Intimate Partner Abuse Solution Programs

Identifying High-Priority Needs Within the Criminal Justice System for Programs Focused on Intimate Partner Violence Prevention

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EXECUTIVE SUMMARY

Intimate partner abuse solution (IPAS) programs were first developed in the 1970s as diversion programs to prevent jail overcrowding and have historically been referred to as *batterer intervention programs*. Although these programs are now known by different labels and apply different approaches and philosophies, collectively they are designed as alternatives to incarceration that prevent intimate partner violence (IPV) by holding perpetrators accountable for their behavior and prioritizing safety and justice for victims.

Despite widespread adoption and use of IPAS programs by court systems around the United States, there remains inconsistent and limited information on their effectiveness broadly and on which models offer the most promise. For example, a 2020 meta-analysis found that studies of IPAS programs to date have shown overall positive and significant results for reducing the incidence of IPV, yet the effects are not significant when studies are based on couples' reports of recidivism rather than official reports of recidivism, such as rearrest records (Arce et al., 2020). This suggests that using official records to measure success may provide a false picture of the extent to which the programs have worked. Similarly, findings suggest that varying program lengths may affect the effectiveness of these programs (Arce et al., 2020; Arias, Arce, and Vilariño, 2013; Babcock, Green, and Robie, 2004). There is also mixed evidence as to whether the Duluth Model, one of the most commonly used IPAS programs; cognitive behavioral therapy models; or newer models that incorporate such elements as a restorative justice framework are more or less effective and for whom (Cheng et al., 2021; Dutton and Corvo, 2007; Eckhardt et al., 2013; Gondolf, 2002; Herman et al., 2014; National Institute of Justice [NIJ], 2013b). Practitioners and researchers alike note that there is a need to enhance the evidence base around IPAS programs by focusing on more-rigorous evaluations; developing more-robust measures of outcomes or indicators of success (i.e., looking beyond simply reducing recidivism), particularly among different populations of people who commit IPV; and examining how these programs fit within a larger community violence prevention context.

SELECTED PRIORITY NEEDS

RESULTS

Program content

- Systems that incorporate evidence from trauma-informed and evidence-informed approaches that help individuals understand accountability for their actions should be developed and appropriately funded.

- Innovative approaches to engage and actively partner with multiple sectors across the community should be developed and implemented.

Program implementation

- Rigorous research should be conducted that includes outcomes that are not just recidivism, are informed by survivor voices, and are most relevant to survivors.

- Approaches that help participants address logistical or access challenges (e.g., warm handoff) should be developed and implemented.

Connection with criminal justice and community entities

- Potential bias and disparities should be assessed in decisions to mandate IPAS programs, as well as the economic impacts on participants and likelihood of completion.

- Opportunities for more referrals from first responders, community health systems, etc. should be provided in lieu of an overreliance on criminal justice system referrals.

Challenges related to rigorous research

- Funded research should be required to follow a plan that is developed for research translation and dissemination that is practitioner- and publicly accessible.

- Collaboration between researchers, practitioners, and other stakeholders should be promoted to identify and implement approaches to measure success that go beyond recidivism and program completion.

To better understand relevant practice and research needs and to inform NIJ's science and technology innovation agenda, RTI International and the RAND Corporation, on behalf of NIJ, convened a virtual panel of experts on IPAS programs. Through a series of individual interviews and virtual group discussions held in August 2021, panelists shared their experiences leading, researching, or working with IPAS programs. The focus of the engagement was on identifying research and needs in the criminal justice system and community-based response and prevention efforts related to the perpetration of IPV. In the context of the workshop, a *need* refers to the pairing of a potential solution to a problem or an opportunity for advancing promising innovations for IPAS programs.

The panel identified and prioritized a total of 65 needs that address 22 key problems or challenges. This report details the 33 needs that the panelists deemed to be the highest priority and provides additional context on the issues and solutions using workshop discussions. These high-priority needs relate to improving the content or substance of IPAS programs; identifying inconsistencies and best practices in the implementation of IPAS programs; enhancing connections between IPAS programs and criminal justice and community entities; and conducting rigorous research and evaluation of IPAS programs. Among the key needs identified are the need to (1) develop IPAS programs rooted in evidence-based theories of change that account for participants' risk factors, needs, and motivations and are sufficiently funded and resourced to maintain fidelity to the model; (2) identify best practices in how programs are implemented and whether best practices vary across different types of participants; (3) ensure that programs are not operating in isolation from community and advocacy groups; and (4) employ research strategies that shed light on best practices, identify alternative measures of success, and translate findings to practitioners.

WHAT WE FOUND

There is little consensus across states, jurisdictions, individual practitioners, or researchers on how IPAS programs should best respond to and address the root causes of IPV or even whether there is a best practice that can be applied to persons with varying characteristics, personal experiences, and motivations for engaging in IPV. Workshop panelists identified many challenges that have largely hampered innovation and growth in these programs; it was challenging to even know what innovation and growth should look like. Additionally, they shed light on why efforts to develop an evidence base around IPAS programs often result in inconclusive or inconsistent findings. Key takeaways from the engagement are as follows:

- State mandates around IPAS programs are typically prescriptive about what the programs must entail and how they should be implemented. This results in a one-size-fits-all approach that does not account for the participants' risk factors, needs, or motivations for offending. Additionally, because these programs are unfunded and operate under a fee-for-service model, maintaining well-trained and qualified staff to implement the programs with fidelity to the prescribed model is a challenge. Because of these factors, it is difficult to know whether desired program outcomes have not been achieved because of a program's model, how the model was implemented, or some other external factor.

- Programs often operate in isolation from other community and advocacy groups, although they would benefit from relationships with these groups. If IPAS programs had the funding and resources to work with advocacy groups, the survivor perspective could be incorporated into program content and used as an outcome measure. Similarly, engaging with community groups could provide IPAS program participants with additional connections, resources, and outlets and create a potential avenue for individuals to be referred to the program without criminal justice system involvement.

- There is a lack of agreement about what constitutes *success* in IPAS programs. The common approach to measuring recidivism that draws on official court records is problematic. On the one hand, acts of recidivism may not always be identified, and on the other hand, a program participant may have episodes of failure on the road to recovery. Thus, alternative or intermediate measures of success are needed, including those that consider success from IPV survivors' perspectives. As of this writing, the lack of consensus on the full scope of measures that should be used to assess success creates additional challenges for researchers attempting to determine whether IPAS programs are effective at addressing IPV.

- Findings from IPAS program research are not often translated for program practitioners or criminal justice practitioners. There is a need to bridge the gap between research and practice and ensure that robust research findings are accessible for those who could use them in practice.

There is a lack of agreement about what constitutes *success* in IPAS programs.

INTRODUCTION

Since intimate partner abuse solution (IPAS) programs were first developed in the 1970s, there has been a proliferation of these programs in communities nationwide. More than 40 years later, there are now an estimated 1,500 to 2,500 IPAS programs operating across the United States to respond to and address the root causes of intimate partner violence (IPV) perpetration. Most states have enacted formal standards governing IPAS programs. These standards may prohibit certain types of interventions or require programs to employ specific policies or curricula (Ferraro, 2017).

Despite the standards in place, programs often vary widely from one jurisdiction to the next in their implementation, the people they serve, and their underlying theories of change. Many programs are court-mandated, to be carried out as part of a sentence for IPV charges. Some primarily serve first-time offenders, while others target repeat offenders. Most receive limited or no state or federal funding and operate under a fee-for-service model, in which those individuals mandated to participate in the program must also pay for the program. The programs vary in their length, the training and experience of program leaders, the involvement of other community entities, and whether there is any follow-up with participants after program completion (Ferraro, 2017). The box that follows focuses on the naming of programs focused on perpetrators of IPV.

There are two IPAS program models that are most commonly used: the Duluth Model and cognitive behavioral therapy (CBT) interventions. These programs are described next, but many IPAS programs combine elements from each of the different models, and it is rare for any program to fully implement one approach exactly as designed (Ferraro, 2017).

The Psychoeducational or Duluth Model

There is no clear definition of a *psychoeducational model* in the literature; instead, many refer to the *Duluth Model* (National Institute of Justice [NIJ], 2013b). Originating in 1981 from the Duluth Domestic Abuse Intervention Project in Duluth, Minnesota, the Duluth Model focuses on IPV perpetration in the context of relationships involving a male offender and a female victim. It strives to address men's assumptions of their right to hold power and control over women (Pence and Paymar, 1993). This model uses group-facilitated exercises to challenge men's perceptions of their control and entitlement over their partners (NIJ, 2013b).

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What to Call Programs Focusing on Those Who Perpetrate Intimate Partner Violence?

Workshop participants unanimously agreed that referring to these programs as *batterer intervention programs* (BIPs), as they have been widely called in the research literature and policy arena, is no longer appropriate. One common critique of the historical terminology is that the term *batterer* is too narrow and does not fully encompass the scope of behaviors that these programs are designed to address. Although *batterer* implies that a person, "has committed repeat, serious violence against their partner," these programs often serve persons who have been arrested for a first-time offense and who have not repeatedly perpetrated abuse against their partners (Ferraro, 2017, p. 2). Moreover, *battery* generally connotes physical violence, whereas victims may experience other types of harm, including verbal, emotional, and financial abuse.

Another limitation of the term *batterer* is that it is inconsistent with the principles of "person-first language." This approach, increasingly employed by criminal legal professionals, replaces derogatory and stigmatizing terms (e.g., *felon*, *inmate*) with language that separates the individual from behaviors and experiences (e.g., *person who has had contact with the criminal legal system*, *person who is incarcerated*). As one workshop participant noted, "to label folks before they have walked in the door is not conducive to an openness to change. Instead, it increases defensiveness and the shame response."

Though participants agreed that the BIP moniker should no longer be used, they were not in agreement on a replacement name or even whether it was necessary for all programs to be referred to by the same name. For ease of discussion throughout this report, we use the term *intimate partner abuse solution* (IPAS) *programs*—one of the labels identified during the workshop—because it is consistent with the nature and focus of these programs. Accordingly, we use *IPAS participants* to refer to the perpetrators who engage in the programs. However, it should be noted that there was not consensus on officially adopting this terminology for use across all such programs.

Two prominent features of the Duluth Model are the *power and control wheel* and the *equality wheel*, both of which rely on visuals divided into the different aspects of power, control, and equality. The power and control wheel is used to help participants understand their patterns of abusive behavior and enable them to see the cycle of abuse rather than view the violence as a singular act. The equality wheel focuses on different aspects of a healthy and equal partnership (Domestic Abuse Intervention Programs, 2017). People who commit IPV participate in these programs over the course of several weeks, depending on established state minimum requirements.

Cognitive Behavioral Therapy

CBT for IPV was developed by psychologists to treat violent behavior. Whereas the Duluth Model focuses on men's power over women, CBT focuses on teaching new ways of thinking about things, changing learned violent behavior, and building the skills necessary to appropriately respond to an issue in a nonviolent way (Wexler, 2000). CBT delves into the beliefs, emotions, and thought processes that lead to violent behavior and is designed to help participants enhance their communication, social, and anger management skills (NIJ, 2013a).

New Innovations

In the previous decade, there have been numerous innovations in IPAS programs to focus on treating unresolved trauma and using trauma-informed approaches; increasing collaboration and communication between the justice system and IPAS programs; providing more holistic, wraparound services; and integrating a restorative justice lens. For example, the Circles of Peace program, which started in Arizona, includes a restorative justice component, enabling victims to be more actively incorporated into the program (Mills, Barocos, and Ariel, 2013).

Research on Effectiveness of Intimate Partner Abuse Solution Programs

NIJ describes IPAS programs as having mixed results (NIJ, 2019). Studies conducted to date often have limitations in their methodologies or the generalizability of findings, precluding any broad conclusions about whether IPAS programs work (Arce et al., 2020; Babcock, Green, and Robie, 2004; Cheng et al., 2019; Cheng et al., 2021). NIJ's CrimeSolutions database classifies the Duluth Model as "effective" for reducing

ABBREVIATIONS

BIP	batterer intervention program
CBT	cognitive behavioral therapy
COVID-19	coronavirus disease 2019
IPAS	intimate partner abuse solution
IPV	intimate partner violence
NIJ	National Institute of Justice
PCJNI	Priority Criminal Justice Needs Initiative
RCT	randomized controlled trial

violent recidivism and "promising" for reducing victimization and the CBT model as having "no effects" on recidivism or victimization (NIJ, 2013b). However, specific CBT programs—such as Evolve, which operates in Connecticut, and Strength at Home Couples, which focuses on members of the military—have been rated as "promising" (NIJ, 2020a; NIJ, 2020b). Further complicating the comparison, a 2020 study found that when participants were randomly assigned to the Duluth Model or a CBT model, the CBT program had better results at reducing recidivism than the Duluth Model (Cotti et al., 2020).

Several meta-analyses since 2019 examining the efficacy of IPAS programs overall concluded that, although IPAS programs appear to have a significant positive effect on IPV recidivism when measured by official reports of rearrest, they have no effect when recidivism is reported by the survivor (Arce et al., 2020; Cheng et al., 2019; Cheng et al., 2021).[1] This highlights a critical concern that much of the research on IPAS effectiveness relies on limited measures of program fidelity and outcomes.

The overarching observation made in research reviews is that the more rigorous the methods of evaluation studies, the less encouraging their findings (Cheng et al., 2019; Cheng et al., 2021; Cluss and Bodea, 2011; Feder and Wilson, 2005). However, rigorous research on the efficacy of IPAS programs is scarce, owing partly to the practical challenges of employing experimental and quasi-experimental designs in a real-world context. Efforts to assess and compare IPAS efficacy are complicated not only by the exigencies of a real-world setting but also by variation in program length and components (even among interventions that carry the same label), differences in implementation quality, and measurement issues. Limited funding and relatively short timelines for research pose additional challenges.

NIJ's IPAS workshop was convened because more work is needed to determine whether various IPAS programs and interventions are effective at reducing violence and improving victim well-being and for whom and in what context these programs work. Key research questions addressed through the workshop are as follows:

- What are the key outcomes of interest and relevance for IPAS programs?
- What are the critical information gaps in our understanding of IPAS programs given the current state of research? Are those information gaps related to specific populations of those who commit IPV, co-occurring issues, or community contexts?
- What innovations in IPAS programs or other criminal justice system responses to perpetrators of interpersonal violence should be prioritized for research and evaluation?
- Should studies of IPAS programs be informed by and situated within the context of (1) community violence prevention efforts and (2) other criminal justice system responses to violent offenders? If so, how?
- What evaluation designs, data collection approaches, and other methods can provide the most-rigorous and actionable findings related to IPAS programs? What are the barriers to implementing those methods?

METHODOLOGY

To investigate the needs surrounding the use of IPAS programs, RTI International and the RAND Corporation convened and facilitated an expert workshop in August 2021 on behalf of NIJ. The IPAS Program Virtual Workshop was part of the Priority Criminal Justice Needs Initiative (PCJNI), which is conducted by NIJ in partnership with RAND, RTI, the Police Research Executive Forum, and the University of Denver. The IPAS workshop brought together experts with diverse perspectives and experiences related to conducting, evaluating, and collaborating with IPAS programs. The goal was to identify a set of prioritized recommendations that would inform a research and policy agenda for advancing the understanding and use of programs geared toward addressing the underlying causes of IPV perpetration.

As an initial step in the development of the workshop, RTI staff reviewed relevant literature (e.g., scientific studies, techni-

There have been numerous innovations in IPAS programs to focus on unresolved trauma and trauma-informed approaches.

cal reports) on programs designed to address IPV perpetration. As noted in the prior section, the review identified wide variation in the substance and approach of these programs and little agreement from researchers or practitioners on best practices and whether these programs are effective and in what contexts. The review of literature also helped with the identification of potential workshop panelists. To foster dynamic and robust discussions, RTI staff sought the input and participation of experts from across the country who represented a broad spectrum of stakeholder voices. The panel was composed of eight practitioners who were actively engaged in running IPAS programs or trainings for those leading programs, two criminal justice practitioners, seven researchers from academic institutions, and two individuals who reflected multiple perspectives. Most of the experts had a decade or more of experience implementing or researching IPAS programs and striving to advance and innovate approaches for addressing IPV perpetration more broadly.

Given the ongoing global coronavirus disease 2019 (COVID-19) pandemic, the IPAS program workshop was planned as a three-stage virtual convening. During the first stage, panelists took part in individual discussions with RTI staff. These interviews were designed to build an initial picture about workshop participants' perspectives on and involvement in IPAS programs and identify gaps in knowledge about these programs, key innovations, and major challenges in addressing IPV perpetration. Using the information gathered during the interviews, RTI staff drafted a list of about 30 specific needs. In the context of the PCJNI, a *need* refers to the pairing of a potential solution to a problem or an opportunity for advancing promising innovations.

During the second stage of the workshop, panelists convened as a group for a series of three virtual sessions, each lasting 2.5 hours. The purpose of these interactive virtual sessions was to review, revise, and prioritize a consolidated list of needs gleaned from the individual interviews. The vast majority of panelists participated in all three sessions. Two panelists had preexisting obligations and were not able to participate in all three sessions, and two other panelists participated in the interviews only and were not present during any of the group discussion sessions. In a third and final stage of the process, panelists were asked to rank the finalized list of needs using two dimensions: importance and probability of success. All panelists, regardless of attendance at the group discussion sessions, were given an opportunity to

review the rankings of needs following the group discussion sessions and voted to move needs up or down in terms of priority. For a more-detailed description of the methodology employed in this virtual workshop, see the appendix.

RESULTS

The primary output from the workshop was a prioritized list of 65 potential solutions to address key issues or challenges related to IPAS programs. These needs were largely identified from the initial interviews but were further refined and clarified by panelists during the three group discussion sessions. The needs were prioritized into three tiers according to their importance and the likelihood that they would successfully address the associated problem or opportunity. Table 1 shows the 33 needs identified as highest priority (the full list of needs and a description of the prioritization methodology are included in the appendix).

During and after the workshop, RTI sorted each need into one of four categories using the broad type of issue or challenge that it was intended to address:

- Program content: Improving the content or substance of IPAS programs
- Program implementation: Identifying inconsistencies and best practices in the implementation of IPAS programs
- Connection with criminal justice and community entities: Enhancing connections between IPAS programs and criminal justice and community entities
- Challenges related to rigorous research: Conducting rigorous research and evaluation of IPAS programs.

Of the top 33 needs, six were related to the content of IPAS programs, 11 were related to program implementation, eight pertained to connections between IPAS programs and other entities, and eight involved conducting rigorous research. In several instances, multiple potential solutions were identified to address the same problem or opportunity. Needs based on the same problem or opportunity could be ranked or categorized differently through their perceived impact and likelihood of success, meaning that not all needs associated with a certain problem or opportunity were ranked in the same tier.

Table 1. The 33 Top-Tier Intimate Partner Abuse Solution Program Needs

Problem or Opportunity	Potential Solution
Program content	
Programs are typically designed around or required to follow a prescribed approach.	Conduct research on the need for and effectiveness of content and/or programming geared specifically toward • communities of color • LGBTQ+ populations • adolescents who use violence • immigrant and/or refugee populations.
Programs are typically designed around or required to follow a prescribed approach.	Translate research to inform both policy and practice.
Programs are typically designed around or required to follow a prescribed approach.	Review and pool data from previous studies and conduct additional studies to see whether programs worked for certain groups of individuals. Use the programs as data and knowledge generators for the field.
Systems are not always based on an evidence-informed, theoretical model of change that incorporates an assessment of the risk factors and needs to address interpersonal violence.	Develop and appropriately fund systems that incorporate evidence from trauma-informed and evidence-informed approaches that help individuals understand accountability for their actions.
Systems are not always based on an evidence-informed, theoretical model of change that incorporates an assessment of the risk factors and needs to address interpersonal violence.	Conduct and translate research on the contexts in which violence occurs (including a focus on broad trauma-inducing conditions, such as structural inequality), and develop innovative and sustainable solutions for addressing these different contexts and different motivations.
There is not enough emphasis on the community when it comes to preventing recurrence or escalation of IPV.	Develop and implement innovative approaches to engage and actively partner with multiple sectors across the community, including victim advocacy services, public health, medical service providers, faith communities, and university research partners.
Program implementation	
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Direct more programmatic and research resources toward front-end (e.g., diversion) and/or holistic approaches as opposed to approaches that are more punitive or focused on individuals who are more involved in the justice system.
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Consider a pilot project in which an IPAS program is fully funded to ensure that it is implemented as designed and there is a fully funded RCT evaluation to assess its effectiveness.

Table 1—Continued

Problem or Opportunity	Potential Solution
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Conduct rigorous research that includes outcomes that are not just recidivism, are informed by survivor voices, and measure the outcomes that are most relevant to survivors.
Most programs do not do any aftercare or follow-up with participants after program completion.	Assess the ideal frequency, form, and potential impact of check-ins and aftercare following program completion.
State regulations around IPAS programs are often very prescriptive, which prevents states from altering or shifting their approaches.	Develop evidence-informed federal guidance on shifting state standards around IPAS programs.
State regulations around IPAS programs are often very prescriptive, which prevents states from altering or shifting their approaches.	Review variations in state regulations—particularly in states that have made advances in implementing IPAS programs in recent years—and provide models to adopt innovations.
There is considerable variation in the logistics of how IPAS programs are run and limited research on how logistical factors affect participation (e.g., opportunities related to approaches that only became realistic when the pandemic occurred).	Conduct research on the impacts of program logistics on participation, including best practices in incorporating virtual options into in-person programs.
There is considerable variation in the logistics of how IPAS programs are run and limited research on how logistical factors affect participation (e.g., opportunities related to approaches that only became realistic when the pandemic occurred).	Develop and implement approaches that help participants address logistical or access challenges (e.g., warm handoff).
When desired outcomes are not achieved, it is difficult to know whether that is a result of a problem with the program's model (theory failure), a problem with how the model has been implemented (implementation failure), or another factor (that may be completely external to the program).	Develop guidance and training on program implementation that follows a specific, evidence-informed theory of change and maintains fidelity to the model.
When desired outcomes are not achieved, it is difficult to know whether that is a result of a problem with the program's model (theory failure), a problem with how the model has been implemented (implementation failure), or another factor (that may be completely external to the program).	Conduct implementation, process, and outcome evaluations that measure fidelity to the program model; measure all components of the theory of change; and are designed to inform program improvements or scalability.
When someone reoffends or drops out of the program, they are considered a failure.	Provide resources to support participation in the program, such as insurance, more-stable funding from multiple streams, and wraparound services to address multiple needs.
Connection with criminal justice and community entities	
Many programs operate through a fee-for-service model in which courts mandate clients to participate and the clients are required to pay for the program.	Direct resources to mitigate costs to participants and research whether provision of such resources affects participation and/or outcomes.
Many programs operate through a fee-for-service model in which courts mandate clients to participate and the clients are required to pay for the program.	Assess potential bias and disparities in decisions to mandate IPAS programs and economic impacts on participants and likelihood of program completion.
Programs are limited by a lack of information from survivors about ongoing interactions with the participant.	Work to obtain a better understanding of how to measure victim satisfaction.

Table 1—Continued

Problem or Opportunity	Potential Solution
Programs are limited by a lack of information from survivors about ongoing interactions with the participant.	Develop approaches for working with advocacy groups to ensure that the survivor perspective is being incorporated as a measure of participant improvement, without putting the survivor at risk. This may be facilitated by an MOU or some other mechanism.
Programs often operate in isolation from other community and criminal justice responses.	Provide funding or other resources to enable programs to develop relationships with the community.
There are challenges to engaging potential perpetrators before they get to the point of being arrested and those perpetrators who do not come to the attention of the justice system.	Examine community-based approaches to identify ways to bring these individuals into the program earlier (e.g., integrate community ambassadors into the program).
There are challenges to engaging potential perpetrators before they get to the point of being arrested and those perpetrators who do not come to the attention of the justice system.	Provide for opportunities for more referrals from first responders, community health systems, etc. in lieu of an overreliance on criminal justice system referrals.
There is a lack of understanding of and consistency in the process of referring perpetrators to IPAS programs and potential biases associated with those processes.	Ensure that research accounts for race, socioeconomic status, and other characteristics of program participants.
Challenges related to rigorous research	
Because of the many conceptual and logistical variations in IPAS programs, research findings may not be generalizable.	Be precise with reporting research findings and clear about the types of programs that were studied.
RCTs are tough to implement in some contexts.	Acknowledge that rigorous studies may incorporate qualitative approaches, quasi-experimental designs, and other approaches and take longer than the usual three-year study timeline.
RCTs are tough to implement in some contexts.	Conduct more trials comparing interventions that are using different theoretical models (and are already being used).
Research findings are not always framed for practitioners and are therefore either not used or misinterpreted.	Translate research and evaluation findings into digestible documents written for and disseminated to practitioners.
Research findings are not always framed for practitioners and are therefore either not used or misinterpreted.	Require that funded research develop and follow a plan for research translation and dissemination that is practitioner- and publicly accessible.
The standard three-year program evaluation period is too short.	Fund and conduct evaluations for four to five years.
There is lack of agreement on what constitutes success with IPAS programs and what challenges exist in measuring outcomes.	Develop and follow a theory of change and learning objectives to identify the success measures (and the process to achieve those outcomes).
There is lack of agreement on what constitutes success with IPAS programs and what challenges exist in measuring outcomes.	Promote collaboration between researchers, practitioners, and other stakeholders to identify and implement approaches to measure success that go beyond recidivism and program completion to include the following: attitude change, behavior change, accountability, multiple operationalizations of recidivism, impact on survivors, changes in the community, cognitive dissonance, and relationship measures.

NOTE: LGBTQ+ = lesbian, gay, bisexual, transgender, queer, and others; MOU = memorandum of understanding; RCT = randomized controlled trial.

DISCUSSION

This section provides further context from the workshop discussion on the high-priority needs for advancing our understanding of the effectiveness of and how best to implement IPAS programs. Statements in this section are derived from assertions made by workshop panelists and the ensuing discussion.

Content or Substance of Intimate Partner Abuse Solution Programs

Workshop panelists noted three major challenges regarding the content of IPAS programs. The first is that IPAS programs are typically designed around a prescribed approach or model. Workshop participants were hesitant to call these programs a *one-size-fits-all* solution but noted that once a particular model is adopted by a state or court jurisdiction, that model is typically then implemented with all eligible participants, regardless of their characteristics, motives for offending, or risk for reoffending. Some panelists lamented this practice of states mandating a particular program for all individuals who commit IPV, calling it an attempt at an easy solution to a complex problem. Other panelists noted that there is limited research on whether individualized programs are any more effective than the generic IPAS programs implemented for all people who commit IPV or whether there are any subgroups for which IPAS programs are more or less effective. The few studies that have examined this issue have not shown that more-individualized programming is any more effective (see Murphy et al., 2020). However, panelists noted that most studies conducted to date have not had sufficient sample sizes to reliably assess the issue of whether the same program is equally effective for all subpopulations of people who commit IPV, including those in different demographic groups (e.g., Black people, Native American people, individuals in sexual and gender minority groups, undocumented individuals) and those with differing levels of risk of reoffending. Workshop panelists noted that to determine whether the existing prescribed approach to IPAS programs is effective for all, there is a need for both more primary data collection efforts and more secondary studies that pool data across multiple studies to see the impacts of these programs on various subpopulations. These research efforts must be translated for policymakers and practitioners in a manner that makes the findings actionable and useful.

The second challenge related to the content of IPAS programs is that these programs are often not based on a theory of change that integrates IPV risk factors and perpetrator needs. Workshop panelists stressed that a key part of addressing this challenge is recognizing the role that trauma plays in contributing to the risk of IPV perpetration. They noted that programming should account for both individual experiences with trauma and trauma-inducing conditions, such as structural inequality. Panelists expressed that there is available research and information about both risk and protective factors and trauma-informed care practices that could form the foundation of IPAS programming. However, because such information is not widely available to practitioners, there is a need to provide better access through open-source manuals or other user guides for the field.

Finally, workshop panelists stressed the point that many IPAS programs focus heavily on the individual, in terms of both program content and outcome measurement, and do not involve the community to the extent that they should. Panelists noted the important role that a community can play in identifying people at risk of engaging or reengaging in IPV and referring them to IPAS programs before they get to the point of physical violence. Other panelists noted the importance of having multiple community groups, including victim advocates, medical providers, and faith communities, engaged in IPAS programming to address the external needs and challenges of participants. One panelist highlighted the value of engaging the community, noting that their program is well known in their community because of direct outreach and engagement efforts; therefore, a higher proportion of volunteers and program participants are referred from churches and other organizations than from the justice system.

Workshop panelists stressed the point that many IPAS programs focus heavily on the individual, in terms of both program content and outcome measurement, and do not involve the community to the extent that they should.

Panelists expressed support for a model in which IPAS programs offer stages of support, beyond the core program, that are voluntary and include resources to prevent relapse among participants.

Intimate Partner Abuse Solution Program Implementation

Workshop panelists identified several challenges regarding the implementation of IPAS programs. One of the more commonly voiced challenges was a lack of funding for IPAS programs. This challenge was brought up as a recurring roadblock for many of the potential solutions discussed throughout the workshop. Panelists believed that the lack of funding stemmed from concerns that program funding will divert limited resources away from survivors, a lack of evidence that IPAS programs are successful (which may be due, in part, to lack of funding), and state regulations that restrict program funding. Workshop panelists suggested that resources could be directed toward diversion, holistic approaches for IPV, or both, as opposed to approaches that are more punitive or focused on individuals who are already part of the justice system. They also suggested piloting a project in which an IPAS program would be fully funded to ensure that the program is implemented as designed, with a fully funded RCT evaluation to assess its effectiveness. Lastly, they noted that rigorous research should be conducted to assess outcomes in addition to recidivism, such as measures related to survivors' satisfaction and safety.

The next key challenge discussed was that most IPAS programs do not provide any aftercare or follow-up with participants upon program completion. Workshop panelists noted a need to assess the ideal frequency, form, and potential impact of check-ins and aftercare following program completion. Panelists expressed support for a model in which IPAS programs offer stages of support, beyond the core program, that are voluntary and include resources to prevent relapse among participants. A related challenge was that when someone reoffends or drops out of the program, they are often considered a failure. Workshop panelists described the need for resources to support participation in a program, such as insurance, more-stable funding from multiple streams, and wraparound services to address multiple needs of the participants. As many workshop panelists noted, there are myriad reasons for IPAS partici-

pants to drop out of a program, particularly because many of the participants have co-occurring issues and trauma that can complicate their program involvement.

Panelists also discussed the challenge of state regulations around IPAS programs often being prescriptive, which prevents states from altering or shifting their approaches or developing program innovations. Some panelists suggested that there should be a review of the variations in state regulations, particularly among states that have made advances in implementing IPAS programs in the past ten years. This information could be used to provide models for how states can encourage innovations while jurisdictions find ways to adopt them. Some panelists further suggested developing evidence-informed federal guidance on shifting state standards around IPAS programs. However, a few panelists noted that federal guidelines should be light, so as to not create additional regulatory issues.

Another challenge raised by workshop panelists was the considerable variation in the logistics of how IPAS programs are run and the limited research on how this affects participation. For example, panelists discussed that several IPAS programs switched to virtual group meetings during the COVID-19 pandemic. Some panelists noted that this variation allowed for easier access to the program for participants who no longer had to worry about child care or transportation, while other panelists noted that it created greater challenges for those who lacked internet or computer access. Panelists noted the need for research on the impacts of program logistics on participation, including incorporating virtual options into programs. Other panelists raised the need to develop and implement approaches that help panelists address logistical or access challenges, such as transportation or child care.

Finally, panelists shared that when desired outcomes are not achieved in IPAS programs, it is difficult to determine whether that is a result of a problem with the program model, the model implementation, or another factor that could be completely external to the program. Some workshop panelists noted that many IPAS programs lack an evidence-based theory of change.

Panelists suggested developing guidance and training on implementing a program; following a specific evidence-based theory of change; maintaining fidelity to the model; and conducting implementation, process, and outcome evaluations to measure the extent to which the program is working as it should.

Connections Between Intimate Partner Abuse Solution Programs and Criminal Justice and Community Entities

Panelists discussed five important challenges facing IPAS programs in regard to their connection with criminal justice and community entities. First, most IPAS programs operate on a fee-for-service model in which courts mandate clients to participate in the program and pay for their participation. Panelists touched on this issue throughout much of the workshop; they noted that the fee-for-service model often has a negative impact on IPAS participants. Workshop participants discussed that many court-mandated IPAS program participants were of low socioeconomic status and could not financially afford to participate. Although this model is partly based on the argument that fee-for-service encourages participation because people will be more engaged in something they have to pay for, workshop participants noted that inability to pay was a common reason for participants to drop out of IPAS programs. Workshop participants mentioned that there has not been any research looking into the relationship between having direct resources to support the cost of programs and program participation or completion rates. They noted the need to conduct assessments of the economic impact of the fee-for-service model on program participation and outcomes.

Another challenge discussed in the workshop was that IPAS programs are limited by a lack of information from survivors about ongoing interactions with the participant. Some workshop participants noted that victim satisfaction and well-being can be important parts of a participant's success in a program but are often not taken into consideration. However, workshop participants also mentioned that it can be difficult to involve survivors, and some states and funders have even restricted IPAS programs from contacting survivors. Workshop participants conferred over the need to develop approaches for working with survivor advocacy groups to ensure that the survivor perspective is being incorporated as a measure of participant improvement, without putting the survivor at risk. This could be facilitated by a memorandum of understanding or some other mechanism. Similarly, participants also noted the challenge that IPAS programs often operate in isolation from other community and criminal justice responses. Participants discussed that IPAS programs are often too dependent on the courts for referrals, and, as a result, many have not marketed themselves to their communities. Participants suggested that IPAS programs need additional funding and resources to develop better relationships with the community to obtain participant referrals and engage community organizations in the program implementation.

Another related challenge was the need to engage individuals before they get to the point of being arrested for IPV perpetration and those who perpetrate IPV but do not come to the attention of the justice system. One practitioner gave an example of how this could be achieved: IPAS program participants complete a community project in which they take a lesson they learned from the program, share it with four individuals in their life, and then bring at least two of those individuals to the final program meeting so that they can learn more and become an accountability partner for the perpetrator. Panelists discussed the need to examine this and other community-based approaches to identify other ways to bring individuals into the program prior to any criminal justice engagement. Panelists also suggested that there should be more opportunities for referrals from first responders, social workers, community health systems, and other community-based collaborators in lieu of an overreliance on criminal justice system referrals.

Finally, panelists noted the lack of understanding of and consistency in the process of referring individuals to IPAS programs and potential biases associated with this process.

> Another related challenge was the need to engage individuals before they get to the point of being arrested for IPV perpetration and those who perpetrate IPV but do not come to the attention of the justice system.

Panelists acknowledged that extralegal factors may affect determinations of who gets referred to IPAS programs. For instance, White, higher-income persons may be seen as having more-complicated reasons for engaging in IPV and thus get referred to anger management programs or some other type of program. On the other end of the spectrum, those who cannot afford an attorney may be more likely to enter a plea bargain that does not include an option for IPAS program participation. Workshop panelists highlighted the need to ensure that research in this field accounts for the roles that race, socioeconomic status, and other characteristics of program participants play in program involvement and outcomes.

Challenges Related to Conducting Rigorous Research on Intimate Partner Abuse Solution Programs

Workshop panelists identified several critical challenges related to conducting rigorous research on IPAS programs. For starters, research findings may not be generalizable because of the many conceptual and logistical variations in IPAS programs. Panelists noted that some programs may claim to be using a certain model but are only implementing selected pieces of that model combined with selected aspects of other models. Thus, if a program is evaluated as using a specified model, the results may not accurately reflect these nuances and would not be generalizable to other programs using that specified model. Panelists said that researchers need to be precise with reporting their research findings and be clear about the types of programs and variations that were studied.

Another challenge discussed among workshop panelists was that the most-rigorous evaluations—RCTs—are problematic to implement in some contexts. Panelists noted that it would be unethical to randomly assign individuals recommended to an IPAS program to either participate in a program or receive no program, so they suggested conducting more studies that instead randomize the type of program to which participants are assigned. Workshop panelists also stressed the importance of acknowledging that rigorous studies can incorporate qualitative approaches, quasi-experimental designs, and other evaluation designs. They lamented that the standard three-year program evaluation period was not long enough to develop the study protocols and conduct sufficient follow-up with program participants. They recommended that research funders should allow for longer study timelines, extending the period of performance to at least four or five years.

> Research findings are not always framed for practitioners and, therefore, either are not used or are misinterpreted by practitioners.

Workshop panelists further raised the issue that research findings are not always framed for practitioners and, therefore, either are not used or are misinterpreted by practitioners. Practitioners in the workshop noted that they had a hard time digesting and understanding research reports, unless they were broken down into plain language. They discussed how research and evaluation findings should be translated into digestible documents written for and disseminated to practitioners. Panelists expressed support for a model in which researchers who have received funding are required to submit a plan for how they will translate their findings into something that is accessible and understandable to practitioners and the public.

Finally, panelists noted that there is a lack of agreement on what constitutes success with IPAS programs and discussed challenges to measuring outcomes. Most panelists agreed that simply completing a program or not reoffending should not be the sole measure of success. They conferred over the myriad potential measures of success and agreed that there should be more collaboration between researchers, practitioners, and other stakeholders to identify and implement approaches to measure success that go beyond binary measures of program completion or recidivism. Potential measures of success raised in the discussion were impacts on survivors, the community, and the perpetrators, including attitudinal changes, behavioral changes, sense of accountability, various operationalizations of *recidivism*, reduced cognitive dissonance, and relationship measures. Panelists further noted that part of the challenge with measuring success is that many programs do not clearly define *success*. Panelists expressed the need for programs to develop and follow a theory of change with clearly defined learning objectives that will identify success measures and the processes needed to achieve outcomes of success.

CONCLUSION

Since their inception more than 40 years ago as *batterer intervention programs*, IPAS programs have proliferated across the United States. They are the subject of state-level legislation on eligibility and approach and are relied on by criminal justice systems to respond to and address the root causes of IPV perpetration. Despite widespread adoption and use of these programs by court systems around the country, there remains inconsistent and limited information on their effectiveness. Studies conducted to date have produced mixed results, precluding any broad conclusions about whether IPAS programs work (NIJ, 2019).

In the previous ten years, there have been numerous innovations in IPAS programs to focus on issues including addressing unresolved trauma and using more trauma-informed approaches; increasing collaboration and communication between the justice system and IPAS programs; providing more holistic, wraparound services; and integrating a restorative justice lens. There is a need for additional rigorous research on the efficacy of these innovations and on IPAS programs more broadly. To inform the research agenda and other needs related to IPAS program implementation and research, RTI International and RAND, on behalf of NIJ, convened a virtual meeting of practitioners, criminal justice personnel, and researchers with extensive experience and knowledge of these programs. The panel identified 33 high-priority needs to support advances and innovations in our knowledge and use of IPAS programs. These needs provide a blueprint for research, practice, and policy changes that could and should be undertaken to better address underlying causes of IPV perpetration.

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TECHNICAL APPENDIX

This appendix presents additional details on the workshop and our process for identifying and prioritizing research and technology needs and turning them into the research agenda that is presented in the main report. The descriptions here are drawn and adapted from previous PCJNI publications and reflect the adjustments to the needs identification and prioritization process implemented at this workshop.

Workshop Scope and Panel Selection

The topics for PCJNI workshops are selected by reaching a consensus between the action officers and subject matter experts at NIJ and research staff at the organizations that will be facilitating the workshop. Multiple topic areas accompanied by brief scoping descriptions are typically suggested months before the workshop by one or more of the parties involved, and staff engage in group deliberations with NIJ to reach consensus on the topic. We then engage in further scoping of the workshop to craft a discussion agenda through literature review and/or informal discussions with other practitioners and subject matter experts. Once topic and scope have been determined, we recruit panel members first by identifying knowledgeable individuals through existing professional and social networks (e.g., LinkedIn) and by reviewing literature published on the topic. We then extend an invitation to those individuals and provide a brief description of the workshop's focus areas.

The goal of the process of expert elicitation described here was to gather unbiased, representative results from experts and practitioners in the field. However, we note some limitations that could affect the findings. The process typically elicits opinions from a relatively small group of experts. To limit the effect of group size on the representativeness of the results, we strive to make the group as representative as possible of different disciplines, perspectives, and geographic regions. However, we note that the final output of the workshop is likely to be significantly influenced by the specific group of experts invited to participate. It is possible that the workshop's findings could be different if a different group of experts were selected. Moreover, although the discussion moderators make every effort to act as neutral parties eliciting opinions from the collected experts, the background and experience of the moderators has the potential to influence which questions they pose to the group and how they phrase those questions. This could also introduce bias that could influence the findings.

Identification and Prioritization of Needs

To develop and prioritize a list of technology and policy issues that are likely to benefit from research and investment, we followed a process similar to processes we used in previous PCJNI workshops (see, for example, Jackson, Russo, et al., 2015; Jackson, Banks, et al., 2016, and references therein). Participants discussed and refined problems and identified potential solutions (or *needs*) that could address each problem. In addition, needs could be framed in response to opportunities to improve performance by adopting or adapting a new approach or practice (e.g., applying a new technology or tool in the sector that had not been used before). After identifying and refining the needs, we used a voting process based on the Delphi method to elicit prioritization information from the group about the identified needs (RAND Corporation, undated).

Prior to the COVID-19 pandemic, PCJNI workshops were conducted in person in a group setting. However, under the restrictions and mitigations for the COVID-19 pandemic response, our participants and staff were unable to travel. Our typical in-person format involved a two-day, 14-hour in-person meeting (eight hours the first day, six hours the second day). However, drawing on various organizations' and individuals' experiences in running and participating in virtual high-intensity events, we determined that it would not be advisable to try to directly replicate this meeting format using virtual conferencing tools. Instead, we prepared a multistage process:

- interviewing each participant individually or in small groups for approximately one hour to build an initial picture of their views and ideas
- offering a set of shorter, more-focused virtual sessions providing the group the opportunity to react to and shape the consolidated picture that came from our synthesis of the individual interview input
- having a final voting stage after the last interactive session in which participants provided their final assessment of the rankings of the different needs.

Interviews

During the interviews, we asked practitioner panelists to discuss the challenges that they or their colleagues have personally experienced. For those panelists who were not practitioners (e.g., academics), we asked them to speak from their experiences working with practitioners. We also asked them to identify areas where additional research and development investments

could help to alleviate the challenges. During these discussions, participants suggested additional areas that were potentially worthy of research or investment. We consolidated and integrated the problems, opportunities, and potential solutions described by the participants in the separate interviews into a single, summarized list. In advance of the first meeting of the virtual workshop, panelists were provided with the summarized list of issues and needs.

Virtual Sessions

Once each participant had been interviewed and the needs were consolidated, we held three two-hour virtual meetings using the Zoom virtual meeting platform. These meetings were configured such that the participants could see one another's video feeds and individually collaborate on refining and editing the consolidated needs.

At the end of the discussion of each group of needs, participants were given an opportunity to review and revise the list of problems, opportunities, and potential solutions that they had previously identified. The panelists' combined lists for each topic were displayed one by one on the screenshare portion of Zoom using Microsoft PowerPoint slides that were edited in real time to incorporate participant revisions and comments.

Once the group reached consensus on a group of needs, we conducted a real-time voting prioritization exercise using Delphi techniques. We asked the panel to anonymously vote using a web-based polling system (specifically, the PollAnywhere feature from Turning Technologies).

Each participant was asked to individually score each need and associated strategies to address those needs using a 1 to 9 scale for two dimensions: importance and probability of success.

For the *importance* dimension, participants were instructed that 1 was a low score and 9 was a high score. Participants were further told to score a need's importance with a 1 if it would have little or no impact on the problem and with a 9 if it would reduce the impact of the problem by 20 percent or more. Anchoring the scale with percentage improvements in the need's performance is intended to help make rating values more comparable from participant to participant.

For the *probability of success* dimension, participants were instructed to treat the 1 to 9 scale as a percentage chance that the need could be met and broadly implemented successfully. That is, they could assign the need's chance of success from 10 percent (rating of 1) up to 90 percent (rating of 9). This dimension was intended to include not just technical concerns (whether the need would be hard to meet) but also the effect of factors that might

cause practitioners to not adopt the new technology, policy, or practice even if it was developed; such factors could include, for example, cost, effect on practitioner workloads, other staffing concerns, and societal concerns.

After the participants provided their individual ratings using the web-based polling system (i.e., for *importance* or *probability of success*), we then displayed a histogram-style summary of participant responses within the polling system's interface. If there was significant disagreement among the panel (the degree of disagreement was determined by our visual inspection of the histogram), then the participants were asked to verbally discuss or explain their votes at one end of the spectrum or the other. If a second round of discussion occurred, participants were given an opportunity to adjust their rating on the same question. This process was repeated for each question and dimension at the end of each topic area.

Postsession Prioritization

Once participants had completed the rating process for all topic areas, we put the needs into a single, prioritized list. We ordered the list by calculating an expected value using the method outlined in Jackson, Banks, et al., 2016. For each need, we multiplied the final (second-round) ratings for importance and probability of success to produce an expected value. We then calculated the median of that product across all of the respondents and used that as the group's collective expected value score for the need.

We then clustered the resulting expected value scores into three tiers using a hierarchical clustering algorithm. The algorithm we used was the "ward.D" spherical algorithm from the "stats" library in the R statistical package, version 4.0. We chose this algorithm to minimize within-cluster variance when determining the breaks between tiers. The choice of three tiers is arbitrary but was done, in part, to remain consistent across the set of technology workshops we have conducted for NIJ. Also, the choice of three tiers represents a manageable system for policymakers. Specifically, the top-tier needs are the priorities that should be the primary policymaking focus, the second-tier needs should be examined closely, and the third-tier needs are probably not worth much attention in the short term (unless, for example, they can be addressed with existing technology or approaches that can be readily and cheaply adapted to the identified need).

Because the participants initially rated the needs one topic area at a time, we gave them an opportunity at the end of the workshop to review and weigh in on the entire tiered list of all identified needs. The intention of this step was to let panel

members see the needs in the context of the other tiered needs and allow participants to consider whether there were needs that appeared too high or low relative to the others. To collect these assessments, we emailed the entire tiered list in a Microsoft Word document to the participants. This step allowed the participants to see all of the ranked needs collected across all sessions, providing a top-level view complementary to the rankings provided session by session. Participants were then asked to examine where each of the needs landed on the overall tiered list and whether this ordering was appropriate or needed fine-tuning. Participants had the option to indicate whether each problem and need pairing should be voted up or down on the list. A stylized mockup of this form is provided in Table A.1.

We then tallied the participants' responses and applied those votes to produce a final list of prioritized, tiered needs. To adjust the expected values using the up and down votes from the third round of prioritization, we implemented a method equivalent to the one we used in previous work (Hollywood et al., 2016). Specifically, if every panel member voted "up" for a need that was at the bottom of the list, then the collective effect of those votes should be to move the need to the top. (The opposite would happen if every panelist voted "down" for a need that was at the top of the list.) To determine the point value of a single vote, we divided the full range of expected values by the number of participants voting.

To prevent the (somewhat rare) situation in which small numbers of votes have an unintended outsized impact—for example, when some or all of the needs in one tier have the same or very similar expected values—we also set a threshold that at least 25 percent of the workshop participants must have voted on that need (and then rounded to the nearest full participant). For this workshop, there were 17 participants, so, for any votes to have an effect on changing a need's tier, at least four participants would have had to have voted to move the need up or down.

After applying the up and down vote points to the second-round expected values, we compared the modified scores with the boundary values for the tiers to see whether the change was enough to move any needs up or down in the prioritization. (Note that there were gaps between these boundaries, so some of the modified expected values could fall in between tiers; see Figure A.1). As with prior work, we set a higher bar for a need to move up or down two tiers (from Tier 1 to Tier 3, or vice versa) than for a need to move to the tier immediately above or below. Specifically, a need could *increase by one tier* if its modified expected value was higher than the highest expected value score in its initial tier. A need could *decrease by one tier* if its modified expected value was lower than the lowest expected value in its

## Table A.1. Mockup of the Delphi Third-Round Voting Form

Question	Tier	Vote Up	Vote Down
Tier 1			
Issue: Programs are typically designed around or required to follow a prescribed approach. **Need:** Review and pool data from previous studies and conduct additional studies to see whether programs worked for certain groups of individuals. Use the programs as data and knowledge generators for the field.	1	■	
Issue: Systems are not always based on an evidence-informed, theoretical model of change that incorporates an assessment of the risk factors and needs to address interpersonal violence. **Need:** Conduct and translate research on the contexts in which violence occurs (including a focus on broad trauma-inducing conditions, such as structural inequality), and develop innovative and sustainable solutions for addressing these different contexts and different motivations.	1	■	
Tier 2			
Issue: The term *batterer* is problematic. It focuses on the person rather than the behavior, can lead to resistance to participating in the program, and is limiting in the types of IPV behaviors that it covers. **Need:** Although historically these have been referred to as *batterer intervention programs*, move toward innovation and use a different label or labels (one size may not fit all) for these programs that is human-centered (to avoid stigmatizing) and recognizes that much of interpersonal harm is not physical violence, does not necessarily occur between intimate partners, and should be inclusive of interventions, treatment, or both that are trauma-informed and comprehensive enough to enable funding or other resources from multiple sources.	2		
Issue: Most programs do not do any aftercare or follow-up with perpetrators after program completion. **Need:** Provide for incentives and resources to support follow-up.	2		
Tier 3			
Issue: Programs are typically designed around or required to follow a prescribed approach. **Need:** Conduct research to assess whether the risk and need factors of the individuals in the programs should be used to inform program approaches.	3		■
Issue: There is not enough emphasis on the community when it comes to preventing recurrence or escalation of IPV. **Need:** Prioritize and review research that examines broader outcomes, which may come from public health or other fields.	3		■

initial tier. However, *to increase or decrease by two tiers* (possible only for needs that started in Tier 1 or Tier 3), the score had to increase or decrease by an amount that fully placed the need into the range two tiers away. For example, for a Tier 3 need to jump to Tier 1, its expected value score had to fall within the boundaries of Tier 1, not just within the gap between Tier 1 and Tier 2. See Figure A.1, which illustrates the greater score change required for a need to move two tiers (one need on the far right of the figure) compared with one tier (all other examples shown).

Applying these decision rules to integrate the participants' third-round inputs into the final tiering of needs resulted in numerical separations between tiers that were less clear than the separations that resulted when we used the clustering algorithm in the initial tiering. This can occur because, for example, when the final expected value score for a need that was originally in Tier 3 falls just below the boundary value for Tier 1, that need's final score could be higher than that of some other needs in the item's new tier (Tier 2). See Figure A.2, which shows the distribution of the needs by expected value score after the second-round rating process and then after the third-round voting process.

Figure A.1. Illustration of How a Need's Increase in Expected Value Might Result in Its Movement Across Tier Boundaries
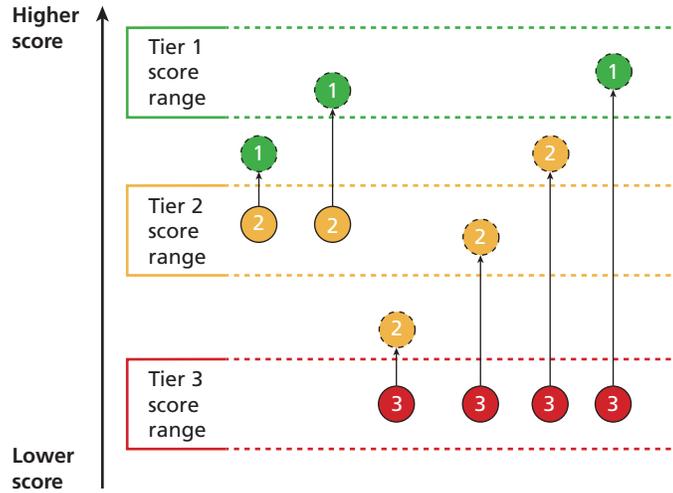
NOTE: Each example need's original tier is shown by a circle with a solid border (the two needs starting in Tier 2 and the four needs starting in Tier 3). Each need's new tier after the third-round score adjustment is shown by the connected circle with a dotted border.

Figure A.2. Final Distribution of the Tiered Needs
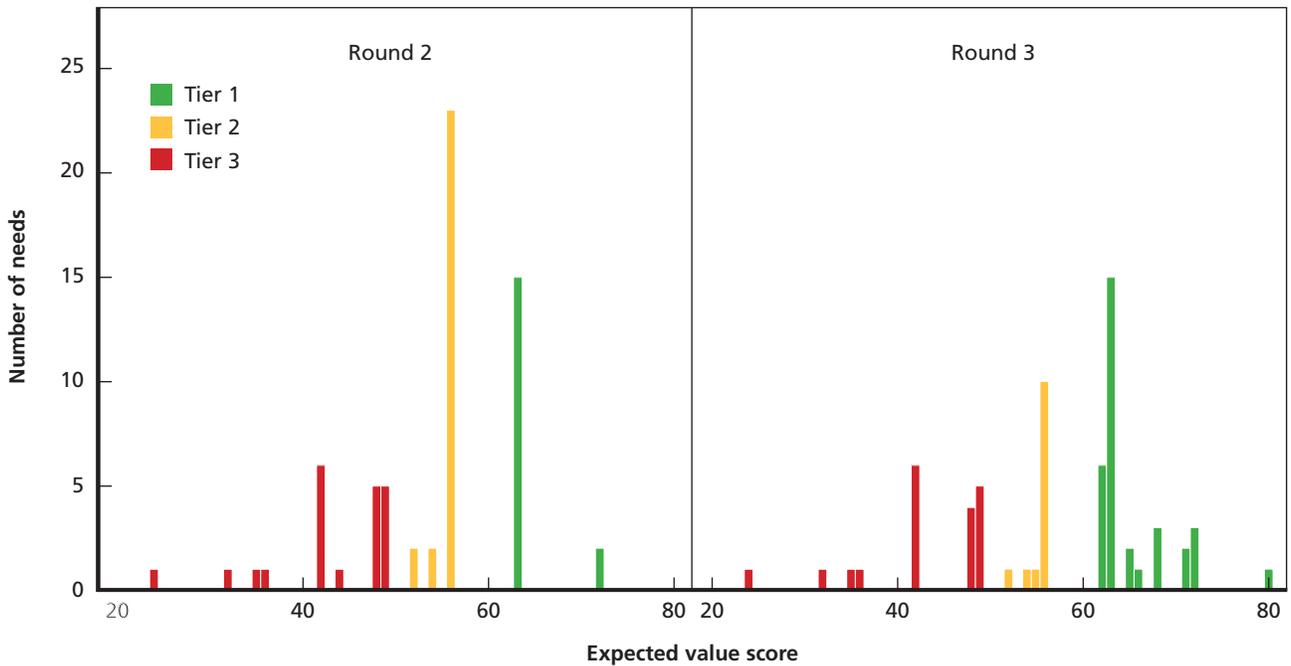
NOTE: The two graphs show how needs are distributed into Tiers 1, 2, and 3 before (left) and after (right) the round 3 votes were applied. In many cases, the round 3 votes increased the calculated score of needs (their expected value) enough to move them into a higher-priority tier.

As a result of the third round of voting, 47 needs did not change position, 16 needs rose one tier, and one need changed two tiers. For this workshop, there was a technical error that prevented one need from being shown to the participants during round 3. It was the following:

- **Issue**: Many programs operate through a fee-for-service model in which courts mandate clients to participate and the clients are required to pay for the program.
- **Need**: Direct resources to mitigate costs to participants and research whether provision of such resources impacts participation and/or outcomes.

At the end of round 2, this need was in the middle of Tier 1. Given that the majority of this workshop's panelists preferred to upvote needs during round 3 (75 percent of the votes were upvotes) and that only one need fell one tier for this panel, we believe this omission had no impact on the results.

The output from this process became the final ranking of the panel's prioritized results. Table A.2 shows the complete list of needs by tier.

Table A.2. Complete List of Needs, by Tier

Problem or Opportunity[a]	Potential Solution	Tier
Program content		
Programs are typically designed around or required to follow a prescribed approach.	Conduct research on the need for and effectiveness of content and/or programming geared specifically toward • communities of color • LGBTQ+ populations • adolescents who use violence • immigrant and/or refugee populations.	1
Programs are typically designed around or required to follow a prescribed approach.	Translate research to inform both policy and practice.	
Programs are typically designed around or required to follow a prescribed approach.	Review and pool data from previous studies and conduct additional studies to see whether programs worked for certain groups of individuals. Use the programs as data and knowledge generators for the field.	
Systems are not always based on an evidence-informed, theoretical model of change that incorporates an assessment of the risk factors and needs to address interpersonal violence.	Develop and appropriately fund systems that incorporate evidence from trauma-informed and evidence-informed approaches that help individuals understand accountability for their actions.	
Systems are not always based on an evidence-informed, theoretical model of change that incorporates an assessment of the risk factors and needs to address interpersonal violence.	Conduct and translate research on the contexts in which violence occurs (including a focus on broad trauma-inducing conditions, such as structural inequality), and develop innovative and sustainable solutions for addressing these different contexts and different motivations.	
There is not enough emphasis on the community when it comes to preventing recurrence or escalation of IPV.	Develop and implement innovative approaches to engage and actively partner with multiple sectors across the community, including victim advocacy services, public health, medical service providers, faith communities, and university research partners.	

Table A.2—Continued

Problem or Opportunity[a]	Potential Solution	Tier
Program implementation		
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Direct more programmatic and research resources toward front-end (e.g., diversion) and/or holistic approaches as opposed to approaches that are more punitive or focused on individuals who are more involved in the justice system.	1
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Consider a pilot project in which an IPAS program is fully funded to ensure that it is implemented as designed and there is a fully funded RCT evaluation to assess its effectiveness.	
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Conduct rigorous research that includes outcomes that are not just recidivism, are informed by survivor voices, and measure the outcomes that are most relevant to survivors.	
Most programs do not provide any aftercare or follow-up with participants after program completion.	Assess the ideal frequency, form, and potential impact of check-ins and aftercare following program completion.	
State regulations around IPAS programs are often very prescriptive, which prevents states from altering or shifting their approaches.	Develop evidence-informed federal guidance on shifting state standards around IPAS programs.	
State regulations around IPAS programs are often very prescriptive, which prevents states from altering or shifting their approaches.	Review variations in state regulations—particularly in states that have made advances in implementing IPAS programs in recent years—and provide models to adopt innovations.	
There is considerable variation in the logistics of how IPAS programs are run and limited research on how logistical factors affect participation (e.g., opportunities related to approaches that only became realistic when the pandemic occurred).	Conduct research on the impacts of program logistics on participation, including best practices in incorporating virtual options into in-person programs.	
There is considerable variation in the logistics of how IPAS programs are run and limited research on how logistical factors affect participation (e.g., opportunities related to approaches that only became realistic when the pandemic occurred).	Develop and implement approaches that help participants address logistical or access challenges (e.g., warm handoff).	

Table A.2—Continued

Problem or Opportunity[a]	Potential Solution	Tier
When desired outcomes are not achieved, it is difficult to know whether that is a result of a problem with the program's model (theory failure), a problem with how the model has been implemented (implementation failure), or another factor (that may be completely external to the program).	Develop guidance and training on program implementation that follows a specific, evidence-informed theory of change and maintains fidelity to the model.	
When desired outcomes are not achieved, it is difficult to know whether that is a result of a problem with the program's model (theory failure), a problem with how the model has been implemented (implementation failure), or another factor (that may be completely external to the program).	Conduct implementation, process, and outcome evaluations that measure fidelity to the program model; measure all components of the theory of change; and are designed to inform program improvements or scalability.	
When someone reoffends or drops out of the program, they are considered a failure.	Provide resources to support participation in the program, such as insurance, more-stable funding from multiple streams, and wraparound services to address multiple needs.	
Connection with criminal justice and community entities		
Many programs operate through a fee-for-service model in which courts mandate clients to participate and the clients are required to pay for the program.	Direct resources to mitigate costs to participants and research whether provision of such resources affects participation and/or outcomes.	1
Many programs operate through a fee-for-service model in which courts mandate clients to participate and the clients are required to pay for the program.	Assess potential bias and disparities in decisions to mandate IPAS programs and economic impacts on participants and likelihood of program completion.	
Programs are limited by a lack of information from survivors about ongoing interactions with the participant.	Work to obtain a better understanding of how to measure victim satisfaction.	
Programs are limited by a lack of information from survivors about ongoing interactions with the participant.	Develop approaches for working with advocacy groups to ensure that the survivor perspective is being incorporated as a measure of participant improvement, without putting the survivor at risk. This may be facilitated by an MOU or some other mechanism.	
Programs often operate in isolation from other community and criminal justice responses.	Provide funding or other resources to enable programs to develop relationships with the community.	
There are challenges to engaging potential perpetrators before they get to the point of being arrested and those perpetrators who do not come to the attention of the justice system.	Examine community-based approaches to identify ways to bring these individuals into the program earlier (e.g., integrate community ambassadors into the program).	
There are challenges to engaging potential perpetrators before they get to the point of being arrested and those perpetrators who do not come to the attention of the justice system.	Provide for opportunities for more referrals from first responders, community health systems, etc. in lieu of an overreliance on justice system referrals.	
There is a lack of understanding of and consistency in the process of referring perpetrators to IPAS programs and potential biases associated with those processes.	Ensure that research accounts for race, socioeconomic status, and other characteristics of program participants.	
Challenges related to rigorous research		
Because of the many conceptual and logistical variations in IPAS programs, research findings may not be generalizable.	Be precise with reporting research findings and clear about the types of programs that were studied.	1
RCTs are tough to implement in some contexts.	Acknowledge that rigorous studies may incorporate qualitative approaches, quasi-experimental designs, and other approaches and take longer than the usual three-year study timeline.	

Table A.2—Continued

Problem or Opportunity[a]	Potential Solution	Tier
RCTs are tough to implement in some contexts.	Conduct more trials comparing interventions that are using different theoretical models (and are already being used).	
Research findings are not always framed for practitioners and are therefore either not used or misinterpreted.	Translate research and evaluation findings into digestible documents written for and disseminated to practitioners.	
Research findings are not always framed for practitioners and are therefore either not used or misinterpreted.	Require that funded research develop and follow a plan for research translation and dissemination that is practitioner- and publicly accessible.	
The standard three-year program evaluation period is too short.	Fund and conduct evaluations for four to five years.	
There is lack of agreement on what constitutes success with IPAS programs and challenges to measuring outcomes.	Develop and follow a theory of change and learning objectives to identify the success measures (and the process to achieve those outcomes).	
There is lack of agreement on what constitutes success with IPAS programs and challenges to measuring outcomes.	Promote collaboration between researchers, practitioners, and other stakeholders to identify and implement approaches to measure success that go beyond recidivism and program completion to include the following: • attitude change • behavior change • accountability • multiple operationalizations of recidivism • impact on survivors • changes in the community • cognitive dissonance • relationship measures.	
Program content		
The term *batterer* is problematic. It focuses on the person rather than the behavior, can lead to resistance to participating in the program, and is limiting in the types of IPV behaviors that it covers.	Identify an alternate naming approach (which may not be a one-size-fits-all approach), which could consider the following: • interpersonal (or intimate partner or domestic) harm resolution center • interpersonal harm resolutions center focusing on harm in interpersonal relationships • IPAS program • IPV intervention program.	2
The term *batterer* is problematic. It focuses on the person rather than the behavior, can lead to resistance to participating in the program, and is limiting in the types of IPV behaviors that it covers.	Although historically these have been referred to as *batterer intervention programs*, move toward innovation and use a different label or labels (one size may not fit all) for these programs that is human-centered (to avoid stigmatizing) and recognizes that much of interpersonal harm is not physical violence, does not necessarily occur between intimate partners, and should be inclusive of interventions, treatment, or both that are trauma-informed and comprehensive enough to enable funding or other resources from multiple sources.	

Table A.2—Continued

Problem or Opportunity[a]	Potential Solution	Tier
Program implementation		
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Develop policy changes that mediate restrictions on how and/or what programs are allowed by states and/or localities while also supporting high standards for these programs.	2
Most programs do not do any aftercare or follow-up with perpetrators after program completion.	Provide for incentives and resources to support follow-up.	
There is considerable variation in the logistics of how IPAS programs are run and limited research on how logistical factors affect participation (e.g., opportunities related to approaches that only became realistic when the pandemic occurred).	Develop approaches that understand and incorporate the qualities that are necessary to conduct the programs.	
When desired outcomes are not achieved, it is difficult to know whether that is a result of a problem with the program's model (theory failure), a problem with how the model has been implemented (implementation failure), or another factor (that may be completely external to the program).	Integrate multiple, innovative methods into evaluations to examine the impact of various aspects of the program's implementation (e.g., staffing, facilitation), beyond fidelity to the program model and/or curriculum.	
Connection with criminal justice and community entities		
Programs are limited by a lack of information from survivors about ongoing interactions with the participant.	Conduct a systematic review of the system of response patterns and multiple points of access to identify challenges with low response rates from survivors.	2
Programs often operate in isolation from other community and criminal justice responses.	Develop strategies that programs can use to promote partnerships with communities and other public systems outside the legal system.	
Programs often operate in isolation from other community and criminal justice responses.	Evaluate the extent to which programs do and/or should operate as part of or entail the following: • specialized domestic violence (DV) courts • wraparound service provision, including services focused on addressing factors associated with high-risk for DV offending (e.g., employment) and/or co-occurring disorders and/or mental health • coordinated community response • a restorative justice or transformative framework that involves community and survivor and/or survivor advocate participation.	
There is a lack of understanding of and consistency in the process of referring perpetrators to IPAS programs and potential biases associated with this process.	Conduct research on and develop best practices for who should be referred to IPAS programs (and what type of IPAS program) and under what circumstances.	
There is a lack of understanding of and consistency in the process of referring perpetrators to IPAS programs and potential biases associated with this process.	Promote consistency in data collection and/or measurement and facilitate data linkages to inform understanding of the characteristics and needs of individuals (perpetrating and victimized).	

Table A.2—Continued

Problem or Opportunity[a]	Potential Solution	Tier
Challenges related to rigorous research		
Because of the many conceptual and logistical variations in IPAS programs, research findings may not be generalizable.	Ensure that research considers the myriad different approaches and/or models and avoids generalizing to all IPAS programs when only specific approaches and/or models have been assessed.	2
RCTs are tough to implement in some contexts.	Draw on existing sources of data to support rigorous evaluation.	
Program content		
Programs are typically designed around or required to follow a prescribed approach.	Conduct research to assess whether the risk and need factors of the individuals in the programs should be used to inform program approaches.	3
Systems are not always based on an evidence-informed, theoretical model of change that incorporates an assessment of the risk factors and needs to address interpersonal violence.	Provide access (e.g., open source) and resources (e.g., financial, technical assistance) for providers to integrate and sustain healing and evidence-informed and community-focused approaches to address interpersonal violence, including community violence, which often overlaps with interpersonal violence.	
There is not enough emphasis on the community when it comes to preventing recurrence or escalation of IPV.	Prioritize and review research that examines broader outcomes, which may come from public health or other fields.	
There is not enough emphasis on the community when it comes to preventing recurrence or escalation of IPV.	Develop and implement programmatic approaches that address and capture outcomes beyond those of the individual participants (e.g., family-based outcomes, child exposure to DV) or the role of other partners in the individual outcomes (e.g., empowerment of victims, referrals to wraparound services, increasing the capacity of community-based programs to recognize and respond to family violence, role of the community in intervention).	
There is not enough emphasis on the community when it comes to preventing recurrence or escalation of IPV.	Develop and conduct innovative community outreach, education, and training to support community accountability for preventing interpersonal violence.	
Program implementation		
IPAS programs suffer from a lack of funding for both program implementation and rigorous research, which may be attributed to • concerns that funding for rigorous research on IPAS programs will divert limited resources away from IPV survivors • lack of evidence that the programs are successful (which may be partly due to the lack of funding) • state regulations that restrict funding for IPAS programs.	Look to other disciplines, practitioners, and IPAS program participants to identify and adapt sustainable funding models, including allowing for insurance funding of these programs.	3
There is considerable variation in the logistics of how IPAS programs are run and limited research on how logistical factors affect participation (e.g., opportunities related to approaches that only became realistic when the pandemic occurred).	Develop technology to support engagement and offer a variety of options to actively participate and overcome logistical challenges to meeting in person and following the usual cadence, duration, etc. of the curriculum (not just virtual options), and study the impact on participants.	
When someone reoffends or drops out of the program, they are considered a failure.	Have IPAS programs take a similar approach as substance use programs, anticipating and allowing for relapses and looking for long-term progress.	

Table A.2—Continued

Problem or Opportunity[a]	Potential Solution	Tier
When someone reoffends or drops out of the program, they are considered a failure.	Reframe understanding of program failure because it is not necessarily a reflection of the program but could reflect the system or the multiple, co-occurring needs that the individual is facing.	
Connection with criminal justice and community entities		
If someone drops out of a court- or corrections-ordered program, courts are slow to call them back, resulting in a lack of accountability for the perpetrator and potential risk for the survivor.	Have courts and corrections do more to hold individuals accountable, such as conducting frequent judicial review, to ensure that there are consequences for DV offending and for not completing IPAS programs.	3
If someone drops out of a court- or corrections-ordered program, courts are slow to call them back, resulting in a lack of accountability for the perpetrator and potential risk for the survivor.	Examine the sources and processes of referrals to IPAS programs.	
If someone drops out of a court- or corrections-ordered program, courts are slow to call them back, resulting in a lack of accountability for the perpetrator and potential risk for the survivor.	Develop multiple innovative approaches that courts can employ to hold individuals accountable and to intervene in the IPV behavior, and conduct education on those approaches.	
There are challenges to engaging potential perpetrators before they get to the point of being arrested and those perpetrators who do not come to the attention of the justice system.	Implement fatherhood programs more widely as a source of referrals.	
There are challenges to engaging potential perpetrators before they get to the point of being arrested and those perpetrators who do not come to the attention of the justice system.	Provide programs with funding for conducting community outreach; establishing earlier contact with people who commit IPV; and maintaining contact with perpetrators, family, friends, and/or survivors.	
Challenges related to rigorous research		
Administrative data on perpetrators are decentralized and not always shared.	Have states share and store all of their administrative data, including criminal justice, public health, and mental health data, in one place to enable researchers and practitioners to see the bigger picture. This may be facilitated by model legislation.	3
Administrative data on perpetrators are decentralized and not always shared.	Create more consistency in how information is gathered across states.	
RCTs are tough to implement in some contexts.	Encourage researchers to discuss the process of conducting RCTs, the challenges, and strategies to address those challenges.	
There is lack of agreement on what constitutes success with IPAS programs and what challenges exist in measuring outcomes.	Catalog what measures are available to inform success and address gaps as indicated.	
There is lack of agreement on what constitutes success with IPAS programs and what challenges exist in measuring outcomes.	Conduct a critical review of whether and how these perspectives (e.g., survivor's perceptions of success) are integrated into research designs.	

NOTE: DV = domestic violence; LGBTQ+ = lesbian, gay, bisexual, transgender, queer, and others; MOU = memorandum of understanding; RCT = randomized controlled trial.

[a] A *need* is the combination of a problem or opportunity and a potential solution. Several of the problems or opportunities are repeated throughout the table because they are combined with a variety of potential solutions.

NOTE

[1] The words *victim* and *survivor* are used interchangeably throughout this report. Per Women Against Abuse, undated, these words are both appropriately used in different contexts, and the combined term *victim/survivor* is often used.

REFERENCES

Arce, Ramón, Esther Arias, Mercedes Novo, and Francisca Fariña, "Are Interventions with Batterers Effective? A Meta-Analytical Review," *Psychosocial Intervention*, Vol. 29, No. 3, 2020, pp. 153–164.

Arias, Esther, Ramón Arce, and Manuel Vilariño, "Batterer Intervention Programmes: A Meta-Analytic Review of Effectiveness," *Psychosocial Intervention*, Vol. 22, No. 2, 2013, pp. 153–160.

Babcock, Julia C., Charles E. Green, and Chet Robie, "Does Batterers' Treatment Work? A Meta-Analytic Review of Domestic Violence Treatment," *Clinical Psychology Review*, Vol. 23, No. 8, 2004, pp. 1023–1053.

Cheng, Shih-Ying, Maxine Davis, Melissa Jonson-Reid, and Lauren Yaeger, "Compared to What? A Meta-Analysis of Batterer Intervention Studies Using Nontreated Controls or Comparisons," *Trauma, Violence, and Abuse*, Vol. 22, No. 3, 2019.

Cheng, Shih-Ying, Maxine Davis, Melissa Jonson-Reid, and Lauren Yaeger, "Compared to What? A Meta-Analysis of Batterer Intervention Studies Using Nontreated Controls or Comparisons," *Trauma, Violence, and Abuse*, Vol. 22, No. 3, 2021, pp. 496–511.

Cluss, Patricia, and Alina Bodea, *The Effectiveness of Batterer Intervention Programs: A Literature Review and Recommendations for Next Steps*, Pittsburgh, Pa.: University of Pittsburgh, March 2011.

Cotti, Chad, Joshua Foster, M. Ryan Haley, and Shannon L. Rawski, "Duluth Versus Cognitive Behavioral Therapy: A Natural Field Experiment on Intimate Partner Violence Diversion Programs," *Journal of Experimental Psychology: Applied*, Vol. 26, No. 2, 2020, pp. 384–395.

Domestic Abuse Intervention Programs, "Understanding the Power and Control Wheel," webpage, 2017. As of December 7, 2021: https://www.theduluthmodel.org/wheels/understanding-power-control-wheel/#outerring

Dutton, Donald G., and Kenneth Corvo, "The Duluth Model: A Data-Impervious Paradigm and a Failed Strategy," *Aggression and Violent Behavior*, Vol. 12, No. 6, 2007, pp. 658–667.

Eckhardt, Christopher I., Christopher M. Murphy, Daniel J. Whitaker, Joel Sprunger, Rita Dykstra, and Kim Woodard, "The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence," *Partner Abuse*, Vol. 4, No. 2, 2013, pp. 196–231.

Feder, Lynette, and David B. Wilson, "A Meta-Analytic Review of Court-Mandated Batterer Intervention Programs: Can Courts Affect Abusers' Behavior?" *Journal of Experimental Criminology*, Vol. 1, No. 2, 2005, pp. 239–262.

Ferraro, Kathleen J., *Current Research on Batterer Intervention Programs and Implications for Policy*, Minneapolis, Minn.: Battered Women's Justice Project, December 2017.

Gondolf, Edward W., *Batterer Intervention Systems: Issues, Outcomes, and Recommendations*, Thousand Oaks, Calif.: Sage Publications, 2002.

Herman, Katharine, Robert Rotunda, Gail Williamson, and Stephen Vodanovich, "Outcomes from a Duluth Model Batterer Intervention Program at Completion and Long Term Follow-Up," *Journal of Offender Rehabilitation*, Vol. 53, No. 1, 2014, pp. 1–18.

Hollywood, John S., Dulani Woods, Andrew Lauland, Sean E. Goodison, Thomas J. Wilson, and Brian A. Jackson, *Using Future Broadband Communications Technologies to Strengthen Law Enforcement*, Santa Monica, Calif.: RAND Corporation, RR-1462-NIJ, 2016. As of July 20, 2020: https://www.rand.org/pubs/research_reports/RR1462.html

Jackson, Brian A., Duren Banks, John S. Hollywood, Dulani Woods, Amanda Royal, Patrick W. Woodson, and Nicole J. Johnson, *Fostering Innovation in the U.S. Court System: Identifying High-Priority Technology and Other Needs for Improving Court Operations and Outcomes*, Santa Monica, Calif.: RAND Corporation, RR-1255-NIJ, 2016. As of July 20, 2020: http://www.rand.org/pubs/research_reports/RR1255.html

Jackson, Brian A., Joe Russo, John S. Hollywood, Dulani Woods, Richard Silberglitt, George B. Drake, John S. Shaffer, Mikhail Zaydman, and Brian G. Chow, *Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector*, Santa Monica, Calif.: RAND Corporation, RR-820-NIJ, 2015. As of February 22, 2020: https://www.rand.org/pubs/research_reports/RR820.html

Mills, Linda G., Briana Barocos, and Barak Ariel, "The Next Generation of Court-Mandated Domestic Violence Treatment: A Comparison Study of Batterer Intervention and Restorative Justice Programs," *Journal of Experimental Criminology*, Vol. 9, 2013, pp. 65–90.

Murphy, Christopher M., Christopher I. Eckhardt, Judith M. Clifford, Adam D. Lamotte, and Laura A. Meis, "Individual Versus Group Cognitive-Behavioral Therapy for Partner-Violent Men: A Preliminary Randomized Trial," *Journal of Interpersonal Violence*, Vol. 35, No. 15–16, 2020, pp. 2846–2868.

National Institute of Justice, "Practice Profile: Interventions for Domestic Violence Offenders: Cognitive Behavioral Therapy," webpage, September 12, 2013a. As of December 7, 2021: https://www.crimesolutions.ojp.gov/ratedpractices/16#pd

National Institute of Justice, "Practice Profile: Interventions for Domestic Violence Offenders: Duluth Model," webpage, September 13, 2013b. As of December 7, 2021: https://crimesolutions.ojp.gov/ratedpractices/17#pd

National Institute of Justice, "Batterer Intervention Programs Have Mixed Results," webpage, October 9, 2019. As of March 28, 2022: https://nij.ojp.gov/topics/articles/ batterer-intervention-programs-have-mixed-results

National Institute of Justice, "Program Profile: Strength at Home Couples (SAH–C) Program to Prevent Military Partner Violence," webpage, June 8, 2020a. As of March 29, 2022: https://crimesolutions.ojp.gov/ratedprograms/684

National Institute of Justice, "Program Profile: EVOLVE: Court-Mandated Program for Serious Male Batterers," webpage, June 29, 2020b. As of March 29, 2022: https://crimesolutions.ojp.gov/ratedprograms/687

NIJ—*See* National Institute of Justice.

Pence, Ellen, and Michael Paymar, *Education Groups for Men Who Batter: The Duluth Model*, New York: Springer, 1993.

RAND Corporation, "Delphi Method," webpage, undated. As of April 5, 2021: https://www.rand.org/topics/delphi-method.html

Wexler, David B., *Domestic Violence 2000: An Integrated Skills Program for Men: Group Leader's Manual*, New York: Norton, 2000.

Women Against Abuse, "The Language We Use," webpage, undated. As of January 25, 2022: https://www.womenagainstabuse.org/education-resources/ the-language-we-use

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