

An Examination of the Outcomes of Various Components of a Coordinated Community Response to Domestic Violence by Male Offenders

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Abstract With recognition that police intervention by itself is not entirely effective, in recent years there has been a shift in public policies towards the implementation of a coordinated community response to domestic violence incidents. This article examines the impact of participation in several aspects of a coordinated community response (CCR) in a mid-sized city in the Midwest. Specifically, recidivism was examined using information on officially recorded re-arrests for 131 male domestic violence offenders involved in a CCR type intervention. In addition, exploratory analyses attempt to determine if certain offender characteristics are related to their likely of progressing through each of several post-conviction components of this CCR-type intervention. Limitations of the research and suggestions for policy responses to domestic violence are discussed.

Keywords Domestic violence · Coordinated community response · Male offenders

Prior to the advent of mandatory arrest policies, most police officers did not consider incidents of domestic violence to be “criminal” matters but rather “domestic” problems, a view which resulted in few arrests being made (Lucera and

Lane 2002; Steinman 1991). Frustrated with the criminal justice system’s traditional hands-off approach to domestic violence, victim advocates began to put increasing pressure on the criminal justice system, particularly the police, to ‘do something’ about domestic violence (Stark 1993). These grass root organizations began to advocate for public officials to treat domestic violence as a crime.

Mandatory Arrest

Mounting pressure for the criminalization of spousal abuse, coupled with the results of Sherman and Berk’s landmark 1984 domestic violence study in Minneapolis, MN, and the onslaught of civil liability cases against police departments for their failure to provide protection to domestic violence victims, resulted in the adoption of mandatory arrest policies across the nation (Lucera and Lane 2002; Sherman and Berk 1984; Steinman 1991). These “mandatory arrest” policies require that police arrest the suspect when they are called to a reported domestic violence scene if they have sufficient legal justification or ‘probable cause’ to do so.

The increasing pressure on police departments to ‘do something’ about domestic violence has changed the way police officers respond to domestic violence. Mandatory arrest policies became very popular following the publication of the study of Sherman and Berk (1984). Within 4 years after the completion of this study in Minneapolis, 14 states adopted mandatory arrest policies, despite recommendations by the researchers to not rush to do so (Sherman 1992). In addition to the implementation of mandatory arrest policies, other responses have also been adopted in addition to, or in place of mandatory arrest, including preferred arrest, warrantless arrest, and civil protection orders (Davis and Smith 1995).

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Preferred Arrest

The majority of police departments across the nation have either adopted mandatory arrest or preferred arrest policies as a response to increasing public pressure to criminalize domestic violence (Sherman 1992). Preferred arrest policies are similar to mandatory arrest policies in that they are based on the principle of probable cause which allows the police officer to arrest a suspect when there is probable cause that an incident of domestic violence has occurred. If probable cause cannot be ascertained, an arrest is not made. However, unlike mandatory arrest policies which require a police officer make an arrest when there is probable cause that violence has occurred, preferred arrest policies rely on police discretion whether or not to make an arrest (Jones and Belknap 1999). Thus, in jurisdictions with preferred arrest policies, the decision to ultimately make an arrest or not is dependent upon not only whether there is probable cause, but whether the police officer determines (i.e., police discretion) that arrest is a warranted response to the situation.

Warrantless Arrests

Before the advent of warrantless arrest, police officers were required to obtain a warrant for the domestic violence suspect before making an arrest (Sherman 1992). Warrantless arrests allow just that; arrest of a domestic violence suspect without a warrant. Under these policies, police officers typically have 12 h to obtain a warrant after a domestic violence arrest is made.

Civil Protection Orders

Civil protection orders were introduced in the 1980s as a complement to domestic violence arrest policies. Civil protection orders, sometimes referred to as “restraining orders,” are court orders that restrict the offender from having further contact with the victim for a specific period of time. Such orders were seen as a secondary way of protecting the victim from the offender. The effectiveness of civil protection orders, however, has been questioned. Keilitz et al. (1998) found that while the majority of victims reported general satisfaction with the protection order (i.e., felt safer, felt better about themselves and had general “life improvement” after the initiation of the protection order), the order presented somewhat of a deteriorating deterrent effect with protection orders producing the strongest deterrent effect on repeat abuse in the months immediately following issuance of the order.

The Development of Coordinated Community Responses

Recognizing that police intervention alone is not entirely effective in reducing domestic violence (Keilitz et al. 1998; Sherman 1992; Sherman and Berk 1984; Steinman 1988), there has been a shift in the criminal justice community towards more of a coordinated response to domestic violence. While the specific form that Coordinated Community Response (CCR) programs take varies across communities, the premise of such an approach is that the coordination and integration of criminal justice, human service, and advocacy responses to domestic violence should reduce the incidence of domestic violence (Shepard et al. 2002). Objectives of a coordinated response include: (1) improved system effectiveness; (2) delineation of services across agencies; (3) delivery of appropriate services to the victim with minimal distress; (4) protection of the victim; and (5) successful sanctioning of the offender (Adler 2002). These objectives are typically met through the combination of several components including preferred or mandatory arrest policies, aggressive prosecution of offenders, advocacy services for victims, and treatment services for convicted offenders (Steinman 1991). However, depending on resources, interagency relationships, and community awareness of domestic violence issues, the number, type, and delivery of CCR components varies across communities (Pence 2001), as does the actual level of coordination of these various components.

The gradual shift to a coordinated community response has largely been the result of the success of the Duluth Domestic Abuse Intervention Project. Considered the “model” (or the Duluth Model) that many coordinated community programs are based on, the Duluth Domestic Abuse Intervention Project (DAIP) was the first such project in the nation. Developed in 1980, the DAIP was designed to coordinate all criminal justice activities related to domestic violence. In addition, a batterer intervention program was developed to provide treatment as an alternative to jail time for offenders. The perceived success of the program resulted in the 1991 Minnesota Legislature mandating that an intervention project modeled after the DAIP be established in each legislative assignment district in the state (Thelen 2000).

Following on the heels of the Duluth model’s development, coordinated approaches to domestic violence emerged across the United States. Cities, such as Colorado Springs, Portland, Oregon, Baltimore, San Francisco, and Omaha, developed policy related to the coordination of criminal justice and human service agency responses to domestic violence. Several studies have attempted to evaluate the impact that “coordinated community responses” have on domestic violence recidivism.

One early and relatively well-known example of a coordinated approach to domestic violence is the Minneapolis Intervention Project (MIP) created in 1983. The MIP was charged with coordinating the activities of various community agencies involved in the sanctioning, processing, and treatment of domestic violence offenders within the community. The criminal justice agencies involved in this project included the police, who were responsible for arresting all domestic violence offenders where probable cause existed, as well as the prosecutors who were tasked with aggressively prosecuting all domestic violence cases. In addition, judges were responsible for ordering presentence investigations and offered stays on all incarceration sentences where the offender successfully completed a batterer intervention treatment program. Finally, probation officers were responsible for compiling information used in the pre-sentence reports and forwarding these reports to the judges (Syers and Edleson 1992). Other agencies involved in the MIP included volunteer advocates who were responsible for contacting the victim immediately after the arrest of the offender and treatment providers who provided information to probation officers regarding offenders participation in treatment (Syers and Edleson 1992).

Evaluations of the Effectiveness of CCR Models

Syers and Edleson (1992) conducted an evaluation of the MIP to assess the impact coordinated intervention had on recidivism rates in Minneapolis. Their research design included data collected over a 13 month period (February 1986 to March 1987) on all domestic violence calls received by the police (involving a male offender and female victim) that were referred to the MIP. Data from multiple sources including official police reports, legal advocate case files, and victim interviews were analyzed using a quasi-experimental research design included three groups: men who were not arrested, men arrested but not court-ordered to treatment, and men arrested and court-ordered to treatment.

Recidivism was tracked at 6 and 12 months after the initial incident, with a total of 237 cases (66% of the total original sample of 358 cases) dropped from the study because follow-up victim interview data was not available. At 6 months after the initial incident, the remaining sample included 196 cases and 12 months only 121 cases remained (Syers and Edleson 1992). While the researchers found that men who received more components of the coordinated community response model (i.e., arrested and court-ordered to treatment) had the lowest recidivism rate compared to the other two groups, the results were not statistically significant (Syers and Edleson 1992). It is possible, however, that those female victims who were not interviewed during the follow-up did not participate in these interviews

because they were more likely to be experiencing continued abuse. This would have the effect of potentially biasing the remaining sample. As such, these results demonstrating no effect of the MIP should be interpreted cautiously.

Tolman and Weisz (1995) analyzed the effect that the combination of arrest and prosecution had on repeat recidivism in DuPage County, IL. While this program shares only some components of a more comprehensive CCR model, the results are illustrative of the potential impacts of multi-component interventions on repeat domestic violence. These authors hypothesized that for individuals who received both components of the intervention model (i.e. arrest and successful prosecution) recidivism rates would be lower than for individuals who received none or only one of the model's components. Data were collected from domestic violence police reports over the course of 18 months (note that this program did not include any court-ordered batterer treatment services). Tolman and Weisz (1995) found support for their hypothesis that offenders who underwent both components of the coordinated approach had lower incidences of repeat violence. Because this study did not rely on an experimental design (study participants were not randomly assigned to receive or complete both program components), and recidivism was measured solely by official data, these findings must also be interpreted cautiously.

Murphy et al. (1998) examined whether a combination of community interventions affected recidivism rates in Baltimore, MD. The sample included 235 men charged with domestic violence related offenses in three police districts in Baltimore, MD between January and August 1994. Official data were used to measure recidivism 12 and 18 months after adjudication. This study found that those men who received more components of this comprehensive model had lower recidivism rates than those who completed fewer parts of the program (Murphy et al. 1998). Thus, the researchers concluded that their findings support the coordination of responses (i.e., the combined use of successful prosecution, probation, counseling orders, and successful completion of counseling).

It is important, however, to point out several limitations of the Baltimore study, including (1) the use of only one data source (official police records); (2) lack of an adequate control group (non-experimental design); and (3) the limited statistical power of the study with only 4% of subjects experiencing the complete intervention. Thus, while Murphy et al. found support for the coordination of domestic violence responses, these positive findings for the coordinated community response to domestic violence should be taken only as suggestive evidence of the approach's effectiveness.

In a more recent study, Shepard, Falk, and Elliot (2002) examined the effectiveness of a CCR-type approach in Duluth, Minnesota. Utilizing a quasi-experimental research design, Shepard et al. (2002) compared recidivism rates of

male offenders who successfully completed domestic violence treatment to those who did not successfully complete treatment. Tracking recidivism over 18 months, they found that offenders who did not successfully complete court ordered domestic violence treatment were significantly more likely to recidivate compared to offenders who completed their court ordered treatment (Shepard et al. 2002). While this result might seem to suggest the effectiveness of this approach, the failure of this study design to adequately control for selection effects (i.e., those who complete may be inherently less likely to recidivate independent of any treatment effect), this study's conclusions should also be interpreted with caution.

Focus of the Current Study

The current study expands on previous research by examining both the processes and outcomes of a coordinated community response to domestic violence in a smaller urban area in the upper mid-west. Specifically, each separate component of the model is considered in relation to re-offending measured by official re-arrest records for 131 male offenders. Unlike previous studies, the current study also examines the impact that participation in various intervention components has on both overall recidivism and repeat instances of domestic violence.

Program Description

The coordinated community response in this community is similar to other CCR-type approaches across the country (Gamache et al. 1988; Murphy et al. 1998; Steinman 1988; Syers and Edleson 1992; Thelen 2000; Tolman and Weisz 1995). Specifically, the program being evaluated here is part of a comprehensive community response to domestic violence that includes various criminal justice and human service agencies (i.e., the local police department, district attorney's office, victim advocacy groups, counseling and treatment agencies, and the community corrections agency itself) to carry out the separate, but related interventions. This combination of intervention components was organized and is continually overseen by the County's 'Family Violence and Sexual Assault Committee.' This coordinating committee includes representatives from each of the aforementioned agencies involved in the CCR process in this community.

Police Contact The first component of this intervention begins with the arrest of a domestic violence suspect. Mandatory arrest policies are not in effect in North Dakota. Instead, a probable cause arrest policy is followed. This policy mandates that the police are to make an arrest in all domestic violence incidents when probable cause, usually in the form of physical evidence (i.e., scratches, bruising, or other visible

markings on the victim) can be ascertained. Whether or not an arrest is made, police must file a report for each incident, and the report is forwarded to the county State's Attorney's office and the community's victim advocate representative.

Victim Advocacy The victim advocacy agency receives a copy of the police report for every incident involving domestic violence. In cases where an arrest is made, a victim advocate contacts the victim involved in the incident. In cases where an arrest is not made, a letter is mailed to the victim outlining resources available in the community including shelter information and counseling contacts. In cases where the offender is prosecuted, the victim advocate provides support to the victim, including accompanying the victim to meetings with the prosecutor and attending the domestic violence court hearing(s) with the victim.

No Contact Order Predisposition 'no contact' (protection) orders are automatically placed by the State's Attorney's office when a domestic violence arrest is made. These are criminal court judgments that typically stipulate no contact between the defendant and victim for a specified amount of time (usually 1 year). In order to lift the protection order, the offender against whom the no contact order is placed must undergo a screening using the Domestic Violence Inventory (DVI) administered by the local community corrections agency (CCA) and must complete any subsequent treatment recommendations. In addition to criminal no contact orders, victims may apply for a civil protection order.

Prosecution When an offender is successfully prosecuted (resulting in a conviction) for domestic violence, the court sentence mandates that the offender must report to the local community corrections agency which monitors the offender's compliance with the order to complete a clinical domestic violence assessment and any treatment deemed necessary as a result of that assessment. In some cases, the sentence is deferred upon successful completion of a domestic violence assessment and any subsequent treatment recommendations.¹

Intake and Screening At sentencing, these convicted offenders are ordered to report to the Restore community corrections agency to undergo an initial intake interview. The intake interview consists of a brief consultation with the offender that includes the collection of demographic information, explanation of program expectations, and a referral to one of two local service providers who will conduct the clinical assessment of the offender's need for domestic

¹ In the state of North Dakota, a deferred imposition sentence refers to a court judgment stating that upon completion of the court order the court will withdraw the defendant's plea of guilty or the verdict of guilty, resulting in the case being dismissed and subsequently the file being sealed.

violence treatment. Following the intake interview, the RCCA conducts a Domestic Violence Inventory (DVI) screening on the offender, with the results of this screening shared with both the presiding judge and the treatment agency to which the offender is referred. On average, this screening takes 30 min to complete. The DVI screening tool consists of 155 questions, designed to evaluate several aspects of the offender's risk for future domestic violence including 'Violence' (i.e., lethality), 'Control issues,' 'Stress coping abilities,' and 'Substance abuse' (Davingon 2003).

Ongoing Monitoring of Compliance After screening the offender and referring him for clinical assessment, the CCA program maintains contact with the treatment provider, who provides the agency with feedback on the results of the assessment and continued participation in any recommended treatment. The CCA then reports to the court on whether or not the offender eventually completes all of the assessment and treatment activities required in the court order within the specified time period (usually one year). Given the nature of these offenders' crimes, (misdemeanors) they are essentially placed on 'unsupervised probation' with the local CCA responsible only for monitoring their compliance with the order for assessment and treatment. The CCA does not perform functions such as home visits, drug testing or employment verification that might normally be performed for those on traditional, supervised probation.

Assessment Assessments are conducted by two agencies in the area that specialize in providing domestic violence treatment. The assessments generally take 1 h to complete and involve an interview with the offender and review of the police report, the offender's criminal history, the court judgment, and the DVI screening tool. Recommendations and referrals for treatment are determined as a result of this assessment, with the successful completion of any recommendation for treatment becoming a part of the court ordered sentence.

Treatment When a recommendation for treatment ensues based upon the results of the assessment, that recommendation becomes part of the court judgment, and the offender is then required to complete the recommended course of treatment. In this jurisdiction, domestic violence treatment may take one of several forms. First, the most intensive treatment involves a 24-week, group-based domestic violence intervention. The 24-week domestic violence treatment program is a men's only group that meets once a week for 2 h over the course of 24 weeks. This treatment program is described by the treatment provider as "an educational and therapeutic program that focuses on diminishing power and control and teaches possibilities of change through equality behavior." In the current study, over one-half (56%) of offenders who completed a

domestic violence assessment were referred on to the 24-week domestic violence treatment program.

Second, a less intensive, 5-h 'anger management seminar' is available to both male and female offenders. Several other, less frequently utilized "treatment" options include individual counseling, chemical dependency evaluation (and treatment as needed), or some other recommendation (e.g., offender is referred to meet with a police officer, ordered to undergo a psychiatric evaluation). In about one-quarter of the cases, no treatment recommendation of any kind is made.

Research Questions

The current study expands on previous research by exploring five interrelated research questions. While there are several examples of evaluations of the outcomes of CCR-type programs for domestic violence in the existing literature, few if any of these evaluations have examined the factors related to what types of offenders succeed at each stage of these combined interventions. As such this study proposes several exploratory hypotheses regarding the types of offenders who are likely to succeed in or otherwise progress through each of several post-conviction steps in the comprehensive, community-based response to domestic violence.

First, the study asks if there are any distinguishing characteristics of those offenders who appear for the court-ordered intake screening as the first step in this CCR-type intervention. Second, this study examines whether there are any unique factors related to whether an offender is recommended to complete the intensive, 24-week domestic violence treatment over some other form of recommendation, resulting from the clinical assessment. Third, analyses examine whether there are any significant predictors of who will successfully complete this most intensive treatment program, among those assigned to receive such treatment. Fourth, individual factors that may predict who successfully completes the requirements of their overall court order (regardless of the content of that order, intensive treatment or otherwise) are examined. Finally, multivariate analyses are used to determine whether completion of multiple components of the CCR-type approach significantly reduces the likelihood of re-offending among this sample of male domestic violence offenders, as some previous studies would predict would be the case.

Materials and Methods

Sample

Over the course of 12 months (January 1, 2003–December 31, 2003), 189 offenders (146 males and 43 females) were

court ordered to appear at the local community corrections agency for an intake interview and DVI screening. Because the CCR was developed as an intervention to respond to male domestic violence offenders engaged in intimate heterosexual relationships (i.e., married, dating, and/or cohabitating heterosexual adults) the current study utilizes a sample of male offenders in a heterosexual relationship. It should be noted that because of this criteria 58 offenders (43 females and 15 males) were not included in the sample analysed here, however the relatively small numbers of these other types of offenders would have limited the ability to conduct meaningful statistical analyses of these cases in any event. Thus, this study focuses on a sample of 131 male offenders. Overall, this sample was predominately white (86.9%). The mean age of the sample was 29.7 years. The majority of the sample have at least a high school education (87.7%), were employed at time of the CCA intake interview (76.1%), and were single (53.3%). Offenders were most likely to have been arrested on an assault charge (76.4%), and a slight majority had a prior arrest record (51%). Almost one-third of the sample (29.7%) had been previously arrested on a domestic violence charge.

Measures

Background Variables Demographic information collected during the intake process at the community corrections agency included employment status (i.e. employed or unemployed), marital status (i.e., single, married, separated, divorced, or widowed), and offender's age. Other demographic information gathered from official police and court reports included the gender of the offender and the victim, age for both offender and victim, the offender's race (i.e., white vs. non-white), and the relationship between offender and victim (i.e., married, separated, divorced, cohabiting, and dating-not cohabiting). Whether the offender and/or victim had a criminal history was determined by obtaining arrest records on each party from the local police department. Arrest data included the date and type of charge for each individual.

Offense Variables Specific variables related to the domestic violence incident for which the offender was arrested were gathered from police reports, including primary charge (e.g., assault, interference with 911, harassment, violation of protection order) and whether or not both the offender and victim were arrested (i.e., dual arrest).²

Prosecution Variables Records of court judgments were used to obtain data on the criminal assault charge (e.g., misdemeanor type B or misdemeanor type A), whether or not a

deferred sentence was imposed, whether or not a 'no contact' order was part of the court judgment and in cases with a deferred sentence, the length of the deferment in days.³

CCR Process Variables Variables representing completion of various stages of the CCR process were collected from RCCA case files (1=yes, 0=no). The first variable to be examined is whether or not the offender appeared at the community corrections agency as ordered. The second variable indicated whether or not an intake interview/screening tool was completed for those offenders who appeared at the community corrections agency as ordered. The third variable represented whether the offender successfully completed whatever was included in his or her court order (i.e. when treatment was recommended did the offender complete the treatment recommendation). Finally, information related to how far the offender went in the process (i.e. intake interview, screening, assessment, treatment recommendation, completion of treatment recommendation) was also examined (a variable representing the sum of each previously described 'dummy' variable was computed).

Recidivism Measures Recidivism data was gathered from official arrest records maintained by the local police department.⁴ An offender was considered to have recidivated if he or she was re-arrested at any time after the date of sentencing. The average time at risk for the entire sample was 7 months. Similar to the information obtained related to prior criminal histories, information related to the date and type of re-arrests was recorded. Any domestic violence incidents in which both the offender and victim were re-arrested (dual arrests) were noted, and a separate dichotomous variable was created to represent this specific type of recidivism event.

³ 'Misdemeanor type A' charges are generally more serious and involve incidents where the offender has caused substantial bodily harm and/or used a weapon in the incident.

⁴ Official arrest histories were provided by the local police department for all domestic violence offenders seen at the CCA. Each client's name and date of birth were entered into the North Dakota and Minnesota criminal history databases. For purposes of this evaluation, 'non-sufficient funds' (i.e., bad checks) charges were not recorded as an arrest because law enforcement agencies in the region had changed the way that these offenses were recorded in recent years which would have introduced unwanted error in the measurement of these offenses over time. If no state criminal history could be found for an offender, a search was conducted on the local police department arrest database, which included arrest histories for several surrounding cities and counties in both North Dakota and Minnesota. If no arrest history could be located from these databases, the County State's Attorney's arrest records were also searched. All arrest data was cross referenced between each of the five databases to ensure no charge was counted more than once. The highest level of offense was counted in cases where there were multiple charges in any given arrest event.

² "Interference with 911" charges include incidents when the suspect interferes with the victim's ability to call 911.

Results

Intake Screening

The first question to be addressed in this study examines factors which predict whether offenders who are court ordered to undergo compliance monitoring services through the CCA appear for their initial intake screening appointment. Specifically, the study examines which types of offenders are more likely to appear for their intake interview. Of the 131 male offenders sentenced to the CCA for monitoring of their compliance with domestic violence assessment and treatment services, 100 (76.3%) appeared for their intake appointments.

Using bivariate statistics, five variables were found to be significantly related to the probability that a male offender appeared for the intake after his court judgment: race, relationship with the victim, children with the victim, whether the offender’s sentence was deferred, and previous offense history (Table 1). Non-whites were nearly twice as

likely to fail to appear for the intake appointment following a court judgment (19.4%) than were white offenders (10.0%, Chi-square=1.931, $p=0.08$). Male offenders who received a deferred imposition sentence from the Court were much more likely to appear for their intake interview (29.4%) than those who did not receive deferred impositions (6.5%, Chi-square=6.494, $p<0.01$). It may be that less serious offenders receive these deferred impositions and are thus more likely to comply with the court order. This interpretation is further supported by the similar finding that offenders with a prior domestic violence related arrest (i.e., more serious offenders) were less likely to appear for the intake (58.1%) compared to those without such histories (23.0%, Chi-square=16.346, $p<0.001$).

The nature of the victim-offender relationship was also found to predict whether an offender would appear at the CCA for the intake interview (Table 1). Male offenders who appeared for their intake interview were more likely to be married to (25.5% compared to 16.0%), divorced/separated from (20.4% compared to 4.0%) or cohabitating with (30.6% compared to 28.0%) the victim than those who did not appear for the intake interview, while those who were ‘dating—but not cohabitating with the victim’ were less likely (23.5%) to appear for their intake than those not classified as ‘dating’ (52.0%, Chi-square=9.490, $p<0.01$). In addition, offenders who had children with the victim were more likely to appear for their intake interview (49.5% compared to 26.1%, Chi-square=4.842, $p<0.05$). Overall, these results may be interpreted to suggest that those who are more “bonded” with the victim (see Sherman and Smith 1992 for a discussion of “stakes in conformity”) are more likely to appear for their intake interviews, while those less well bonded offenders may need additional incentives to begin compliance with their court order for assessment and treatment.

Treatment Recommendation

The second question addresses those factors that predict whether an offender is recommended for intensive domestic violence treatment (from among those who appear for and complete the intake screening at the CCA). In this study, the probability of being recommended for the 24-week intensive treatment program offered by one of the two local treatment providers (rather than one of the other possible, less intensive interventions) is examined as the dependent variable of interest. During the 12 months that data were collected for this project, 31 male offenders were referred to this form of domestic violence treatment.

Variables that were significantly related to an offender being referred to intensive domestic violence treatment at the bivariate level included educational attainment, having a prior arrest record, criminal assault charge, deferment of

Table 1 Predictors of male domestic violence offenders who appear for intake ($n=131$)

Variable	Appear	Do not appear
Age in years	31.2 years	31.7 years
White ^a	90.0%	80.6%
Educational attainment		
No high school diploma / GED	11.2%	–
High school diploma / GED	47.2%	–
Some college	41.6%	–
Employed	76.8%	75.0%
Relationship with victim**		
Married	25.5%	16.0%
Cohabiting	30.6%	28.0%
Divorced/separated	20.4%	4.0%
Dating	23.5%	52.0%
Children with the victim***	49.5%	26.1%
Dual arrest	21.6%	12.5%
Deferred sentence**	29.4%	6.5%
No contact order	80.6%	83.3%
Criminal charge		
Assault	78.8%	64.5%
Violation protection order / harassment	19.2%	29.0%
Other	2.0%	6.5%
Previous offense*		
Yes—DV related	23.0%	58.1%
Yes—not DV related	20.0%	22.6%
No	57.0%	19.4%
Number of days given to complete	367.2 days	365.8 days

* $p<0.001$

** $p<0.01$

*** $p<0.05$

^a $p=0.08$.

an offender's sentence, and how the offender scored on the DVI screening tool (Table 2). First, offenders who had completed a high school education/GED were more likely to be recommended for this form of treatment (58.6%) than those with higher levels of educational achievement (33.3%, Chi-square=4.761, $p<0.05$). Apparently those with lower educational attainment were rated by the clinicians involved in this process as having more intensive domestic violence treatment needs.

More serious offenders also appeared more likely to receive this form of treatment recommendation, as indicated by the higher proportions of those with prior domestic violence arrests (32.2%) receiving such recommendations compared to those without such prior arrests (17.0%, Chi-square=4.335, $p=0.06$). In addition, offenders with a deferred imposition sentence (a possible indication that they were deemed less serious by the court) were less likely to be recommended for the 24-week domestic violence treatment (13.0%) compared to those who did not receive deferrals (44.1%, Chi-square=6.131, $p<0.01$). Similarly, while the type of offense (e.g., assault, violation of protection order, other) was not found to significantly predict which offenders were recommended for this treatment, the level of the charge (e.g., misdemeanor A or B) was significantly related to this type of treatment recommendation. Male offenders who were charged with a Misdemeanor type A assault charge were more likely to be sent to this treatment (60.0%) than offenders with a lesser charge (33.3%, Chi-square=3.265, $p=0.06$).

Finally, scores on several DVI sub-scales were also found to be significant bivariate predictors of this type of treatment recommendation (see Table 2). Specifically, male offenders referred to this treatment had higher scores on the 'alcohol' scale (49.3 vs. 32.9, $t=-2.084$, $p<0.05$), 'control' scale (40.5 vs. 32.9, $t=-2.053$, $p<0.057$), 'violence' scale (72.5 vs. 53.8, $t=-5.271$, $p<0.001$), and the 'stress coping' scale (44.2 vs. 35.6, $t=-1.554$, $p=0.06$) than those not recommended to such treatment. Offenders referred to treatment also had lower scores (47.1) on the 'truth' scale (measuring the offender's truthfulness and lack of denial and minimization) than offenders not referred to treatment (57.3, $t=2.105$, $p<0.05$). Higher scores on each of these scales indicate higher levels of risk on these various potential predictors of repeat domestic violence (e.g., alcohol use, pathological need for control in all situations, poor ability to cope with stress as risk factors), while lower scores on the DVI evaluation tool sub-scales indicate lower potential for such repeat violence. Overall, then it seems that more serious offenders and those with more serious treatment needs (in terms of various risk factors for repeat domestic violence, as indicated by several DVI sub-scale scores and lower educational levels) are more likely to be assigned to the most intensive treatment program available in this area.

Treatment Completion

The third question this evaluation is designed to answer relates to domestic violence treatment completion (i.e., the 24 week treatment program), specifically which individual characteristics, if any, predict successful treatment completion among this sample of male offenders. Of the 31 offenders who were referred to the most intensive form of domestic violence treatment (the 24 week program being examined here), only three (9.7%) had successfully completed their treatment recommendations at the end of the data collection period (April 10, 2004; see Table 3). Only two variables were found to significantly predict successful completion of this treatment recommendation (although these analyses should be considered with caution due to the small number of cases completing treatment). Offenders who scored lower on the "alcohol" (18.5 vs. 36.6) and "drug" (0.0 vs. 36.7) use risk sub-scales on the DVI screening tool were more likely to complete this treatment than offenders who scored higher on these two scales. These differences were statistically significant ($t=2.397$, $p<0.05$ for alcohol; $t=4.037$, $p<0.001$ for drug). These results, although tentative, would suggest that domestic violence offenders in this sample who also had substance abuse issues may be less likely to successfully complete their domestic violence treatment and thus may also require additional substance abuse treatment services to succeed. The small number of significant predictive variables may well be the result of the very small size of the sample of offenders who completed this form of treatment ($n=3$). As such, the tentative conclusions reached here should be subject to further empirical scrutiny utilizing larger samples which are more appropriate for multivariate analyses.

Domestic Violence Court Order Completion in General

Because not every offender was referred to domestic violence treatment, the current study also asks what factors are related to an offender completing his court order in general, regardless of whether and what type of treatment recommendation was made in that order. Of the 100 offenders who appeared for their intake screening interview at the CCA, 59 offenders (59.0%) completed the requirements of their court order (including treatment recommendations from the agency that conducted the domestic violence assessment). Two variables were found to be significantly related to whether an offender successfully completed his court order (Table 4).

First, offenders with a deferred imposition sentence were less likely to complete their court order (0.0% compared to 32.8%, Chi-square=3.251, $p=0.07$). Interestingly while receiving a deferred imposition sentence seems to operate as an indicator that the offender is 'less serious' (and may

Table 2 Predictors of recommendation to intensive treatment for male DV offenders ($n=100$)

Variable	24-week treatment recommended	Other or no treatment recommended
Age in years	31.9	31.2
White	90.3%	90.6%
Educational attainment***		
No high school diploma / GED	10.3%	14.6%
High school diploma / GED	58.6%	33.3%
Some college	31.0%	52.1%
Employed	71.0%	80.4%
Relationship with victim		
Married	31.0%	22.6%
Cohabiting	24.1%	32.1%
Divorced/separated	20.7%	24.5%
Dating	24.1%	20.8%
Children with the victim	50.0%	50.9%
Previous offense ^a		
Yes—domestic violence related	32.2%	17.0%
Yes—not domestic violence related	22.6%	15.1%
No	45.2%	67.9%
Dual arrest	17.2%	18.9%
Criminal charge		
Assault	74.2%	83.0%
Violation protection order / harassment	22.6%	15.1%
Other	3.2%	1.9%
Criminal assault charge ^a		
Misdemeanor B	33.3%	66.7%
Misdemeanor A	60.0%	40.0%
Deferred sentence**	13.0%	44.1%
No contact order	83.3%	84.6%
DVI Assessment—truth***	47.1	57.3
DVI assessment—alcohol***	49.3	32.9
DVI assessment—control***	40.5	25.4
DVI assessment—drugs	26.1	14.8
DVI assessment—violence*	72.5	53.8
DVI assessment—stressing coping ^a	44.3	35.6
Number of days given to complete order	356 days	376 days

* $p < 0.001$ ** $p < 0.01$ *** $p < 0.05$ ^a $p = 0.06$

be more successful in the CCR approach) in the analyses presented above (i.e., for appearing at the CCA or receiving an intensive treatment recommendation) it appears in this instance that those offenders who are given the opportunity to avoid a criminal record do not always take full advantage of the chance by following through on the court order. Second, offenders who scored higher on the ‘alcohol’ and ‘drug’ scales of the DVI were significantly less likely to complete their court order. For instance, non-completers had an average ‘alcohol’ use scale score of 42.7, compared to completers with an average score of 18.9 ($t=3.355$, $p < 0.01$). On the ‘drug’ use scale, non-completers had an average score of 23.2 compared to completers with an average score of 0.9 ($t=5.641$, $p < 0.001$). These results would further support the suggestion that those domestic

violence offenders who exhibit additional substance abuse treatment needs likely require supplemental treatment services to adequately address those need areas.

Recidivism

The final question asked was whether completing more components of the overall CCR approach reduced re-offending for male domestic violence offenders. As previously mentioned, recidivism was measured using officially recorded re-arrest data. The type of re-arrest was categorized as (1) re-arrest for a domestic violence related charge (i.e., assault, interference with 911, violation of protection order, harassment), and (2) re-arrest of a non-domestic violence related charge (i.e., alcohol or drug charges, driving under

Table 3 Predictors of intensive treatment completion for male DV offenders ($n=31$)

Variable	Treatment completed	Treatment not completed
Age in years	35.7	31.5
White	100.0%	89.3%
Educational attainment		
No high school diploma / GED	0.0%	12.0%
High school diploma / GED	100.0%	52.0%
Some college	0.0%	36.0%
Employed	100.0%	67.9%
Relationship with victim		
Married	33.3%	32.0%
Divorced/separated	33.3%	24.0%
Cohabiting	0.0%	24.0%
Dating	33.3%	20.0%
Previous offense		
Yes—domestic violence related	33.3%	33.3%
Yes—not domestic violence related	0.0%	25.9%
No	66.7%	40.7%
Dual arrest	0.0%	16.0%
Criminal charge		
Assault	66.7%	75.0%
Violation protection order	33.3%	21.4%
Interference with 911	0.0%	3.6%
Criminal assault charge		
Misdemeanor	50.0%	61.9%
Felony	50.0%	38.1%
Deferred sentence	0.0%	14.3%
No contact order	100.0%	81.5%
DVI assessment—truth	51.0	46.6
DVI assessment—alcohol***	18.5	36.6
DVI assessment—control	28.6	34.8
DVI assessment—drugs*	0.0	36.7
DVI assessment—violence	8.7	15.9
DVI assessment—stressing coping	29.7	23.5
Number of days given to complete sentence	365.7	354

* $p < 0.001$ ** $p < 0.01$ * $p < 0.05$

suspension, theft). In this sample, 32 offenders were re-arrested (on any charge) after having been court ordered to the CCA, for an overall recidivism rate of 24.4%. Of those offenders who were re-arrested, 21 were re-arrested on domestic violence related charges (65.6% of re-arrestees), with the remainder (11 or 34.4%) re-arrested for non-domestic violence related charges.

Statistically significant differences on several variables were found for offenders who recidivated (any re-arrest) compared to those who did not (Table 5). Offenders who had a prior domestic violence arrest record were found to recidivate at a significantly higher rate (50.0%) than offenders without prior arrests (25.0%, Chi-square=9.045, $p < 0.01$). The likelihood of re-offending was also higher (96.9%) among those who had a protection order imposed against them by the court compared to those who did not have such orders imposed (77.0%, Chi-square=6.021, $p < 0.01$). As in other analyses presented above, it appears that more serious offenders do not fare as well in this program as those who might be considered less serious (e.g., those without a criminal history). In addition, male offenders who were arrested with their female partner (i.e., dual arrest) were marginally less likely to recidivate (10.3%) than were those male offenders arrested alone (22.8%, Chi-square=2.160, $p = 0.07$). No significant bivariate relationship was found between the number of CCR components completed and likelihood of any recidivism.

A logistic regression model was computed to determine whether any of the significant bivariate relationships to any recidivism would maintain when controlling for other individual-level factors (see Table 6). These models included measures for the relationship between the victim and the offender (1 = married, 2 = cohabiting, 3 = divorced/separated, 4 = dating), dual arrest (0 = no, 1 = yes), race (0 = white, 1 = non-white), prior arrest (0 = no, 1 = yes, domestic violence related, 2 = yes, not domestic violence related), age, time at risk, and the total number CCR components completed.

When looking at the likelihood of re-arrest for any charge (including domestic violence) those offenders who had a prior domestic violence offense ($b = 1.877$, $p < 0.01$) and had a protection order placed against them ($b = 2.089$, $p < 0.05$) continued to demonstrate a higher likelihood of recidivating in the multivariate analyses. Dual arrest, while found to be a marginally significant bivariate predictor of recidivism (Chi-square=2.160, $p = 0.07$), did not maintain a significant impact on recidivism in this multivariate model. The total number of CCR intervention components completed was also not a statistically significant predictor of either measure of male domestic violence offenders' recidivism.⁵

⁵ A similar logistic regression model was computed to specifically examine the effectiveness of the CCR approach in reducing the likelihood of re-arrest for a domestic violence related offense, rather than overall recidivism. Results of this model reveal that those offenders who had a prior arrest record ($b = 1.728$, $p = 0.057$) and who had a prior domestic violence arrest record ($b = 1.883$, $p = 0.016$) had a higher likelihood of being re-arrested on a domestic violence charge. As in the overall recidivism model, the number of CCR intervention components completed was not a statistically significant predictor of male offenders' domestic violence recidivism.

Table 4 Predictors of court order completion for male DV offenders (*n*=100)

Variable	Court order completed	Court order not completed
Age in years	29.5 years	31.4 years
White	100.0%	88.9%
Educational attainment		
No high school diploma / GED	0.0%	12.5%
High school diploma / GED	66.7%	45.0%
Some college	33.3%	42.5%
Employed	11.1%	24.4%
Relationship with victim		
Married	20.0%	26.1%
Cohabiting	50.0%	28.4%
Divorced/separated	10.0%	21.6%
Dating	20.0%	23.9%
Children with victim	55.6%	48.8%
Previous offense		
Yes—domestic violence related	10.0%	24.4%
Yes—not domestic violence related	10.0%	21.1%
No	80.0%	54.4%
Dual arrest	30.0%	20.7%
Criminal charge		
Assault	80.0%	78.7%
Violation protection order/harassment	20.0%	19.1%
Other	0.0%	2.2%
Deferred sentence ^a	0.0%	32.8%
No contact order	90.0%	82.6%
DVI assessment—truth	55.0	52.8
DVI assessment—alcohol**	18.9	42.7
DVI assessment—control	30.0	32.8
DVI assessment—drugs*	0.9	23.2
DVI assessment—violence	57.8	62.0
DVI assessment—stressing coping	34.2	41.0
Number of days given to complete sentence	365.6 days	367.4 days

* *p*<0.001
 ** *p*<0.01
 *** *p*<0.05
^a *p*=0.07

Discussion

This study posed several questions related to the effectiveness of a coordinated community-based approach to dealing with domestic violence committed by male offenders which is similar to the CCR approach advocated in recent years. In particular, the study examined the factors related to (1)

appearing at the program for the initial intake screening, (2) being recommended for an intensive form of domestic violent treatment, (3) completing that treatment, (4) completing the overall court order, and 5) post-program recidivism (both general recidivism and repeat instances of domestic violence).

Overall the results of this study suggest that there are differences in the types of offenders who appear to be compliant with various aspects of the court’s order for supervised community-based assessment and treatment for

Table 5 Predictors of any recidivism for male DV offenders (*n*=131)

Variable	Any recidivism	No recidivism
Age in years	30.3	31.6
White	90.6%	86.9%
Educational attainment		
No high school diploma / GED	16.7%	9.9%
High school diploma / GED	50.0%	46.5%
Some college	33.3%	43.7%
Employed	66.7%	79.7%
Relationship with victim		
Married	17.2%	25.5%
Cohabiting	24.1%	31.9%
Divorced/separated	17.2%	17.0%
Dating	41.4%	25.5%
Children with the victim	53.6%	42.2%
Previous offense**		
Yes—domestic violence related	50.0%	25.3%
Yes—other offense	25.0%	19.2%
No	25.0%	55.6%
Dual arrest ^a	10.3%	22.8%
Criminal charge		
Assault	78.1%	74.5%
Violation protection order	21.9%	21.4%
Interference with 911	0.0%	4.1%
Deferred sentence	23.1%	21.9%
No contact order	96.9%	77.9%
DVI assessment—truth	53.8	52.8
DVI assessment—alcohol	40.7	40.2
DVI assessment—control	35.6	31.7
DVI assessment—drugs***	36.9	16.9
DVI assessment—violence	66.2	60.3
DVI assessment—stressing coping	37.7	41.0
Number of days given to complete order	377.8	362.8
Time at risk	8.6 months	7.9 months
Completed CCR components	2.16	2.30

* *p*<0.001
 ** *p*<0.01
 *** *p*<0.05
^a *p*=0.07

domestic violence. For instance, offenders with a previous arrest for domestic violence were significantly less likely to appear for their program intake interview than those without such histories. Offenders who did not appear for their intake interviews were also significantly more likely to go on to recidivate than were those who at least began compliance with the court order. As such, these results suggest that the court in this jurisdiction may wish to either consider the “appropriateness” of sending repeat domestic violence offenders through this coordinated community response (particularly since these offenders are less compliant with the court order to undergo screening and are also more likely to go on to recidivate). On the other hand, if these types of repeat offenders are to be processed through this combined intervention approach, the coordinating committee in this jurisdiction may wish to consider increasing the intensity of tracking and supervision of repeat offenders, since according to these results they are less likely to appear for their initial screening and may need additional monitoring to ensure that they follow through with this aspect of the court order to begin the assessment/treatment and community supervision process.

Interestingly, in terms of the second question, whether intensive domestic violence treatment was recommended, educational level, prior arrest record, criminal assault charge, deferment of offender’s sentence, and scores related to the DVI screening tool were all found to be significant predictors of treatment recommendations. Specifically, those individuals with higher levels of education, less serious criminal records (e.g., no prior domestic violence arrests) and current criminal charges (e.g., misdemeanor B), and having received a deferred imposition sentence decreased the likelihood of being deemed “in need” of such treatment by the clinicians in the community. Given the inability of this study to control for other measures of social bonding, it is difficult to determine whether this represents some “bias” among counselors (toward more “appealing” clients) or some tendency for more educated and seemingly less “serious” domestic violence offenders to have lower levels of other domestic violence risk factors. Future research should examine the potential interpretation of this finding by more completely studying the issues of offender risk factors and treatment needs.

Differences in the co-occurrence of drug and alcohol treatment needs as measured by the DVI screening tool were also found to predict which offenders would complete the 24 week intensive domestic violence treatment program (question number 3), with those who had such problems being less likely to complete their recommended treatment regime. These same factors were found to decrease the likelihood of completing the court order itself (question number 4), independent of the content of that order (i.e., intensive treatment or otherwise). Taken together these results suggest that this comprehensive, community-based interven-

tion could be improved by adding treatment components targeting these sorts of co-occurring substance abuse treatment issues which otherwise seem to reduce the effectiveness of the intervention among these types of offenders.

In addition, the finding that those given deferred sentences were less likely to complete the overall court order suggests that these offenders do not feel the same pressure to comply with the court order as do those who are not given deferred sentences. Thus, while there was evidence that those receiving deferments also appeared to be some of the “less serious” offenders in the sample, having the deferment reduced the likelihood of compliance among even these potentially more amenable/compliant participants. In other words, this set of results would suggest that the granting of deferred sentences may undermine efforts to hold offenders accountable within the CCR approach. As such, those receiving deferred sentences may not feel the same threat of being incarcerated if they do not complete the community-based sentence as ordered, as do those who are not granted such deferments, even when otherwise one might expect these individuals to be more compliant with program requirements based on factors such as their less extensive criminal histories.

Finally, in relation to whether the CCR-type model examined in this study reduces re-offending, both bivariate and multivariate statistics reveal that those more serious offenders (those with prior domestic violence arrests and protection orders placed against them) were more likely to recidivate (both general and domestic violence recidivism) than those without histories of domestic violence. On the other hand, there was no indication in these analyses that the

Table 6 Logistic regression coefficients for any recidivism by male DV offenders ($n=131$)

Independent variables	Any recidivism	
	B	Exp(B)
Dual arrest	-1.053	0.349
Time at risk	0.043	1.044
Age	-0.033	0.968
Completed components of CCR	-0.040	0.960
Non-White	-0.697	0.498
Protection order	2.089	8.076***
Prior arrest record		
Prior arrest not DV related	0.939	2.557
Prior arrest DV related	1.877	6.535**
Relationship with victim		
Cohabiting	0.149	1.160
Separated/divorced	0.306	1.358
Dating	0.709	2.032

* $p < 0.001$

** $p < 0.01$

*** $p < 0.05$

number of intervention components completed impacted the probability of recidivism, although relatively few participants completed multiple components of the intervention, limiting the overall confidence in the conclusions. It appears that the court in this jurisdiction is successful in identifying those offenders who are more likely to recidivate (those who have histories of prior domestic violence and protection orders imposed on them) however despite this the current study failed to demonstrate that the overall combined, community-based intervention that follows conviction in this jurisdiction was effective in reducing re-offending.

Limitations

While this study provides an important look at male offenders and their involvement in various stages of a CCR type program, this study is not without its limitations. First, the racial composition of this sample is unique in that it is a predominately white (87.8%), perhaps limiting the generalizability of the findings. Second, this study only includes those offenders arrested and successfully prosecuted. A more robust examination would include a quasi-experimental design that compares offenders arrested but not prosecuted or arrested but not charged to those who proceed further through the legal system. Inferences related to the impact of the CCR model for male offenders would be more rigorous when drawn from a study employing such a design, as well as one which includes a larger sample size.

Third, the use of official records to measure criminal offending histories and recidivism in and of itself is somewhat problematic. It has been well documented that official records underreport the incidence of crime in general, and in particular domestic violence (Straus and Gelles 1984). With the private nature of domestic violence, the disparity between official records and self-reports may be even greater. Thus, the measurement of the propensity to use violence, either in the past or future as derived from official records is somewhat limited in this study. Future studies should incorporate alternative measures of recidivism, such as self reports, in order to evaluate more effectively the intervention effect the CCR has on male domestic violence offenders.

Finally, the exclusion of variables which might more adequately measure social bonds, such as educational attainment, employment status, parental status, number of children, and familial background, in the multivariate analysis of recidivism is problematic. In light of the nature of data collection utilized here, however these types of variables were available for only those offenders who had appeared at the community corrections agency for the intake interview. As such these social bonding variables were not included in the statistical analyses conducted in this study. Future research should include a data collection

process which would gather these important control variables on all participants in order to help control for selection effects and other confounding explanations of the relationship between CCR participation and recidivism.

Implications

The current study not only expands on the previous literature which has examined the effectiveness of the CCR model, it also provides a much needed look at the involvement of male offenders in several aspects of the process itself, as well as specific outcomes related to offenders' involvement in the CCR model. While previous studies have found that offenders who receive more components of the model recidivate at lower rates, this study did not find the same treatment effect (although as has been the case in some past studies the overall number of participants receiving the entire intervention was rather small, limiting confidence in the results). Nonetheless, participation in increasing numbers of these intervention components was not found to significantly impact either general or domestic violence recidivism rates among this sample of male offenders.

One possible explanation for this, beyond the methodological issue of small sample size, may be the type of treatment services to which these male offenders are being sent. Note that this study examined only the effectiveness of the 24-week "intensive" program compared to all other "treatment" interventions (which were aggregated to serve as a control condition). While the lack of a significant effect from participation in this most intensive level of programming may be discouraging, it was unfortunately was not possible to directly observe the content or quality of this treatment program. Thus while it was described by the clinicians as the most intensive available in this jurisdiction whether or not this program includes components that the available batterer intervention literature suggests would make it most effective is unknown. For instance, while a number of previous studies (Harrell 1991; Jackson et al. 2003) have failed to find significant reductions in recidivism resulting from participation in batter interventions without the additional criminal justice, monitoring and advocacy components (a factor that lead to the development of the CCR model in the first place), others have suggested that effective treatment must include cognitive behavioral content (Gondolf 2004).

It is possible that the overall CCR model being examined here is implemented appropriately (i.e., the criminal justice system processes are adequate), but that the treatment program itself does not include those components which would lead to significant impacts on recidivism. Based on the findings of the current study and a number of these past studies of treatment effectiveness, it appears that further research is needed to explore the important components of

effective treatment for male domestic violence offenders. In addition, further efforts based on this research also appear needed to develop and refine effective batter intervention programs to use as part of similar CCR models.

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