mixed gender co-facilitation, which appears to be greatly exceeding the proportion in BIPs in the United States. When examining the high proportion of programs that indicated utilizing co-facilitation for at least one group it is necessary to consider that due to the state standards programs may have felt inclined to report offering co-

facilitated groups even if the program was not offering groups facilitated in this manner. Additionally, although a high proportion of programs indicated utilizing mixed gender co-facilitation, it is important to note that in the current study, mixed gender co-facilitation was coded dichotomously as either utilizing co-facilitation in at least one group or not. The national study conducted by Price and Rosenbaum (2009) measured the number of programs conducting the majority of their groups in this manner, rather than having at least one group being conducted by a male and female facilitator. This difference in assessment makes it difficult to interpret the differences in the proportion of programs coded as utilizing mixed gender co-facilitation across the two studies.

It was hypothesized that in accordance with Oregon state standards, programs would increase use of mixed gender co-facilitation over time. An increase in the use of this method of facilitation was observed with programs overall, but a decrease was observed in programs that participated at all three time points. When the programs that stopped providing mixed gender co-facilitation between 2004 and 2008 were examined, it was discovered that all three programs were located in rural locations. This suggests that rural programs in particular may have greater difficulty securing or maintaining the necessary staff to conduct groups with mixed gender co-facilitation.

There are many factors that may contribute to the proportion of programs offering mixed gender co-facilitation decreasing over time for programs in existence over all time points. When examining the barriers to compliance in

2008, 21% of programs indicated that difficulty finding facilitators inhibited their ability to comply with state standards. Additionally, 21% of programs noted that a lack of funding made it difficult for them to comply with the standards. These may be two very important reasons why a decrease in the use of mixed gender co-facilitation was observed for the programs that were in existence at all three time points. If facilitators of a certain gender are difficult to find and hire, programs may not be able to conduct groups with both a male and female facilitator. Utilizing two facilitators per group means that two individuals must be paid, rather than one. If programs are struggling financially, it may be difficult to provide the funding necessary for co-facilitated groups. Along with monetary barriers to the achievement of this standard when programs desire to do so, it is possible that some facilitators rather prefer to work independently. This may be true of both male and female facilitators. Alternatively, identifying reliable and competent facilitators may be difficult and some individuals may prefer to facilitate groups independently rather than incorporating new staff members.

Program Length. 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 & Syers, 1990; Gondolf, 1999; Rosenbaum et al., 2001). Despite ambiguity in the research findings, Oregon standards require BIP participants to attend at least 48 weeks of intervention to complete a program. Participants also must attend 3 follow up sessions over the subsequent three month period. The average program length in 2008 was 50

weeks, which exceeds the 48 week portion of the requirement set forth by the state standards. When examining the proportion of programs that reported requiring at least 51 sessions, 40.5% of programs in 2008 required 52 weeks or more, which exceeds both the weekly and monthly session mandates. It is also interesting to note that the average program length of 50 weeks in 2008 exceeds the average length of intervention (31 weeks) reported by programs in a national sample of programs (Price & Rosenbaum, 2009).

I hypothesized that over time the proportion of programs that reported an average or required length of intervention of 48 weeks or higher would increase. Consistent with expectations, both programs that completed all surveys and programs overall increased in length over time and the length tended to be at least 48 weeks in 2008. When examining the programs that completed all surveys, the change in required number of weeks was statistically significant, which shows that the change over time was not due to chance.

The length requirement in the Oregon standards is a very concrete and specific requirement. Programs are expected to mandate participants stay in the group for at least 48 weeks and this requirement is easily assessed by outside agencies, such as probation and judges. The significant increase in compliance with this portion of the standards indicates that programs may be able to adhere to standards that are specific and easily interpreted. Further, if a branch of the criminal justice system makes referrals to programs, it would not be difficult for them to assess whether or not programs were following state guidelines for this

portion of the standards. Other portions of the standards, such as community collaborations, are not as easily or quickly assessed. If programs are concerned with avoiding sanctions for non-compliance, this component of standards may be the simplest to address. Additionally, increasing the number of weeks individuals must attend programs likely increases the revenue that programs are generating. Because this requirement is both very straightforward and directly benefits programs financially through increased revenue, it likely influences both their ability and desire to comply with this component of the standards.

Compliance Ratio. The proportion of components of the Oregon state standards to which programs adhered was expected to increase over time so that programs in 2008 would be in a greater degree of compliance than programs in 2001 or 2004. Descriptively, this was true for both programs that completed all surveys and programs overall. However, when examining programs that participated at all three time points, this change was not statistically significant. Despite the lack of statistical significance, it is interesting to note that programs have increased their compliance ratio, on average, by 20 - 33% over the three time points. This indicates that although programs have not changed dramatically enough for the change to be statistically reliable, there appears to be a trend towards compliance with state standards.

Year of Initial Services and Compliance

It was hypothesized that programs that began providing services after the implementation of state standards would be in higher compliance than programs

that were providing services prior to 2006. This was not the case; there was not a significant difference in the compliance ratios for the programs that began providing services prior to 2006 versus after 2006. This finding demonstrates that programs in existence before the state standards have been able to adapt to the standards and have characteristics similar to programs that were created with knowledge of the state standards.

Size, Location, Barriers and Compliance

It was hypothesized that program size, location, and the number of reported barriers to compliance would predict program compliance ratios in 2008. This hypothesis was not supported by the data, which indicate that program compliance was similar regardless of size, location, or perceived barriers. It is important to note that the distribution of the program size variable was positively skewed. This may have affected the regression analysis. Solutions for this type of analysis tend to improve when the data is normal and skew is not present.

Although this analysis was not significant, the majority of programs (69%) did report experiencing at least one barrier to compliance. The barriers described by programs give insight into what programs are facing and why compliance with standards can be challenging. Nearly one-quarter of programs described experiencing difficulties finding facilitators and having a lack of funding. These two barriers may go hand in hand. Programs that may not have adequate financial resources probably find it especially difficult to pay for an additional facilitator in order to meet state standards. Programs also described hardships in regards to

meeting training requirements, creating and maintaining collaborations, time and workload difficulties, and rural location as barriers to compliance. It appears that it may be difficult for programs to successfully comply with every component of the standards, whether it is obtaining training or maintaining collaborations. Additionally, several programs noted that the standards are not evidence based or conflict with county requirements. If programs do not feel the requirements set forth by the standards will adequately serve the men with whom they work due to the lack of research in this area, they may be less compelled to make changes necessary to comply with standards. If county requirements dictate certain characteristics that conflict with the standards, programs have to choose between conflicting sets of guidelines. For example, one county in Oregon utilizes a tiered length requirement with some individuals being required to complete fewer sessions than others. Programs in this county have to decide whether to abide by the state standard of 48 weekly sessions plus three monthly sessions or to abide by the county's tiered system. These inconsistencies between state standards and county standards may make compliance more difficult for programs in those counties.

Despite the lack of statistical findings indicating that barriers influence compliance, it is still important that the barriers programs perceive are addressed. If the lack of funding and time and workload challenges are making it difficult for programs to comply with the standards, it may be important that some type of aid or resource is made available to programs so that they can hire facilitators and

have the staff necessary to make changes consistent with the standards.

Additionally, resources should be made available so that programs know what potential collaborators are in their area, especially domestic violence councils. If collaborators are not readily accessible in some areas, one potential solution would be to create contacts in a variety of areas that are willing to work with programs over the telephone and computer, in order to maintain communication and connections with agencies outside of the BIP field. This would aid programs' ability to meet training requirements, maintain collaborations, and overcome challenges of being located in a rural area. Finally, some programs described the inconsistencies between local and state-wide standards as a barrier to compliance. It may be important for both county and state level policy makers to examine what inconsistencies are present in the county and state standards and attempt to make a uniform set of standards that utilize as much evidence based knowledge as possible.

Limitations of Methodology and Theory

A number of methodological limitations must be taken into account when interpreting the findings of the current study. The current study utilized data analysis techniques designed to identify linear relationships in the data. Although it is likely that the examination of linear relationships is most appropriate due to the probability that programs were aware of standards before their implementation and therefore change would have occurred over all three time points, it is also possible that a non-linear relationship exists. If change was non-linear, it would be expected that compliance for each component from 2001 to 2004 would not change and any shifts would be seen after the implementation of standards, specifically between 2004 and 2008. Further research could examine whether a linear or non-linear relationship between these variables is most appropriate.

There are important limitations in the way that several of the program characteristics were measured. First, reports of community collaboration appear to have some inaccuracy. When programs' self-reports of the inexistence of a local domestic violence council were checked based on data obtained from a representative of the Multnomah County Domestic Violence Coordinator's Office, differences were identified. Specifically, six of the eight programs that indicated that a domestic violence council did not exist in their county were found to have a council meeting in their county. It is possible that verifying programs' 2008 self-reports and not the 2001 or 2004 reports, may have resulted in the appearance of decline in collaboration with domestic violence councils when none

actually occurred. Cross checking was not conducted in 2001 or 2004, nor was it conducted to determine if programs were collaborating with victim advocates or probation. It is possible that if data were verified for each partner at each time point different trends would emerge. For instance, lower levels of collaboration with each of the partners may have occurred at each year. Although finding lower levels of collaboration is likely if the data were verified, it is possible that a linear increase over time could have been more clearly observed if the data were verified. It is also necessary to consider which source of information is most accurate. Specifically, a meta-analysis examining reported compliance with policy found that self-reports tend to be biased towards greater adherence to policy when compared to objective measures (Adams, Soumerai, Lomas & Ross-Degnan, 1999). This supports the notion that data verification may find a lower level of compliance when compared to self-report. When examining the results of the current study it is important to recognize that data verification did not occur for all three time points or for all collaborative partners, making interpretation of this component unique.

Second, education level of facilitators was addressed by examining the highest degree held by any individual in each program. Data were not available to assess the number of individuals holding each type of degree at each time point and because of this, only the highest level of education could be examined. Although this limitation exists, it is important to note that the education level indicated by the greatest number of individuals in programs in 2008 is equivalent

to the most commonly reported highest education level in 2008. While examination of the highest level of education is not perfect, it seems to be representative of the most prevalent education level in the 2008 data.

Third, mixed gender co-facilitation was assessed as a dichotomous variable, with programs coded as utilizing this type of facilitation if they had at least one group being conducted with a male and female co-facilitator. Although this captures some information about whether programs are utilizing mixed gender co-facilitation, it does not allow a thorough understanding of the extent to which programs are utilizing mixed gender co-facilitation. A program that has the substantial majority of its groups with a single facilitator and runs only one group with both a male and female co-facilitator would receive the same code as a program that runs all of its groups with a male and female co-facilitator. Assessing co-facilitation in this way potentially eliminates meaningful variation in the use of mixed gender co-facilitation across groups. Although this is a limitation, it is interesting to understand the use of mixed gender co-facilitation over time, even if it is only examined as an all or nothing phenomenon.

Fourth, the examination of length was aimed at understanding program length based on the number of weekly sessions required for program completion. The analyses did not take into account whether programs required a three session monthly follow-up as outlined by state standards. It is important to take this into consideration when examining the findings regarding program length. Some programs may have included the three session monthly follow-up in their

description of the number of weeks required, while others may have perceived the weekly sessions and monthly sessions as separate entities. This discrepancy in how programs may have interpreted the question makes it difficult to determine the number of weeks that programs are actually requiring. For example, programs may have reported 48 weeks indicating that they require 48 weekly sessions or that they require 48 total sessions. This discrepancy in interpretation of the question would lead to different assessments of whether the program is in compliance with this portion of state standards.

Fifth, this study did not employ a true experimental design and because of this no causal interpretation of the relationships between the variables can be drawn. Specifically, it is not possible to attribute changes in BIP functioning to the state standards; it is only possible to note how functioning has changed in relation to the requirements of the standards and when they were implemented. However, with the use of one group double-pretest posttest design, a type of quasi-experiment, many rival hypotheses and confounding explanations can be controlled including regression to the mean, history and maturation (Kirk, 2009). In terms of regression to the mean, this design compensates for possible extreme values by measuring programs at multiple time points so that each programs' characteristics are more likely to be measured accurately. Additionally, history is controlled by surveying programs at three time points so that any potential historical effects other than the standards would be controlled. Finally,

maturation is understood by evaluating how programs changed from 2001 to 2004 and using that information to interpret change from 2004 to 2008.

An additional limitation stems from the fact 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. The missing data is the result of censoring, because not all programs were in existence at each time point, rather than non-response. While the data is missing due to censoring rather than non-response, the lack of data for each program at each time point limits the ability to examine whether within-program change has occurred, and if so, in what ways it has occurred. Due to the unique sample that included some programs at multiple time points and other programs at only one time point, inferential between-program statistical analyses were not possible. Although this is a limitation, between-program change was explored extensively using descriptive statistics.

Furthermore, the surveys administered in 2001 and 2004 were different than the survey administered in 2008, which limits the validity of the measurement of the program characteristics and consequently the conclusions that can be drawn. For example, in the 2001 and 2004 surveys, many of the questions were open-ended and allowed respondents to give appropriately detailed information, as they deemed necessary. Alternately, the 2008 survey relied primarily on multiple choice answer options. In order to account for this difference, the open-ended responses were coded to approximate the answer

choices that were presented in the 2008 survey. Despite this attempt to correct for the differences in the surveys, discrepancies between the presentations of the questions may have altered how individuals understood and responded to the questions. Further, due to the way in which the question assessing length was worded, not all programs answered both the question assessing length and the question assessing program completion requirements. The use of telephone instead of web-survey and the time gap between assessments may have influenced how participants responded (Christian, Dillman & Smyth, 2008; Dillman et al., 2009). Additionally, because the 2008 survey was designed with the Oregon Attorney General's BIP Standards Advisory Committee, programs may have been more likely to respond to the survey in a socially desirable way that aligns with the state standards. Though this possibility exists, it does not appear to have occurred because the only component of standards that programs reported significantly increased compliance with is program length. All other components of compliance did not change in a statistically reliable way.

While there was a 100% response rate for the 2001 and 2004 surveys, the 2008 survey was completed only by 72% of the known programs in the state of Oregon. The lowered response rate may have occurred because the 2008 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. Although the 72% response rate in 2008 represents a decrease

from the previous surveys, it still surpasses the average response rate achieved by published academic studies. For instance, a meta-analysis of studies in various fields showed that the average response rate for published academic studies is 55.6% (Baruch, 1999). Further, the program characteristics of the 2004 responders and non-responders were compared to determine if the 2008 responders are representative of all programs in 2008. Though it is possible that characteristics other than those assessed differed or that the programs that did not participate in 2008 changed differently than the 2008 responders, the statistical analysis showed no difference between the responding and non-responding programs.

Because the study was only conducted in the state of Oregon, it may not be generalizable to programs in other states with different histories and standards regarding the treatment of men who batter. Also, although Oregon has formally adopted state standards, there is no formal monitoring or enforcement process. This may make adherence to standards different from the few states that have some type of formal or informal enforcement system. For example, in the state of Florida programs receive certification and continued monitoring after they are certified. Specifically, programs must submit a written document outlining policies and procedures, as well as documentation about the staff members' experience and training (Florida Department of Children & Families (FDCF), 2007). After programs are certified officials monitor the program by conducting field visits in order to determine whether programs are in compliance with state

policies (FDCF, 2007). If the current study were conducted in Florida or another state with a developed certification and/or monitoring system, it is possible the results would be very different due to the higher degree of regulation and more severe outcomes for those that do not comply. Although this is a limitation, the Oregon sample was compared to national samples whenever possible in order to gain a clearer understanding of how Oregon is similar and different when compared to the rest of the country.

Implications and Conclusions

Despite the limitations noted above, there are many important implications of this study. First, this study is unique because data was collected before and after the implementation of state standards. This study captures valuable information about the degree to which programs are influenced by standards and because of the natural intervention of state standards, it is very likely that this study can not be done again. While other studies have surveyed national samples in order to understand the prevalence of various state standards or the characteristics of program functioning (Maiuro & Eberle, 2008; Price & Rosenbaum, 2009) no study has examined how BIP functioning is effected by state standards. This study is the first of its kind and the information gained provides insight into how programs are impacted by state standards.

Second, the overview of the empirical evidence surrounding each component of interest gives insight into whether or not the components of the standards are supported by research. Specifically, despite the mixed evidence for the effect of community collaboration on recidivism rates for participants in BIPs (Klevens et al., 2008; Murphy et al., 1998; Shepard et al., 2002) it seems that there is evidence that community collaboration has positive effects for victims, such as connecting them to resources with which they may not have access otherwise (Klevens et al., 2008). One important finding is that while collaborations with probation have increased over time and collaboration with victim advocates has remained somewhat stable, collaboration with domestic

violence councils has decreased. Additionally, a sizable proportion of programs (19%) in 2008 reported that they did not have a domestic violence council in the area, when in reality a council did exist. This raises important questions about whose voices are being heard and whether programs are informed by agencies outside of the BIP field. If programs are not participating in domestic violence councils, individuals that work with victims in numerous capacities may not have the opportunity to voice their concerns or ideas regarding BIP functioning or perceived efficacy. Domestic violence councils consist of individuals from various fields, including the criminal justice system and victim advocacy agencies. The purpose of these councils is to encourage dialogue and coordination among agencies so that different elements of the community can work together to combat the problem of IPV (Klevens et al., 2008). If programs are working with these agencies in isolation but are not part of the larger discussion, they may be neglecting a crucial element of the coordinated community response. Although it is important to understand whether or not programs are collaborating with domestic violence councils and what the impact of non-collaboration may be, it is also necessary to note that the cross checking of 2008 reports of collaboration may explain why a decrease was discovered. Specifically, if verification had occurred at all three time points for all three collaborative partners different trends may have emerged. For example, the proportion of programs collaborating with each partner may have been lower than what was reported by the programs. Further, if the data were verified it may have

been possible to detect increases or decreases in collaboration without the effects of social desirability that potentially may have impacted how programs responded.

In regards to completion requirements, there is no empirical evidence supporting or opposing the effects of the completion requirements mandated by Oregon state standards and therefore no judgments or predictions can be made about the value of these specific requirements.

Next, literature addressing how education affects group facilitation is unclear (Dunkle & Friedlander, 1996; Durlak, 1979; Mallinckrodt & Nelson, 1991; Taft & Murphy, 2007). Professional and paraprofessional facilitators cannot be distinguished in terms of effectiveness. This makes the choice to offer incentives for increased education rather than mandating a specific education level a logical one.

The requirement that both a male and female facilitator facilitate 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; Marlatt, 1996; Sarason & Ganzer, 1973). One caveat to this conclusion is that same sex couples may not benefit from mixed-gender co-facilitation and this must be taken into account when providing intervention. In this instance it may be important to have same sex co-facilitation teams that utilize the same principles of modeling but in the context of same sex relationships.

Finally, there have been mixed findings about the effect of intervention length on recidivism, and currently there is no known length of intervention that is considered to be the most effective (Edleson & Syers, 1990; Gondolf, 1999; Rosenbaum et al., 2001). Due to the lack of clear evidence, it seems the mandate of 48 weeks of intervention plus three monthly follow-up sessions may have been an arbitrary choice and no judgments or predictions about the efficacy of 48 weeks of intervention can be made. Consistent with the trend towards increased length in Oregon, a review of state standards throughout the United States noted that there has been a tendency towards longer intervention programs across the U.S. and this is likely due to states wanting more time to supervise men in BIPs (Maiuro & Eberle, 2008).

The longitudinal nature of the study provided a unique opportunity to track how programs have or have not changed and evolved over time. This change was examined inferentially and descriptively, within and between programs. Gaining a clear picture of how programs have shifted can inform program directors and policy makers about what aspects of the programs are most resistant to change. Specifically, it is evident that components such as collaboration with domestic violence councils, behavioral completion requirements, and mixed gender co-facilitation may be relatively difficult for programs to achieve based on the decreasing proportion of programs reporting they comply with these components. Additionally, these components directly relate to the barriers listed by programs. These specific areas may be important to

focus on in the future. For example, the proportion of programs collaborating with a domestic violence council has decreased and some programs indicated there was not a council in their area, when in reality a council did exist. Further, programs listed creating and maintaining collaborations as a barrier to compliance. This evidence suggests that programs may need assistance identifying collaborative partners and maintaining those relationships in the face of difficulties that arise due to factors such as location. Alternatively, it appears that the vast majority of programs are complying with the length requirement and efforts may not be necessary to encourage programs to adhere to this component of state standards.

Additionally, the finding that programs that were formed prior to the standards comply to a similar degree as programs that were formed after the standards provides insight into how standards impact programs. It appears that both new and old programs are achieving the same level of compliance and specialized attention is not needed for either group in particular. The current study did not assess how new and established programs learn about the state standards. Future research could examine the mechanisms through which this acquisition of knowledge and norms is transferred. Specifically, it would be interesting to know whether programs are aware of the requirements of state standards due to the actual implementation of the standards or if they are following components of standards because these characteristics are indicative of normal functioning for BIPs in Oregon. Future research should also examine the

process by which programs adapt to state standards. As states adopt these guidelines, programs have to change and adjust. Understanding how programs make this transition may help to identify difficulties in compliance and provide an opportunity to address those problems directly.

Moreover, it is interesting to understand how the standards have affected program characteristics without formal enforcement. Studies have demonstrated the positive effect that the use of enforcement by an authority has on compliance in a variety of settings (i.e., Gray & Deily, 1996; Jason et al., 1999; Milgram, 1974). This study gives insight into whether or not efforts should be made to create some type of enforcement system. Specifically, it appears that programs are becoming more compliant in some areas over time without the use of an enforcement body, but most of these changes are not statistically reliable. It is possible that with enforcement a higher degree of compliance may be possible, though it is also possible that over time programs will naturally continue to become more compliant with state standards. Future research should examine the enforcement or monitoring that may be occurring at the county level in order to understand whether pressure from certain counties is contributing to the relatively high rate of compliance.

Monitoring and enforcement of compliance with standards can potentially come in many forms. On one end of the spectrum, programs may function without any monitoring or enforcement, as is currently the case in Oregon. Despite the lack of statewide monitoring, a considerable degree of compliance has

been achieved, with programs complying with 72% of the standards that were assessed in this study, on average. On the other end of the spectrum monitoring and enforcement may be comprised of a formal process of certification as in other states (i.e., Florida, Illinois, Texas), or even take the form of government sanctioned and funded programs, as in the United Kingdom (Respect, 2010). When policy makers consider implementing some type of monitoring or enforcement, it may fall anywhere in this spectrum and the choice of monitoring type may influence how programs respond to the state standards.

When contemplating monitoring and enforcement of state standards, it is necessary to consider the broader consequences that implementing such policies may have on programs. If stringent enforcement policies were put in place it is possible that some programs that are unable to meet all criteria of the standards may have to stop providing services. This consequence may be especially problematic for programs located in rural areas that are the only service provider in the area. If programs are shut down there may not be any services available to men in those areas. This would not only affect men in the area, but their partners as well. If services unavailable for abusive men become unavailable, there may be important victims' safety implications. Additionally, it is necessary to consider how programs will respond to being monitored. Some may feel that because some portions of the state standards are not empirically supported or differ from county requirements, enforcement may be premature. It is important

for policy makers to recognize these possible consequences and concerns if the development of a monitoring or enforcement body does become a reality.

Future research should aim not only to gain understanding of how programs are functioning but also to understand their perceptions of how they appear to be functioning. Specifically, the findings from the current study will be presented to the BIPs in Oregon to enable providers to interpret the changes or lack of changes that have occurred over time and provide feedback about their possible meanings. This member check with the BIP participants in the community may provide greater context and knowledge about how programs are functioning and help inform the interpretations of the findings of the current study.

IPV is an important social problem that affects a significant number of individuals in the United States, both physically and mentally (Campbell et al., 2002; Catalano, 2007; Golding, 1999; Tjaden & Thoennes, 2000). Experts have emphasized the importance of targeting men who perpetrate these crimes in order to have an impact on this social problem (Feder & Wilson, 2005; Gondolf, 2002). One way these men have been targeted for intervention is through the use of BIPs. Understanding how BIPs are functioning is important due to the popularity of BIPs in response to IPV related crimes (Dalton, 2007). The primary goal of BIPs is to help men examine their abusive behavior and understand patterns of power and control under the premise that this will aid in reducing further violence (Rosenbaum & Leisring, 2001). States across the U.S. have implemented

standards in order to ensure programs are not providing services that may be harmful and to create a system to judge the quality of services provided (Geffner & Rosenbaum, 2001; Gelles, 2001). Although the ultimate goal of state standards is to increase victim safety by creating the most effective BIPs possible, it is impossible to assess the impact that the standards have had on victims' safety or recidivism in this study. Future research should examine how the implementation of state standards has influenced recidivism. While the impact of standards on victims' safety was not directly assessed, the current study provides some understanding of how state standards have influenced the functioning of BIPs in the state of Oregon. It appears that descriptively programs have become increasingly compliant with the components of state standards over time without any statewide monitoring or enforcement. While some components, such as number of collaborative partners and number of completion requirements, have become less consistent with the standards over time other areas appear to have become more similar to the state standards. Areas that appear to have been impacted by the standards include the increased use of mixed gender co-facilitation and the increased program length.

Table 1.

Within Program Descriptive Statistics

	Mean	SD	Median
Community Partners			
2001	2.61	.58	3.0
2004	2.78	.42	3.0
2008	2.57	.59	3.0
Completion Requirements			
2001	2.52	.59	3.0
2004	2.7	.47	3.0
2008	2.55	.51	3.0
Length			
2001	39.48	12.97	39.0
2004	39.0	12.78	40.0
2008	48.45	8.51	48.0
Compliance Ratio			
2001	.59	.22	.50
2004	.67	.22	.75
2008	.71	.22	.75

Table 2.

Within Program Percentage in Compliance (n = 23)

Requirements	2001	2004	2008
Community			
Collaboration			
Victim Advocates	95.7%	95.7%	95.7%
DV Council	73.9%	82.6%	63.6%
Probation	91.3%	100%	100%
All partners	62.5%	78.3%	63.6%
Completion			
Requirements			
Attendance	82.6%	82.6%	91.3%
Behavioral	73.9%	95.7%	68.2%
Work-based	95.7%	91.3%	90.9%
All requirements	56.5%	69.6%	54.5%
Education			
Less than bachelors	9.5%	21.7%	8.7%
Bachelors	9.5%	0%	8.7%
Masters	76.2%	69.6%	78.3%
Doctorate	4.8%	8.7%	4.3%
Co-Facilitation	82.6%	82.6%	73.9%
Length			
< 48 weeks	69.6%	60.9%	4.5%
≥ 48 weeks	30.4%	39.1%	95.5%

Table 3.

Between Program Descriptive Statistics

	Mean	SD	Median
Community Partners			
2001	2.71	.54	3.0
2004	2.71	.50	3.0
2008	2.64	.53	3.0
Completion Requirements			
2001	2.33	.68	2.0
2004	2.43	.64	3.0
2008	2.37	.67	2.0
Length			
2001	37.25	13.41	39.0
2004	38.28	12.17	38.0
2008	50.13	9.09	48.0
Compliance Ratio			
2001	.54	.26	.50
2004	.56	.26	.50
2008	.72	.22	.75

Table 4.

Between Program Percentage in Compliance (n = 143)

Requirements	2001	2004	2008
Community			
Collaboration			
Victim Advocates	96.1%	93.9%	92.9%
DV Council	78.4%	79.2%	75%
Probation	96.1%	100%	100%
All partners	74.5%	73.5%	66.7%
Completion			
Requirements			
Attendance	72.5%	71.4%	90%
Behavioral	78.4%	89.8%	62.5%
Work-based	82.4%	83.7%	85%
All requirements	45.1%	51%	47.9%
Education			
Less than bachelors	8.2%	14.6%	11.9%
Bachelors	12.2%	8.3%	9.5%
Masters	71.4%	62.5%	69%
Doctorate	8.2%	14.6%	9.5%
Co-Facilitation	68%	68.8%	78.6%
Length			
< 48 weeks	68.6%	65.3%	5.1%
≥ 48 weeks	31.4%	34.7%	94.9%

Table 5.

Barriers to Compliance (n = 42)

Barrier	Percent of Programs	N
Difficulty finding facilitators	21.4%	9
Lack of funding	21.4%	9
Training requirements	16.7%	7
Rural location	16.7%	7
Time and workload difficulties	14.3%	6
Creating/maintaining necessary collaborations	11.9%	5
Inability to accommodate client needs	11.9%	5
Lack of evidence based requirements	4.8%	2
Conflict with county requirements	4.8%	2

Figure 1.

Research Design

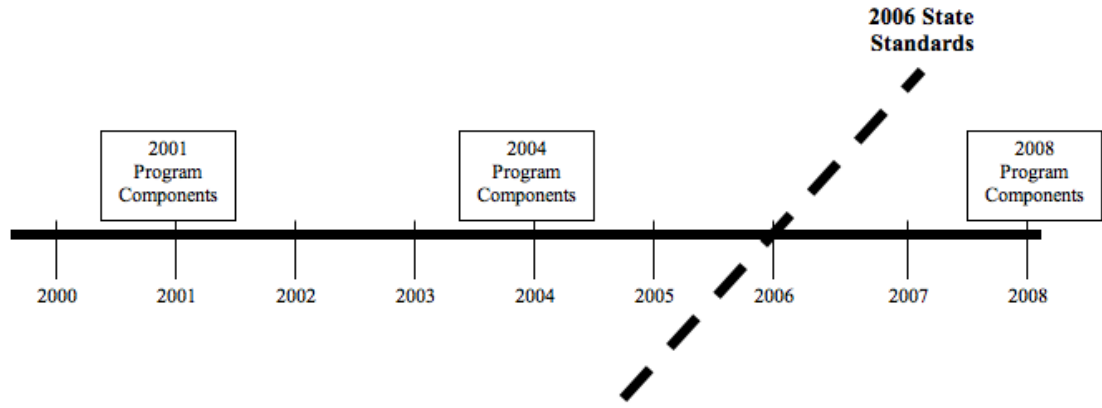


Figure 2.

Within Program Compliance Ratio

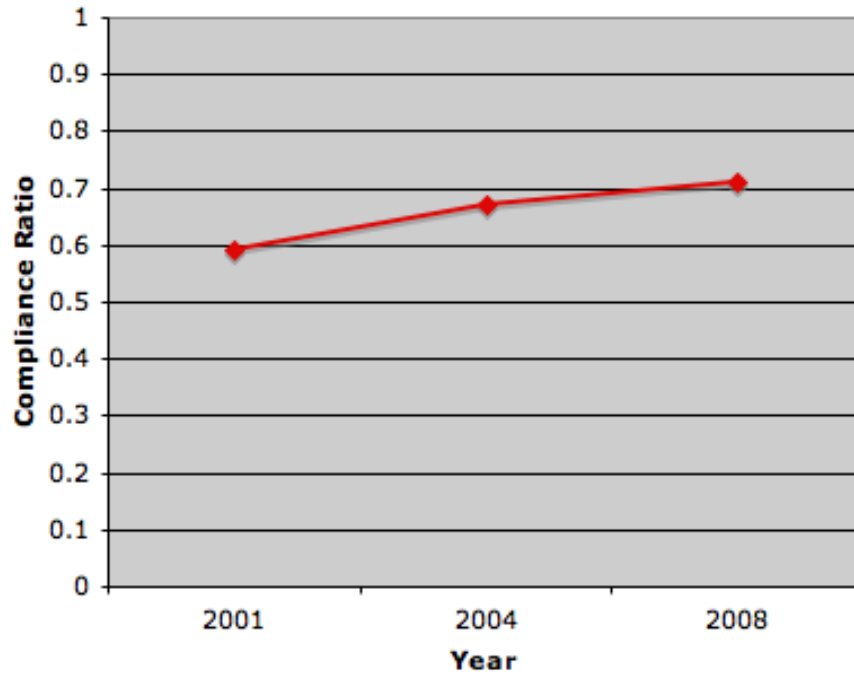


Figure 3.

Within Program Number of Collaborative Partners

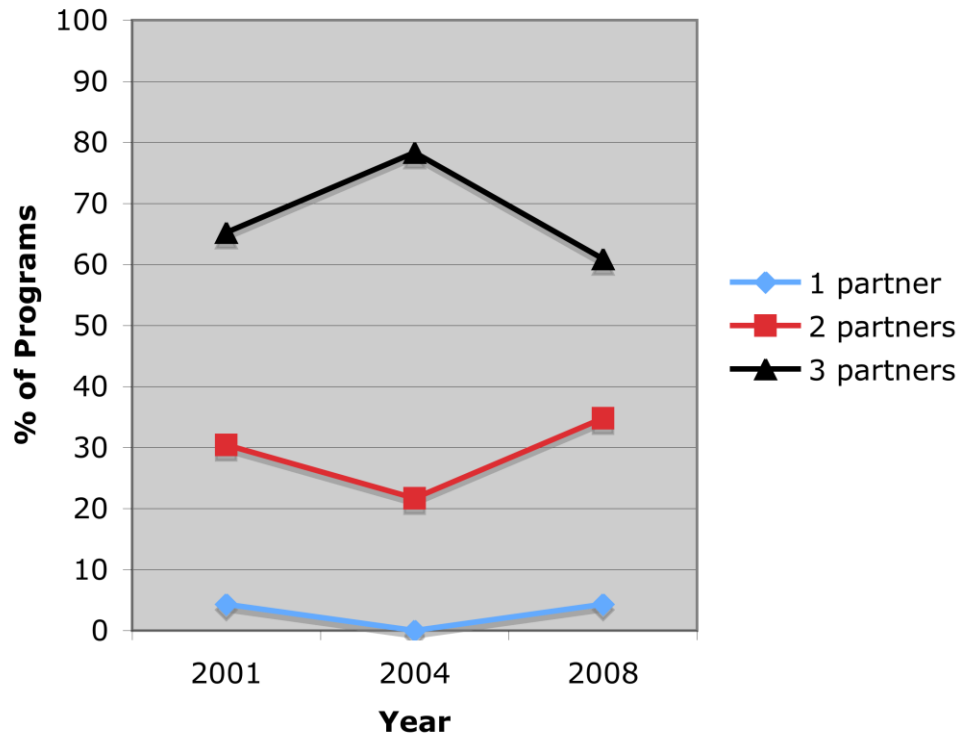


Figure 4.

Within Program Collaborative Partners Disaggregated

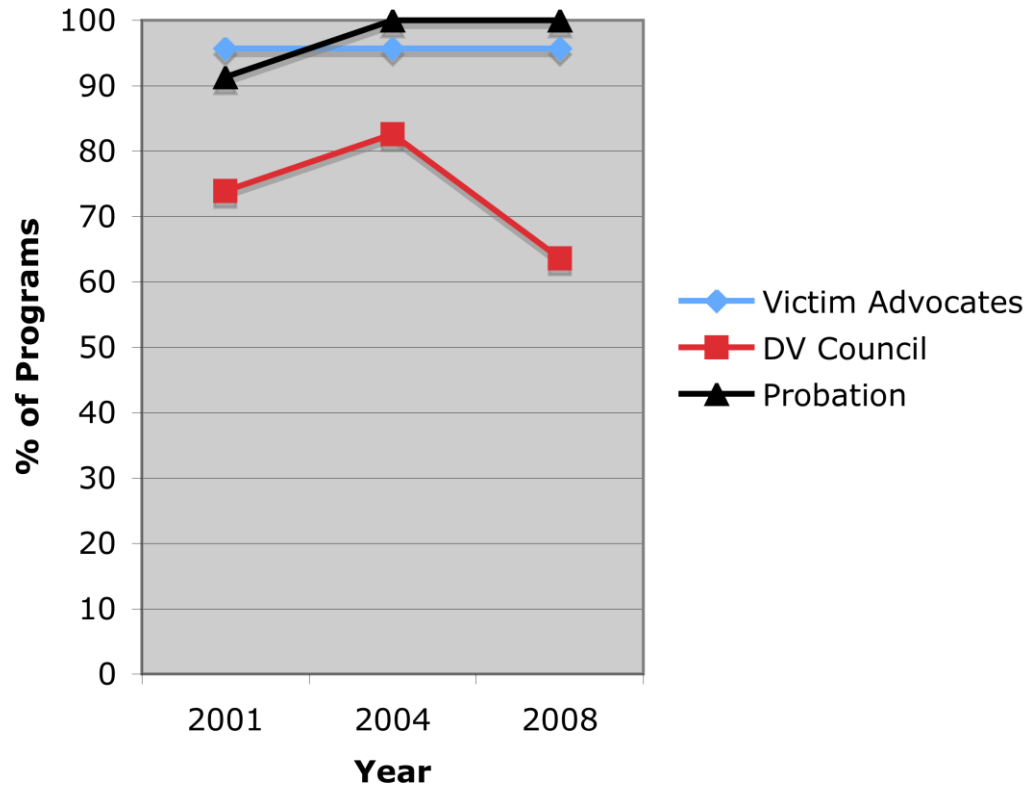


Figure 5.

Within Program Number of Completion Requirements

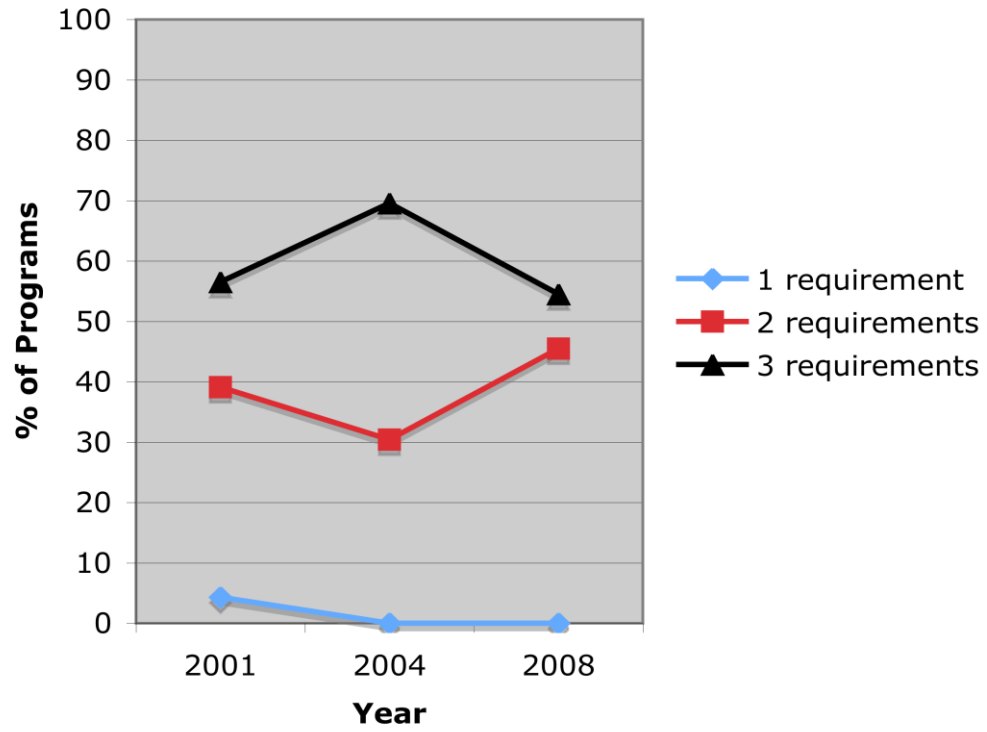


Figure 6.

Within Program Completion Requirements Disaggregated

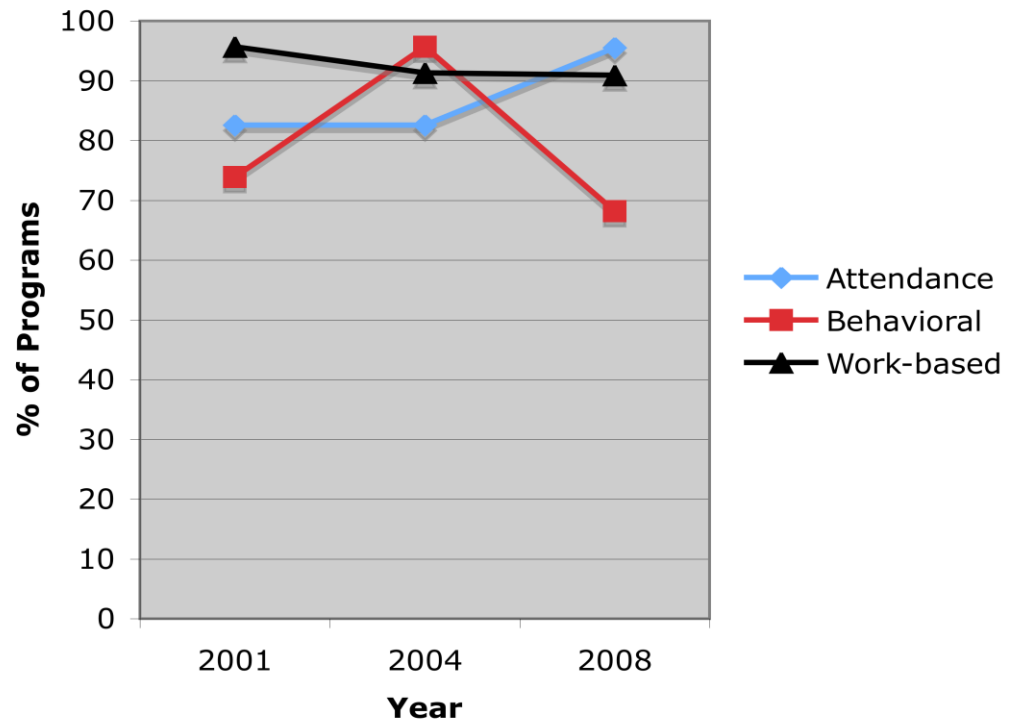


Figure 7.

Within Program Mixed Gender Co-Facilitation

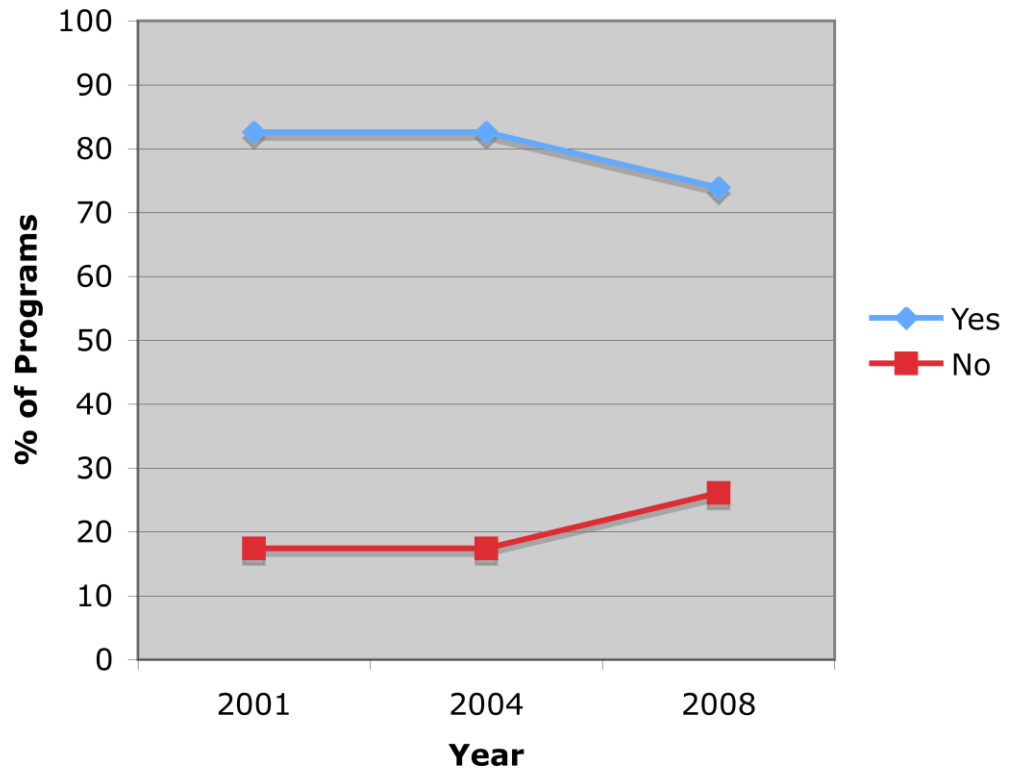


Figure 8.

Within Program Education Level of Facilitators

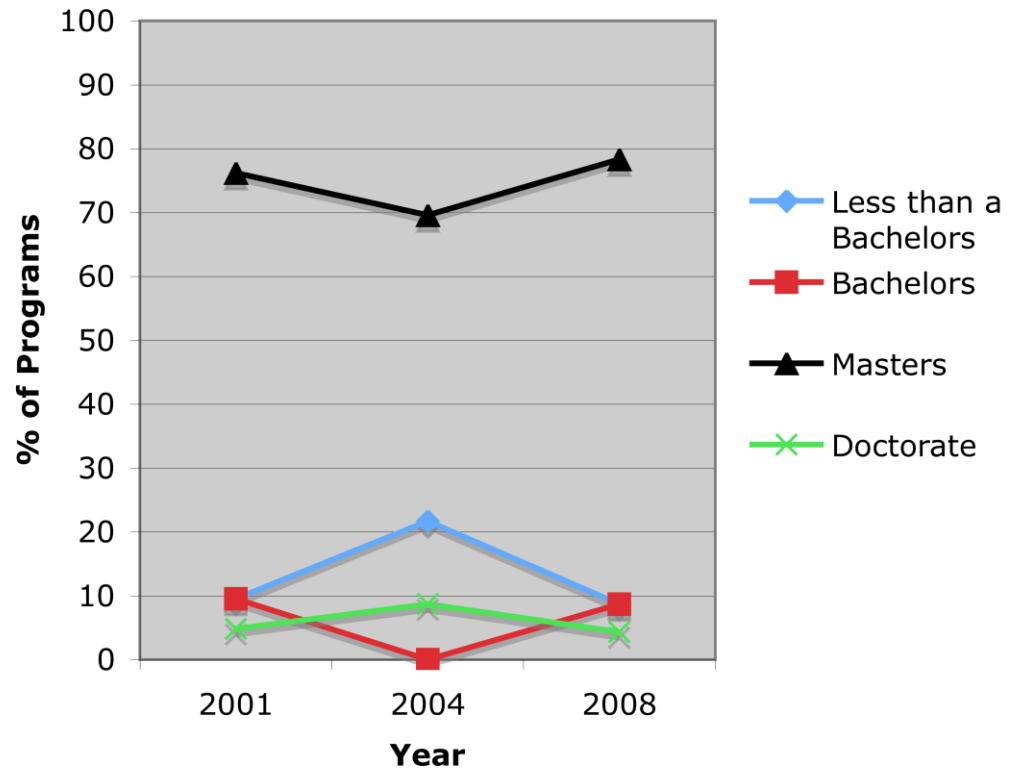


Figure 9.

Within Program Average Length of Program

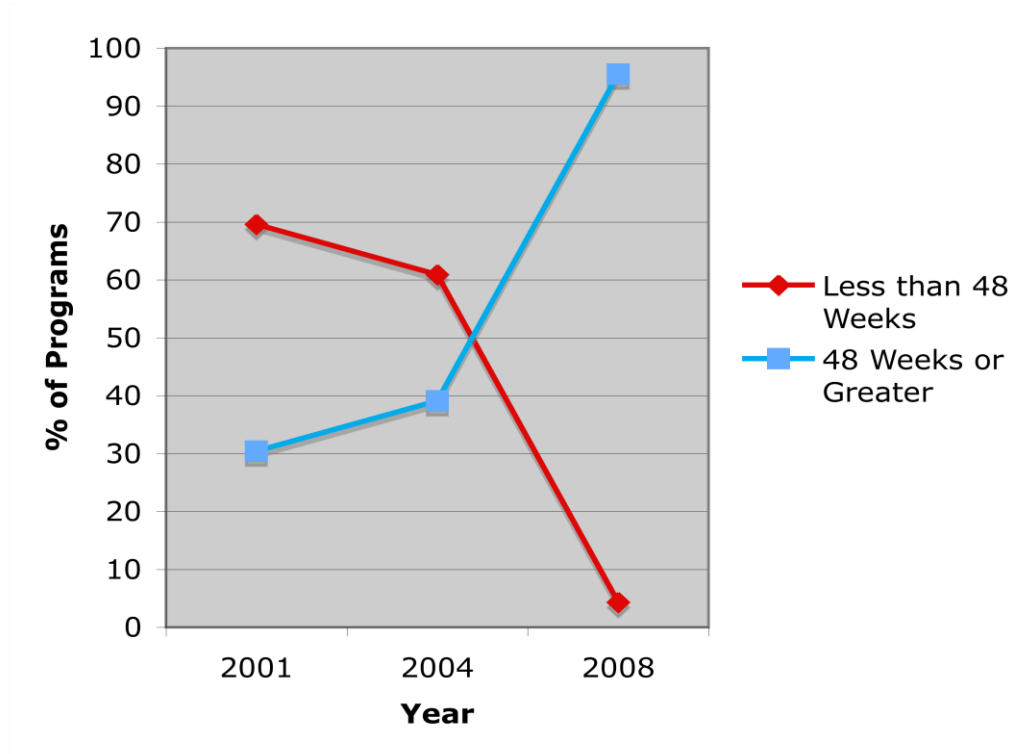


Figure 10.

Between Program Compliance Ratio

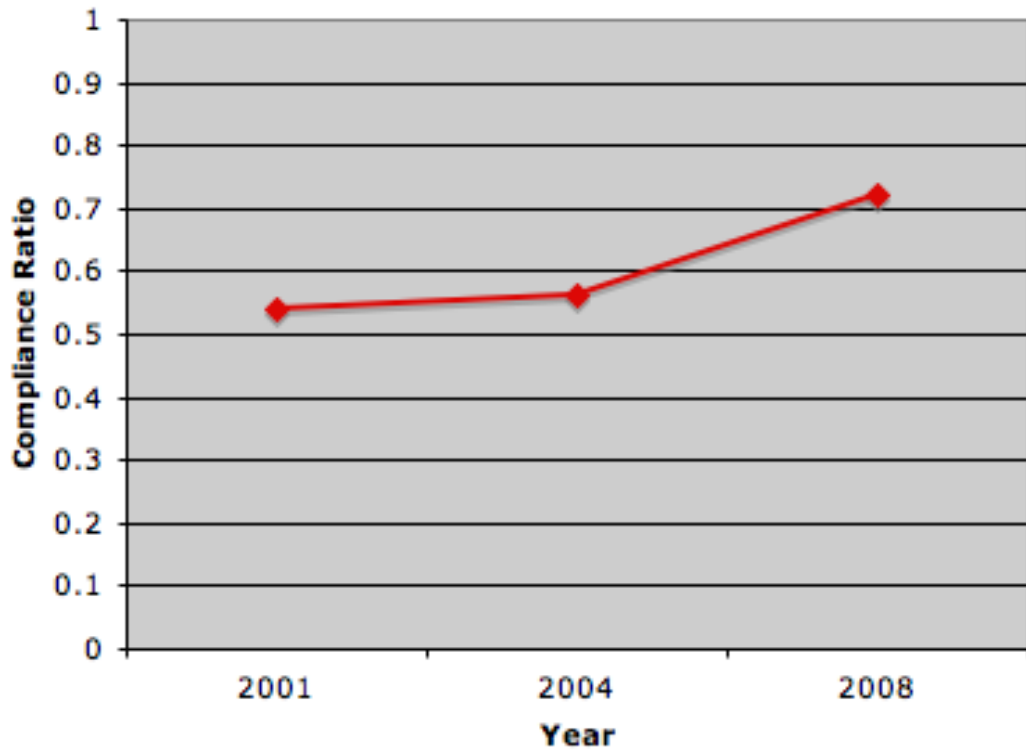


Figure 11.

Between Program Number of Collaborative Partners

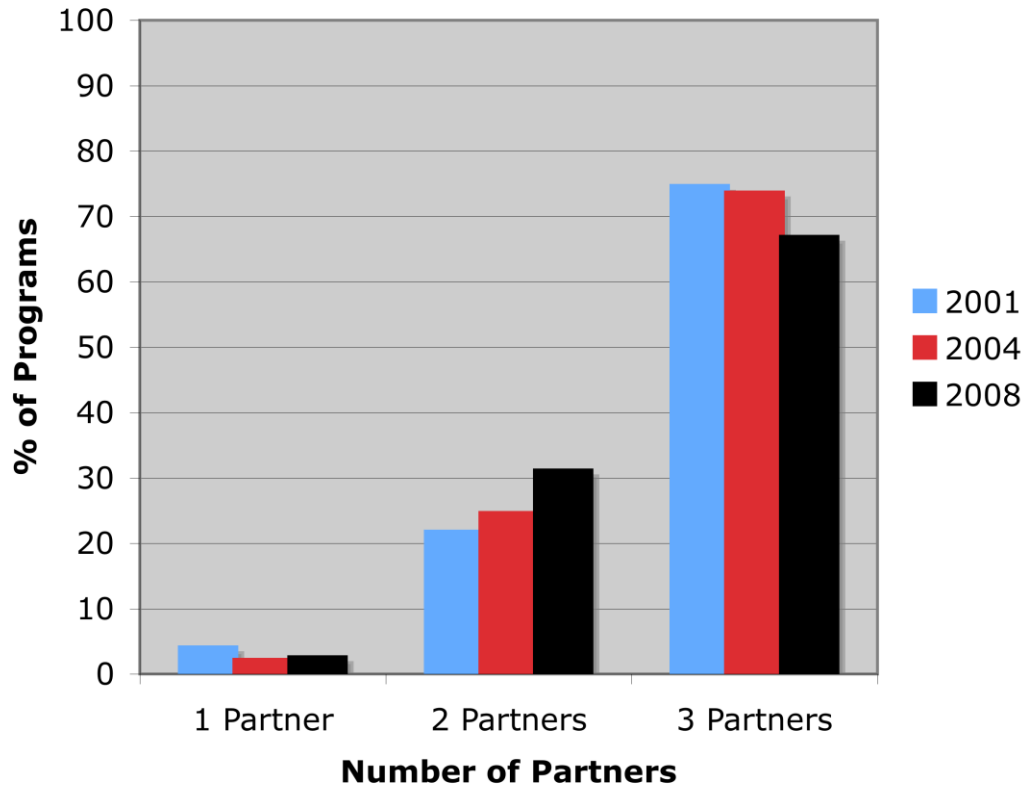


Figure 12.

Between Program Collaborative Partners Disaggregated

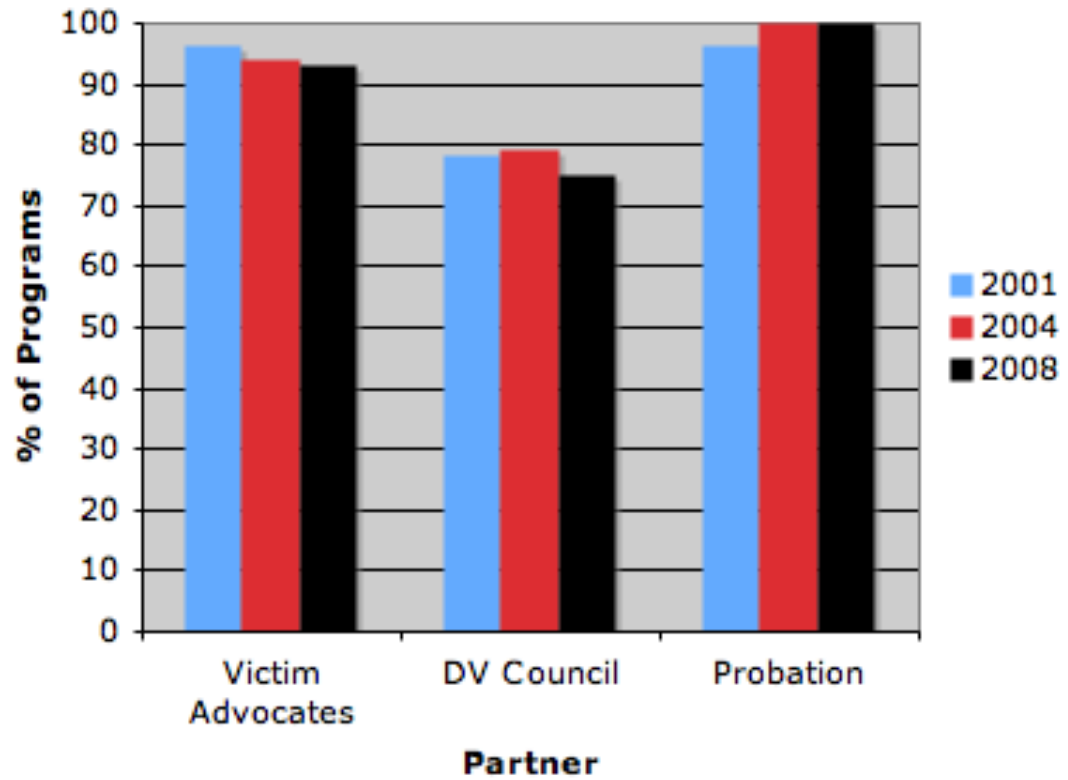


Figure 13.

Between Program Number of Completion Requirements

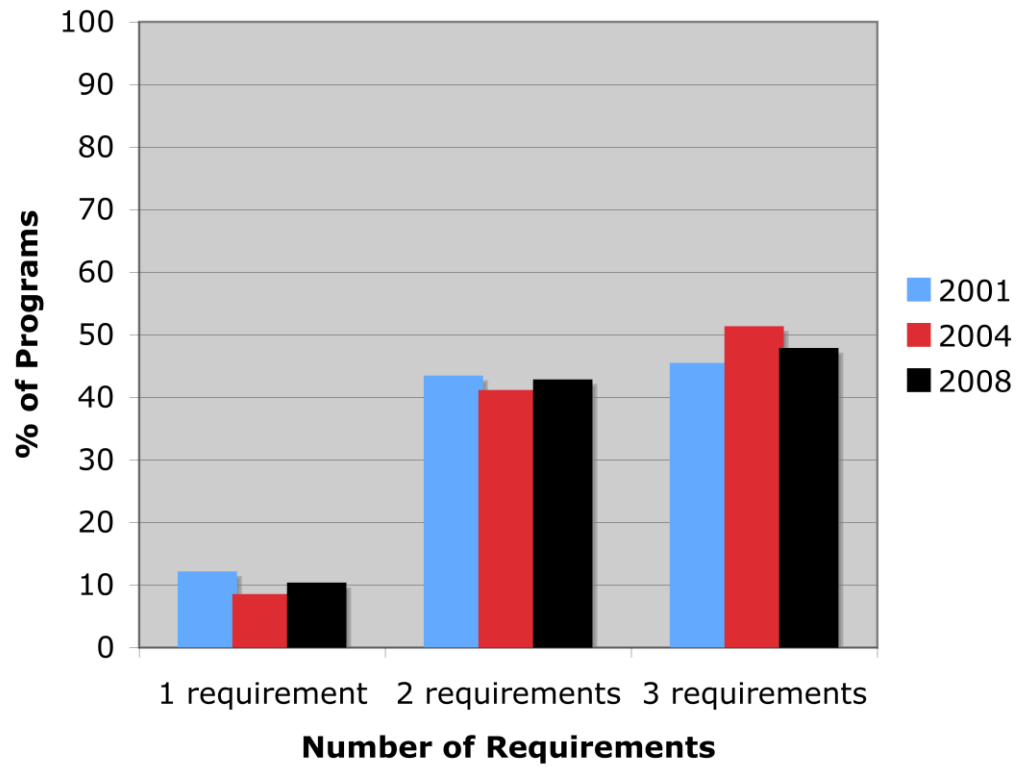


Figure 14.

Between Program Completion Requirements Disaggregated

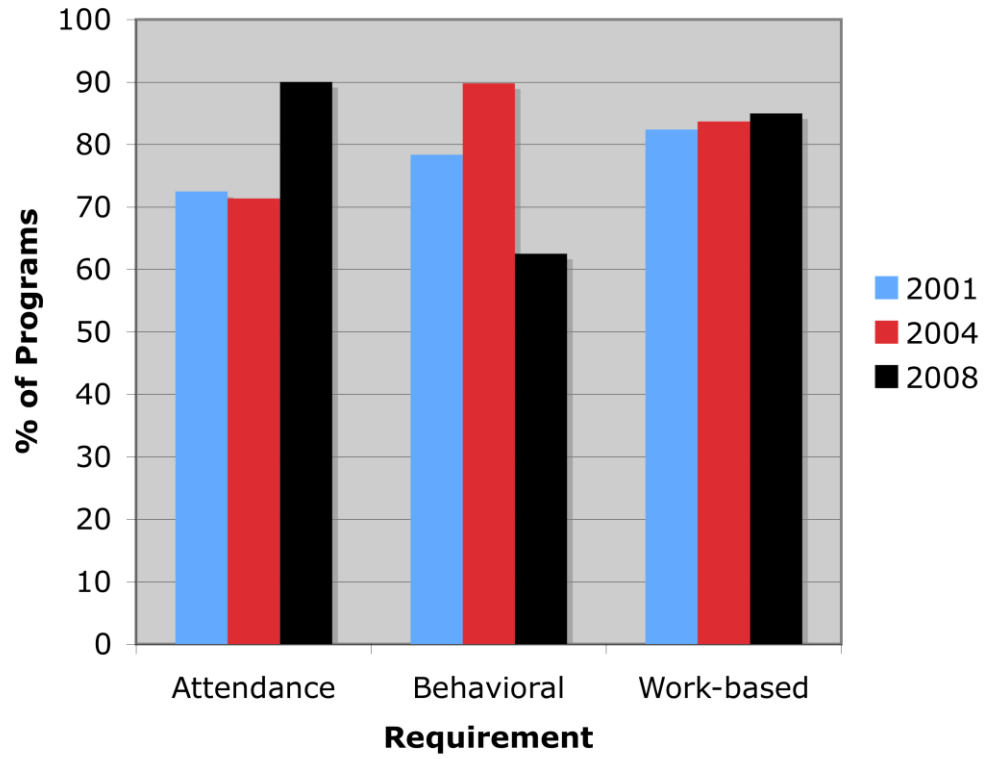


Figure 15.

Between Program Mixed Gender Co-Facilitation

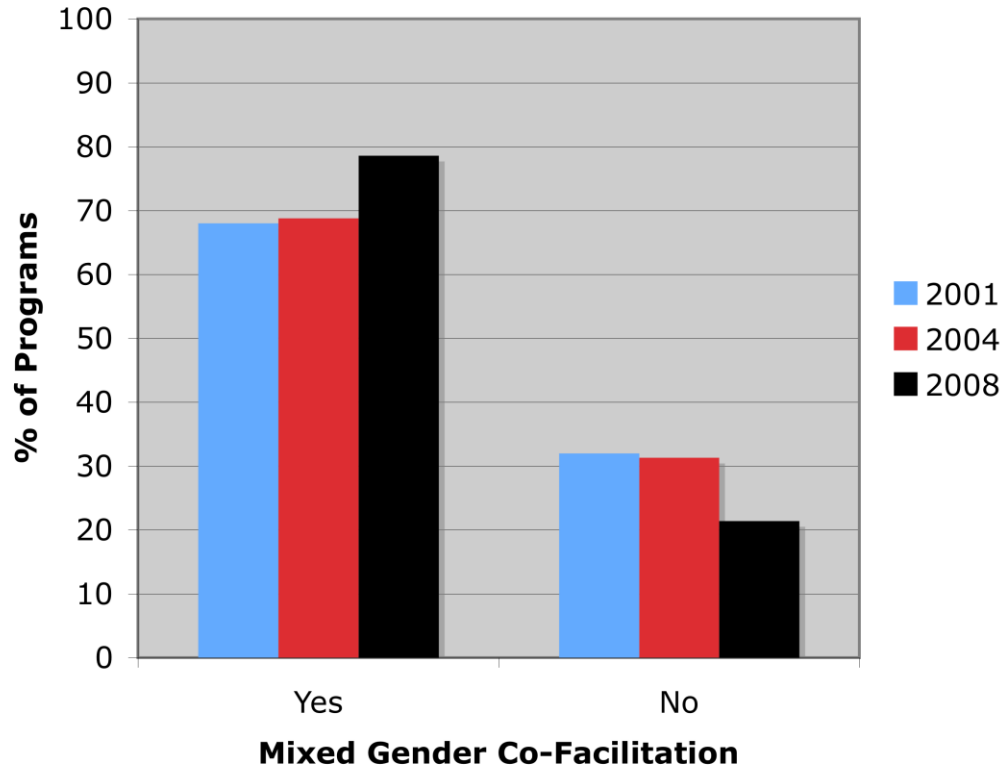


Figure 16.

Between Program Education of Group Facilitators

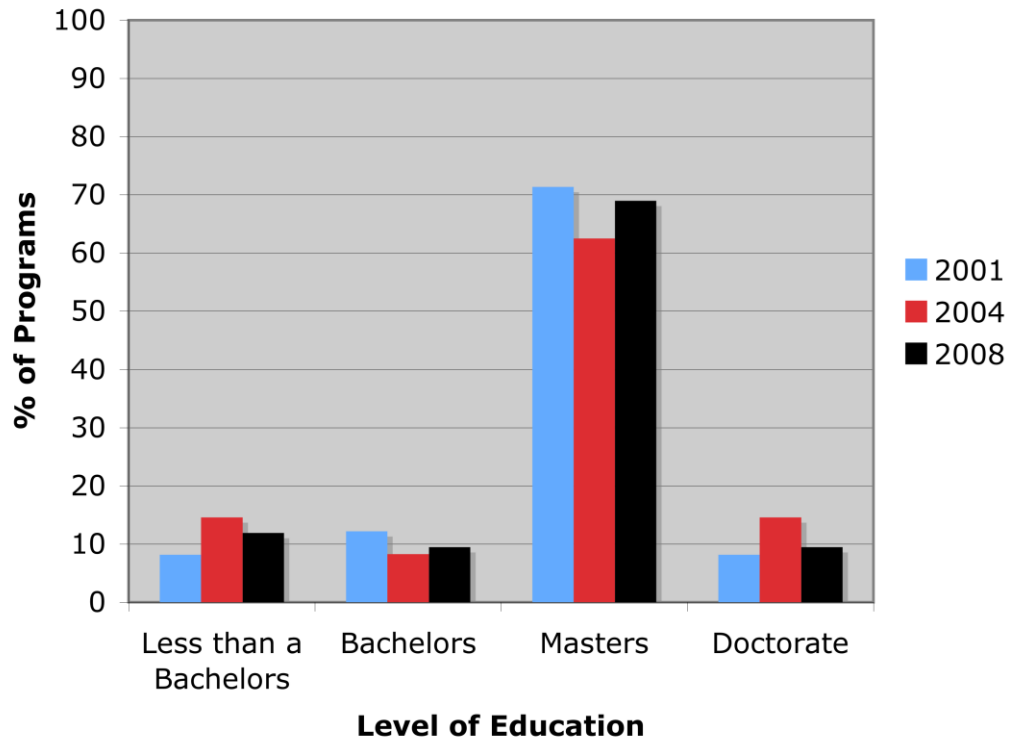
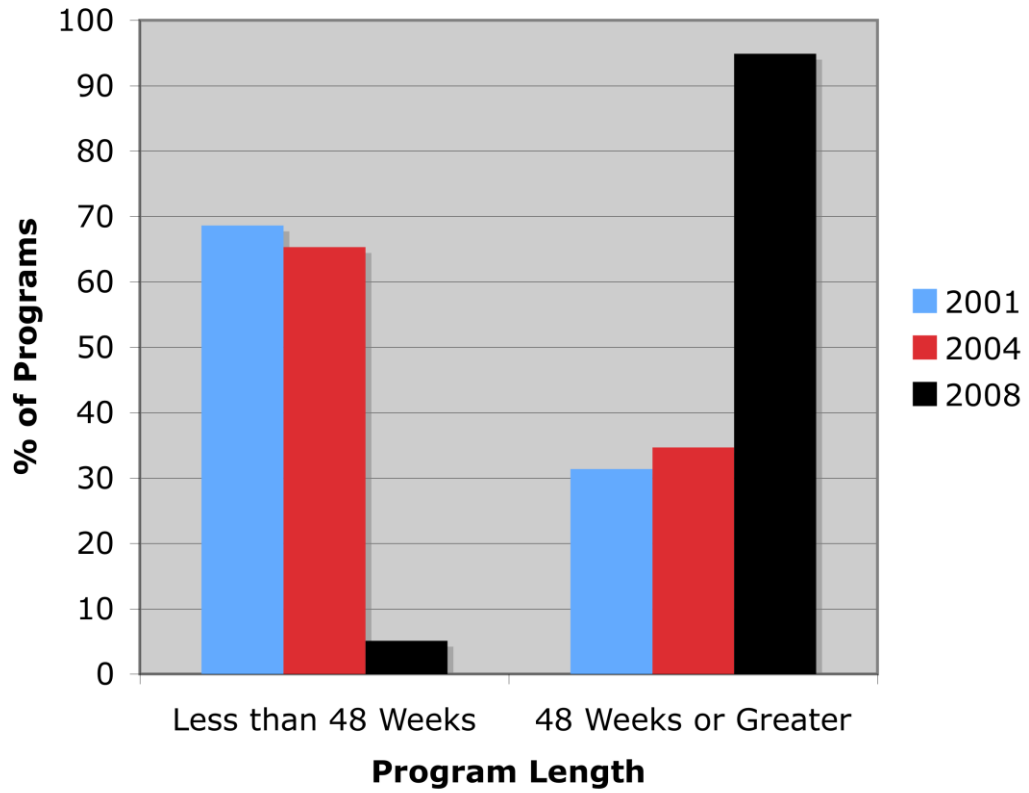


Figure 17.

Between Program Average Length of Program



References

- Adams, A., Soumerai, S.B., Lomas, J., & Ross-Degnan, D. (1999). Evidence of self-report bias in assessing adherence to guidelines. *International Journal for Quality in Health Care*, 187-192.
- Adams, D., & Cayouette, S. (2002). Emerge: A group education model for abusers. In E. Alarondo, & Mederos, F. (Ed.), *Programs for Men Who Batter: Intervention and Prevention Strategies in a Diverse Society*. NY: Civic Research Inc.
- Allen, N. E. (2006). Examination of the effectiveness of domestic violence coordinating councils. *Violence Against Women*, 12(1), 46-67.
- Austin, J. B., & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, 14(2), 152-168.
- Babcock, J. C., Green, C.E. & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, 23(8), 1023-1053.
- Bandura, A. (1971). Analysis of modeling processes. In A. Bandura (Ed.), *Psychological Modeling: Conflicting Theories*. (pp. 1-62). Chicago: Aldine Atherton, Inc.
- Bandura, A. (1974). Behavior theory and the models of man. *American Psychologist*, December 1974, 589-569.

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215.
- Baruch, Y. (1999). Response rates in academic studies- a comparative analysis. *Human Relations*, 52(4), 421.
- Begun, A. L., Shelley, G., Strodthoff, T., & Short, L. (2001). Adopting a stages of change approach for individuals who are violent with their intimate partners. *Journal of Aggression, Maltreatment & Trauma*, 5(2), 105-127.
- Bennett, L., & Piet, M. (1999). Standards for batterer intervention programs: In whose interest? *Violence Against Women*, 5(6), 6-24.
- Bennett, L., & Williams, O. (2001). Controversies and recent studies of batterer intervention program effectiveness. [Electronic Version]. *Applied Research Forum*. Retrieved July 10, 2009, from <http://www.vawnet.org>
- Bennett, L. W., & Vincent, N. (2001). Standards for batterer programs: A formative evaluation of the Illinois protocol. *Journal of Aggression, Maltreatment & Trauma*, 5(2), 181-197.
- Blass, T. (1991). Understanding behavior in Milgram obedience experiment: The role of personality, situations, and their interactions. *Journal of Personality and Social Psychology*, 60(3), 389-413.
- Bograd, M., & Mederos, F. (1999). Battering and couples therapy: universal screening and selection of treatment modality. *Journal of Marital and Family Therapy*, 25(3), 291-312.

- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet: Violence Against Women II*, 359, 1331-1336.
- Campbell, J. C., Snow Jones, A., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P., Carlson Gielen, A. & Wynne, C. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162, 1157-1163.
- Catalano, S. (2007). Intimate partner violence in the United States. U.S. Department of Justice: Bureau of Justice Statistics. Retrieved August 5, 2009, from: <http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm>
- Centers for Disease Control and Prevention (2006). Costs of intimate partner violence against women in the United States. *National Center for Injury Prevention and Control*. Retrieved July 30, 2009, from: http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm
- Cialdini, R. B., & Trost, M.R. (1998). Social influence: Social norms, conformity, and compliance. In D. T. Gilbert, Fiske, S.T., & Gardner, L. (Ed.), *The Handbook of Social Psychology, 4th Edition* (Vol. 2). New York: Oxford University Press.
- Christian, L.M., Dillman, D.A., Smyth, J.D., 2008. The effects of mode and format on answers to scalar questions in telephone and web surveys. In: Lepkowski, J., Tucker, C., Brick, M., de Leeuw, E., Japac, L., Lavrakas, P., Link, M., Sangster, R. (Eds.), *Advances in Telephone Survey Methodology*. Wiley-Interscience, New York, pp. 250–275 (Chapter 12).

- Clark, S. J., Burt, M.R., Schulte, M.M. & Maguire, K.E. (1996). Coordinated community responses to domestic violence in six communities: Beyond the justice system. [Electronic Version], *Urban Institute: Research of Record*. Retrieved July 15, 2009 from:
<http://www.urban.org/publications/406727.html>
- Coker, A. L., Smith, P.H., McKeown, R.E. & King, M.J. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering. *American Journal of Public Health, 90*, 553-559.
- Cook, T. D., & Campbell, D.T. (1979). *Quasi-Experimentation: Design & Analysis Issues for Field Settings*. Boston: Houghton Mifflin Company.
- Dalton, B. (2007). What's going on out there? A survey of batterer intervention programs. *Journal of Aggression, Maltreatment & Trauma, 15*(1), 59-74.
- Dillman, D.A., Phelps, G., Tortora, R., Swift, K., Kohrell, J., Berck, J., & Messer, B.L. (2009). Response rate and measurement differences in mixed-mode surveys using mail, telephone, interactive voice response (IVR) and the internet. *Social Science Research, 38*, 1-18.
- Dowd, L. (2001). Female perpetrators of partner aggression: Relevant issues and treatment. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 73-104.
- Dunkle, J. H., & Friedlander, M.L. (1996). Contribution of therapist experience and personal characteristics to the working alliance. *Journal of Counseling Psychology, 43*(4), 456-460.

- Durlak, J. A. (1979). Comparative effectiveness of paraprofessional and professional helpers. *Psychological Bulletin*, 86(1), 80-92.
- 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*, 4(1), 9-23.
- Edleson, J. L., & Syers, M. (1990). Relative effectiveness of group treatments for men who batter. *Social Work Research and Abstracts*, 26, 10-17.
- Feder, L., & Wilson, D.B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology*, 1, 239-262.
- Feder, L., Wilson, D.B., & Austin, S. (2008). Court-mandated interventions for individuals convicted of domestic violence. *Campbell Systematic Reviews*, 12, 1-49.
- Florida Department of Children & Families (2007). Batterer intervention certification minimum standards: Chapter 65H-2. *Florida Administrative Code*. Retrieved April 20, 2010, from:
http://www.dcf.state.fl.us/programs/domesticviolence/bip/docs/chap65H2_bip.doc
- French, J., & Raven, B.H. (1959). The bases of social power. In D. Cartwright (Ed.), *Studies in Social Power*. Ann Arbor, MI: Institute for Social Research.

- Geffner, R. A., & Rosenbaum, A. (2001). Domestic violence offenders: Treatment and intervention standards. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 1-9.
- Gelles, R. J. (2001). Standards for programs for men who batter? Not yet. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 11-20.
- Gist, M. E., Schwoerer, C., & Rosen, B. (1989). Effects of alternative training methods on self-efficacy and performance in computer software training. *Journal of Applied Psychology, 74*(6), 884-891.
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*(2), 99-132.
- Gondolf, E. W. (1985). *Men who Batter: An Integrated Approach for Stopping Wife Abuse*. Holms Beach: Learning Publications, Inc.
- Gondolf, E. W. (1988). The effect of batterer counseling on shelter outcome. *Journal of Interpersonal Violence, 12*, 82-98.
- Gondolf, E. W. (1999). A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence, 14*(1), 41-61.
- Gondolf, E. W. (2002). *Batterer Intervention Systems: Issues, Outcomes, and Recommendations*. Thousand Oaks: Sage Publications.
- Gondolf, E.W. (2007). Theoretical and research support for the Duluth model: A reply to Dutton and Corvo. *Aggression and Violent Behavior, 12*, 644-657.

- Gray, W. B., & Deily, M.E. (1996). Compliance and enforcement: Air pollution regulation in the U.S. steel industry. *Journal of Environmental Economics and Management*, 31, 96-111.
- Hart, B. J. (1995, March). *Coordinated community approaches to domestic violence*. Paper presented at the Violence Against Women Research, Strategic Planning Workshop of the National Institute of Justice, Washington DC.
- Hattie, J. A., Sharpley, C.F. & Rogers, H.J. (1984). Comparative effectiveness of professional and paraprofessional helpers. *Psychological Bulletin*, 95(3), 534-541.
- Holtzworth-Munroe, A. (2001). Standards for batterer treatment programs: How can research inform our decisions? *Journal of Aggression, Maltreatment & Trauma*, 5(2), 165-180.
- Jason, L. A., Berk, M., Schnopp-Wyatt, D.L., & Talbot, B. (1999). Effects of enforcement of youth access laws on smoking prevalence. *American Journal of Community Psychology*, 27(2), 143-160.
- Kirk, R.E. (2009). Experimental design. In R.E. Milsap & A. Maydeu-Olivaris (Eds.), *The Sage Handbook of Quantitative Methods in Psychology* (pp. 23-45). Thousand Oaks, CA: Sage.

- Kivlighan, D. M., Patton, M.J. & Foote, D. (1998). Moderating effects of client attachment on the counselor experience-working alliance relationship. *Journal of Counseling Psychology, 45*(3), 274-278.
- Klevens, J., Baker, C.K., Shelley, G.A. & Ingram, E.M. (2008). Exploring the links between components of coordinated community responses and their impact on contact with intimate partner violence services. *Violence Against Women, 14*, 346-358.
- La Violette, A. (2001). Batterers' treatment: Observations from the trenches. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 45-56.
- Maiuro, R. D., & Eberle, J.A. (2008). State standards for domestic violence perpetrator treatment: Current status, trends, and recommendations. *Violence and Victims, 23*(2), 133-155.
- Maiuro, R. D., Hagar, T.S., Lin, H. & Olson, N. (2001). Are current state standards for domestic violence perpetrator treatment adequately informed by research? A question of questions. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 21-44.
- Mallinckrodt, B., & Nelson, M.L. (1991). Counselor training level and the formation of the psychotherapeutic working alliance. *Journal of Counseling Psychology, 38*(2), 133-138.

- Mankowski, E.S., Wilson, Silverglied, C. & Huffine, C. (2008). Batterer intervention group program characteristics, structure and practices: Results of a statewide survey. Manuscript under review. Portland State University.
- Mankowski, E. S., Haaken, J., & Silvergleid, C.S. (2002). Collateral damage: An analysis of the achievement and unintended consequences of batterer intervention programs and discourse. *Journal of Family Violence*, 17(2), 167-184.
- Marlatt, G. A. (1996). Taxonomy of high-risk situations for alcohol relapse: Evolution and development of a cognitive-behavioral model. *Addiction*, 91(Supplement), S37-S49.
- Mederos, F., & Perilla, J. (May 2004). *Community connections: Men, gender and violence*. Paper presented at The Melissa Institute For Violence Prevention and Treatment, 8th Annual Conference, Miami, FL.
- Milgram, S. (1974). *Obedience to authority: An experimental view*. New York: Harper & Row.
- Morgan, S. S. (2007). *After the intervention: Facilitators' and participants' perspectives on post-intervention self-help groups for abusive men*, Portland State University, Portland.
- Murphy, C. M., Musser, P.H. & Maton, K.L. (1998). Coordinated community intervention for domestic abusers: Intervention system involvement and criminal recidivism. *Journal of Family Violence*, 13(2), 263-284.

- O'Leary, K. D., Heyman, R.E. & Neidig, P.H. (1999). Treatment of wife abuse: A comparison of gender-specific and conjoint approaches. *Behavior Therapy, 30*(3), 475-505.
- Oregon Department of Justice (2009). Batterer intervention program rules. *Oregon Administrative Rules*. Retrieved May 24, 2009, from:
http://arcweb.sos.state.or.us/rules/OARS_100/OAR_137/137_087.html
- Pence, E. L., & McDonnell, C. (1999). Developing policies and protocols. In M. F. Shepard, & Pence, E.L. (Ed.), *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*. Thousand Oaks: Sage Publications, Inc.
- Podsakoff, P. M., & Schriesheim, C.A. (1985). Field studies of French and Raven's bases of power: Critique, reanalysis, and suggestions for future research. *Psychological Bulletin, 97*(3), 387-411.
- Price, B.J., & Rosenbaum, A. (2009). Batterer intervention programs: A report from the field. *Violence and Victims, 24*(6), 757-770.
- Respect (2010). Accreditation. *The respect accreditation standard and process*. Retrieved April 29th, 2010, from:
<http://www.respect.uk.net/pages/accreditation-project.html>
- Rosenbaum, A., & Leisring, P.A. (2001). Group interventions programs for batterers. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 57-71.

- Rosenbaum, A., Gearan, P.J., & Ondovic, C. (2001). Completion and recidivism among court- and self-referred batterers in a psychoeducational group treatment program: Implications for intervention and public policy. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 199-220.
- Sarason, I. G., & Ganzer, V.J. (1973). Modeling and group discussion in the rehabilitation of juvenile delinquents. *Journal of Counseling Psychology, 20*(5), 442-449.
- Saunders, D. G. (2008). Group interventions for men who batter: A summary of program descriptions and research. *Violence and Victims, 23*(2), 156-172.
- Shalala, S. R. (1974). A study of various communication settings which produce obedience by subordinates to unlawful superior orders. *Dissertation Abstracts International, (0419-4217), 36*(2-b), p. 979.
- Shepard, M. (2005). Years of progress in addressing domestic violence: An agenda for the next 10. *Journal of Interpersonal Violence, 20*(4), 436-441.
- Shepard, M. F., Falk, D.R. & Elliot, B.A. (2002). Enhancing coordinated community responses to reduce recidivism in cases of domestic violence. *Journal of Interpersonal Violence, 17*, 551-569.
- Silvergleid, C. S., & Mankowski, E.S. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence, 21*(1), 139-159.

- Swan, S. C., & Snow, D.L. (2002). A typology of women's use of violence in intimate relationships. *Violence Against Women, 8*(3), 286-319.
- Taft, C. T., & Murphy, C.M. (2007). The working alliance in intervention for partner violence perpetrators: Recent research and theory. *Journal of Family Violence, 22*, 11-18.
- Thompson, R. S., Bonomi, A.E., Anderson, M., Reid, R.J., Dimer, J.A., Carrell, D. & Rivara, F.P. (2006). Intimate partner violence: Prevalence, types, and chronicity in adult women. *American Journal of Preventive Medicine, 30*(6), 447-457.
- Tjaden, P., & Thoennes, N. (1998). Prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. *National Institute of Justice Centers for Disease Control and Prevention: Research in Brief, 1-16*.
- Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women. *U.S. Department of Justice*. Retrieved July 5, 2009, from:
<http://www.ncjrs.gov/pdffiles1/nij/183781.pdf>
- Tolman, R. M. (2001). An ecological analysis of batterer intervention program standards. *Journal of Aggression, Maltreatment & Trauma, 5*(2), 221-233.
- Toseland, R. W. (1990). Long-term effectiveness of peer-led and professionally led support groups for caregivers. *The Social Service Review, 64*(2), 308-327.