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PREDICTORS OF COMPLETION IN A BATTERER TREATMENT PROGRAM

The Effects of Referral Source Supervision

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Domestic violence offenders who are court mandated to attend a batterer treatment program are more likely to complete treatment than offenders who voluntarily attend. However, few studies have examined the amount or severity of referral source supervision and its effect on treatment completion. This study uses data from three referral sources in South Carolina (i.e., pretrial intervention, criminal domestic violence court, and summary court) to determine whether higher levels of monitoring during a 26-week hybrid cognitive-behavioral batterer treatment program increase the likelihood of completion among batterers. Results indicate that increased supervision exercised over the clients by the referral source during treatment increases the likelihood that offenders will successfully complete the program. It is recommended that courts and other refer- ring agencies keep attendance records, mandate monthly check-ins with case managers, require defendants to appear in court for follow-up hearings, and dedicate staff to monitor domestic violence cases to increase completion rates among batterers in treatment.

***Keywords**:* domestic violence; batterer treatment; offender therapy; supervision techniques

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The criminalization of domestic violence (DV) since the 1980s has resulted in the arrest and prosecution of offenders becoming a primary societal response. Although arrest is inconsistently related to future DV recidivism (Bowman, 1992; Sherman & Berk, 1984; Sherman, Smith, Schmidt, & Rogan, 1992), it continues to be a primary policy used throughout the United States. In South Carolina, for example, more than 16,000 arrests were made under the state's criminal domestic violence (CDV) laws during 2006 (South Carolina Office of Attorney General, 2006), and police intervention in some jurisdictions has increased to include the aggressive pursuit of additional charges against defendants who violate special bond conditions by continuing to have contact with the victim while awaiting trial.

The increased police response to DV has magnified the role of prosecutors and courts in this area, with many jurisdictions instituting "no-drop" policies and specialized courts to process cases (Babcock & Steiner, 1999; Berman & Feinblatt, 2001; Coulter, Alexander, & Harrison, 2005; Eley, 2005; Gover, Brank, & MacDonald, 2007; Labriola, Rempel, O'Sullivan, & Frank, 2007; Mirchandani, 2005). No-drop policies aim to circumvent the inability or unwillingness of victims to testify against defendants by incorporating evidence-based prosecution strategies (i.e., 911 calls, law enforcement officer testimony, photographs of victims and crime scenes) with the state as the complainant. Prosecutors may also utilize diversion programs that offer legal benefits to defendants, such as the dismissal of charges, if they fully participate in a treatment program or other conditions specified by the court. Pretrial diversion strategies have been used in this regard, although relatively little is known about their effects (Gondolf, 1999; Gover et al., 2007).

Specialized courts aim to improve the judicial response to DV by utilizing trained and dedicated judges and prosecutors to process the cases as well as by incorporating programs and personnel of community agencies that serve victims and offenders in the courtroom process (Coulter et al., 2005; Gover et al., 2007; Mirchandani, 2005). The primary focus of these courts tends to be a "fusion between rehabilitation and punishment" (Babcock, Green, & Robbie, 2004, p. 1024), where sentencing predominantly combines legal sanctions with mandated participation in batterer intervention programs (BIPs; Gover et al., 2007; Labriola et al., 2007). BIP treatment completion, in turn, has been associated with lower recidivism (Cattaneo & Goodman, 2005; Davis, Taylor, & Maxwell, 2000).

The dual aims of these specialized courts (i.e., treatment and accountability) are also achieved by increased oversight of and more consistent responses to offender noncompliance; many criminal DV courts, for instance, have staff whose primary focus is to follow up on sanctions for treatment noncompliance (e.g., schedule cause hearings, issue bench warrants; Labriola et al., 2007). Attrition rates from BIPs are, as in mandated treatment programs of any type, traditionally high (e.g., Buttell & Carney,

2005; Dalton, 2001; DeHart, Kennerly, Burke, & Follingstad, 1999; Hamberger, Lohr, & Gottlieb, 2000; Taft, Murphy, Elliott, & Keaser, 2001). In response, researchers have begun to examine the effect of increased criminal justice monitoring, such as judicial hearings (e.g., Gondolf, 2000), specialized caseloads (e.g., Klein & Crowe, 2008), and attendance oversight (e.g., DeHart et al., 1999), as factors intended to increase batterer treatment completion. Early reports suggest that mandated treatment and a high level of court monitoring decrease participant "no shows" and increase completion rates (Daly, Power, & Gondolf, 2001; DeHart et al., 1999; Gerlock, 2001; Gondolf, 2000; Hamberger & Hastings, 1989; Pirog-Good & Stets, 1986; Saunders & Parker, 1989; Taft et al., 2001). However, the effect of increased monitoring and supervision has also exhibited some inconsistent results with treatment completion (e.g., Dalton, 2001) or rearrest (Feder & Dugan, 2002; Rempel, Labriola, & Davis, 2008), and a large number of offenders continue to remain noncompliant with treatment requirements (Hamberger & Hastings, 1989). Importantly, the research on this topic has generally examined "monitoring" simply in terms of whether the client was court mandated to attend treatment or whether he or she was self-referred into treatment (e.g., Cadsky, Hanson, Crawford, & Lalonde, 1996; Daly et al., 2001; Hamberger & Hastings, 1989; Pirog-Good & Stets, 1986; Saunders & Parker, 1989; Taft et al., 2001), and some studies have examined the effects of batterers' perceived consequences of dropout on program attrition (Dalton, 2001; Heckert & Gondolf, 2000). Still, very few studies have used measures of court monitoring that reflect the amount of referral source supervision over defendants while in treatment (DeHart et al., 1999; Gondolf, 2000). This study attempted to add to this some-what limited area of understanding. We used data collected from the Domestic Abuse Center (DAC) in Columbia, South Carolina, to examine the effect of three referral sources (e.g., pretrial intervention [PTI], CDV court, and summary court), each of which exercises different levels of supervision over clients, to determine whether higher levels of monitoring during DV counseling increase the likelihood of treatment completion among batterers.

BATTERER PROGRAM ATTRITION

It is important to understand why DV offenders fail to complete program treatment because completing treatment appears to lower the likelihood of officially reported DV recidivism (e.g., Cattaneo & Goodman, 2005; Davis et al., 2000). Unfortunately, however, it appears that many of the characteristics that predict batterer treatment attrition also predict reabuse and DV recidivism (Klein & Tobin, 2008); thus, it is a real concern that batterer programs may not be reaching those who could benefit most from them. In fact, as many as 50% to 75% of those who report for at least one session eventually fail to complete treatment (Daly & Pelowski, 2000).

Scholars have thus attempted to identify the characteristics of participants who are likely to drop out of treatment. Certain demographic characteristics, psychological factors, pro- gram characteristics, and referral sources appear to be factors that predict attrition among batterers (Buttell & Carney, 2005). Demographically speaking, age, employment status or income level, educational attainment, criminal history, and substance use are consistent predictors of batterer treatment attrition. Dropouts tend to be younger and unemployed, to be sporadically employed, and to generate low incomes (e.g., DeMaris, 1989; Hamberger & Hastings, 1989; Pirog-Good & Stets, 1986; Saunders & Parker, 1989). In addition, batterers who are less educated (e.g., Daly et al., 2001; Grusznski & Carrillo, 1988; Saunders & Parker, 1989; Taft et al., 2001), have more extensive criminal histories (e.g., Cadsky et al., 1996; DeMaris, 1989; Hamberger & Hastings, 1989), and report higher rates of alcohol or drug use (e.g., Dalton, 2001; Hamberger & Hastings, 1989; Rothman, Gupta, Pavlos, Dang, & Coutinho, 2007; Stalans & Seng, 2007) are less likely to complete batterer treatment programs.

Race, previous abuse or exposure to abuse, mental health problems, and relationship characteristics have also been linked to program attrition among DV batterers, although they are not examined as often as the above factors. Race has been an inconsistent predictor of program attrition—Pirog-Good and Stets (1986) reported that Caucasians were more likely to drop out of treatment, whereas Taft et al. (2001) found that African Americans had higher rates of attrition during treatment and Rothman et al. (2007) found that nonimmigrants were less likely to drop out of treatment than immigrants. However, the paucity of research at this time does not allow for any firm conclusions to be reached regarding the influence of immigration status on the completion of mandated treatment.

Batterers who experienced child abuse or who were exposed to intimate partner violence between their parents are less likely to complete treatment (Cadsky et al., 1996; Grusznski & Carrillo, 1988) and more likely to leave pretreatment counseling (Chang & Saunders, 2002). A range of mental health problems have also been shown to decrease the likelihood of program completion among offenders; antisocial personality (Chang & Saunders, 2002), high stress and low maturity (Gerlock, 2001), and borderline, schizoid, or paranoid personality disorders (Hamberger et al., 2000; Hamberger & Hastings, 1989) may reduce the odds that batterers successfully complete treatment. Finally, relationship factors can be barriers to treatment completion as well. Unmarried abusers (DeMaris, 1989), those who have been with their victim for shorter amounts of time (Buttell & Carney, 2008), and those who have fewer dependent children (Grusznski & Carrillo, 1988) are unlikely to complete treatment.

Programmatically speaking, high attrition appears to be concentrated in programs that are longer in duration and more expensive to attend (Pirog-Good & Stets, 1986). Distance traveled to program sessions is also a predictor of treatment attendance, with longer distances related to a higher

likelihood of attendance, potentially reflecting more investment by the client (DeHart et al., 1999). Furthermore, the type of treatment predicts drop-out rates, with various demographic variables affecting the levels of attrition among batterers in both cognitive-behavioral and process-psychodynamic groups (e.g., Chang & Saunders, 2002). Most important to our study, however, it appears that batterers who are court ordered or legally referred to treatment are more likely to complete the program than those batterers who simply volunteer (Cadsky et al., 1996; Daly et al., 2001; DeHart et al., 1999; Gerlock, 2001; Gondolf, 2000; Hamberger & Hastings, 1989; Pirog-Good & Stets, 1986; Saunders & Parker, 1989; Taft et al., 2001). This finding is likely the result of an additional level of "threat" that the referral source presumably holds over the abuser to stay in treatment and complete it. That is, offenders who are court ordered to complete treatment are more likely to do so because of the real or perceived consequences (e.g., fines or jail time) that would be imposed by the court if the batterer failed to complete treatment (e.g., Dalton, 2001; DeHart et al., 1999; Gondolf, 2000; Labriola et al., 2007).

Although many studies have examined the effect of a batterer's referral source on his or her likelihood of treatment completion, most of these studies have generally measured this variable in terms of whether the offender was self-referred into treatment (e.g., voluntarily or at the suggestion of a significant other) or legally mandated (e.g., by the court or other criminal justice agency; Cadsky et al., 1996; Chang & Saunders, 2002; Daly et al., 2001; Gerlock, 2001; Hamberger & Hastings, 1989; Pirog-Good & Stets, 1986; Saunders & Parker, 1989; Taft et al., 2001). Only a handful of studies have examined or explained the amount of "threat" posed by the referral source beyond the referral into treatment. DeHart et al. (1999) found that programs in which someone actively checked offenders' attendance increased the likelihood that the program would retain clients. Similarly, Gondolf (2000) examined the effect of a court monitoring law on batterer treatment compliance rates in Pittsburgh. The law mandated that batterers attend a court hearing 30 days into treatment to testify that they had been attending and then attend another hearing after 90 days to show that they had successfully completed treatment. Gondolf reported that the law successfully increased batterer compliance rates steadily and significantly for at least 2 years following the passage of the law. Heckert and Gondolf (2000) and Dalton (2001) examined whether batterers' beliefs that they would be sanctioned (e.g., jailed, probation revoked, mandated back to treatment) on dropping out of treatment reduced their likelihood of treatment attrition. Contrary to the expectations outlined above, both sets of researchers found that perceived threat of sanctioning from the referral source was not a predictor of treatment completion. Thus, preliminary evidence suggests that batterers who are mandated to complete treatment by an outside criminal justice source *and* who are supervised in some way while attending the program are more likely to successfully complete their

treatment programs (DeHart et al., 1999; Gondolf, 2000). We contend that the level of supervision exercised over batterers in treatment has not been fully examined. Indeed, there is variation in the levels of supervision provided by court referral sources, and we attempted to examine the effects of these differences on the likelihood that batterers complete treatment. Specifically, we ascertained whether high levels of supervision (e.g., sign-in sheets to record attendance, clear rules on absences allowed, checking in with case managers and court personnel, written notices to the referral source of completion and termination) in batterer treatment increase the likelihood of batterers completing the program.

METHOD

PARTICIPANTS

The data for this study were collected between January 1, 2006, and August 1, 2006, by the DAC, a nonprofit agency based in Columbia, South Carolina. DAC provides a Department of Social Services–approved 26-week batterer program in 26 counties around South Carolina. The program is a hybrid model of intervention and treatment that focuses on offender accountability as emphasized by the Duluth model, a standard model of batterer intervention, and utilizes a cognitive-behavioral approach to teaching needed skills (e.g., assertiveness rather than aggression, victim empathy, understanding of DV in all forms, stress reduction, etc.). All participants who attended at least two sessions were interviewed by a staff member regarding their race, age, sex, marital status, relationship with the victim, number of children, employment status, educational level, drug and alcohol use, mental health history, criminal history, and childhood history of exposure to parental intimate partner violence.[1] Clients also completed the Balanced Inventory of Desirable Responding (BIDR; Palhaus, 1984), a 40-item scale measuring self-deception and impression management. Respondents who score high in self-deception (BIDR-SD) are considered to believe their positive self- reports, whereas those who score high in impression management (BIDR-IM) are likely responding in a socially desirable manner. All information that could be used to identify individual participants was deleted by DAC staff before the data file was provided to the researcher.

The original sample contained 524 records, representing all participants referred to DAC between January 1, 2006, and August 1, 2006, who attended at least two sessions and completed the intake assessment. A total of 43 records were omitted from the analysis because the respondent scored high (more than 14) on one or both of the BIDR subscales, indicating that the client may have been answering assessment questions in a socially desirable, but potentially untruthful, manner. Thus, the final sample

consisted of 481 participants, 288 (60%) of whom completed the DAC program and 193 (40%) of whom did not.

MEASURES

Table 1 describes the measures used in this study. The outcome examined here tapped whether participants enrolled in the DAC 26-week batterer treatment program completed the program successfully. *Treatment completion* was a dichotomous measure indicating whether the participant completed all 26 weeks of treatment (coded as 1) or did not complete treatment (coded as 0). As demonstrated in Table 1, 60% of the participants completed the 26-week intervention program.

The independent variables of interest measure the level of in-treatment supervision (beyond the attendance tracking provided by DAC) that is provided by the referring agency (i.e., PTI, CDV court, summary court) over each participant. Each referral agency provides different levels of supervision and attendance monitoring over the batterers whom it mandates into treatment. For instance, PTI services provide the most supervision to defendants while they are in treatment.[2] PTI is a diversion program for first-time offenders and is run by the solicitor's office in each county in South Carolina. An important motivator for defendants in PTI is that the charges against them will be expunged from their criminal records upon successful treatment completion. Those defendants who do not complete PTI are returned to the regular court docket for adjudication and sentencing on a guilty verdict. PTI ensures batterer treatment compliance by requiring participants to check in with their case manager each month. Participants who fail to check in or who have dropped out of treatment are subject to termination from PTI. It should be noted that the PTI program is highly selective regarding the defendants over whom it assumes responsibility. To qualify to enter PTI, defendants must have no significant criminal history (e.g., no violent offenses, felonies, or DUIs, although they may have minor charges that would be expunged after 3 years) and have their case approved for diversion by the prosecutor and the victim. To successfully complete PTI, the defendant must, in addition to completing the BIP, perform 50 hours of community service, test negative on drug screens, write a report on the law under which he or she was arrested, and pay all required fees. Failure to complete any one of these requirements results in the defendant's termination from PTI.[3]

TABLE 1: Descriptive Statistics

	M	SD	*Min–Max*
Dependent variable			
Treatment completion	0.60	0.49	0–1
Independent variables			
Male	0.83	0.38	0–1
Age (years)	33.64	10.16	18–76
African American	0.43	0.50	0–1
Hispanic	0.04	0.20	0–1
Substance use	0.63	0.48	0–1
Child witness to DV	0.35	0.48	0–1
Mental health treatment	0.19	0.39	0–1
Married	0.35	0.48	0–1
Employed	0.82	0.34	0–1
High school graduate	0.62	0.48	0–1
Length of relationship (months)	89.26	84.68	0–480
Child	0.75	0.44	0–1
Criminal history	0.56	0.50	0–1
Referral source supervision			
PTI	0.13	0.34	0–1
CDV court	0.40	0.49	0–1
Summary court	0.47	0.50	0–1

Note. $N = 481$. DV = domestic violence; PTI = pretrial intervention; CDV = criminal domestic violence.

The second highest level of supervision is provided by the CDV court. Specialized DV court systems employ a variety of specialized staff whose jobs are focused on increasing offender accountability at each level of case processing (Gover et al., 2007). The CDV court utilizes a specialized prosecutor and judge, additional investigators, victim assistants, and administrative staff to primarily focus on providing consistent oversight to offenders. Caseloads assigned to court staff are much lower in specialized courts, permitting consistent oversight and monitoring. For instance, during the year these data were collected, the average caseload for CDV court staff was 235 cases. The increased level of monitoring and supervision provided by these staff members ensures timely follow-up to treatment noncompliance; consequently, offenders are more likely to be cited for treatment noncompliance in this court as opposed to the regular summary court, and the typical sanction for noncompliance is a suspended sentence (jail time).

Last, clients can be referred to DAC if they are found guilty in the regular summary court. The summary court provides the least amount of supervision over its referrals in treatment, with caseloads over 4 times larger than those of CDV court staff—in 2006, the average caseload of summary court staff exceeded 1,000 cases, and the lowest caseload (330) of summary court staff was higher than the average caseload (235) of CDV court staff. Summary courts hear misdemeanor-level cases of all types, ranging from minor civil disputes to DV charges. Within this court system, DV cases do not receive any special focus and do not have staff charged with monitoring treatment compliance. Although the penalties for noncompliance in the regular summary courts may be the same as in the

specialized CDV court, the larger caseloads and lack of specialized staff overseeing DV cases fall short of the supervision provided by the CDV court. Thus, although DAC notifies both courts of an offender's treatment noncompliance, it is less likely that he or she will be sanctioned by the summary court on treatment dropout.

Given these differences, three separate referral source variables were created to tap the amount of supervision that was imposed on a client while in treatment. *PTI* was a dichotomous measure indicating whether the participant was referred to DAC and supervised under PTI expectations (coded as 1) or not (coded as 0). *CDV court* and *summary court* were also dichotomous measures indicating whether the participant was referred to DAC and super- vised under CDV court and summary court expectations, respectively (1 □ *yes*, 0 □ *no*). Descriptive statistics for participants of each referral source agency are provided in Table 2. The control variables follow from the review of relevant predictors of batterer treatment completion discussed above. In particular, the batterer's gender, age, race, substance use, childhood history, mental health problems, education, relationship duration, children, and criminal history were considered to be key predictors of his or her treatment completion. *Male* was a dichotomous measure indicating that the participant was male (1 □ *yes*, 0 □ *no*). The majority of offenders (83%, *n* □ 397) referred to DAC were male; this is consistent with rates of gender participation in the DAC program over time. The average *age* of participants was 33 years old. Two separate dichotomous variables, *African American* and *Hispanic*, tapped the participant's race. Caucasian served as the reference group. Approximately 43% (*n* □ 208) of participants were African American, whereas 4% (*n* □ 20) were Hispanic. Substance use, child witness to DV, mental health treatment, and high school education were also coded as dichotomous variables (1 □ *yes*, 0 □ *no*). *Substance use* indicated that the participant reported using alcohol or drugs. Of the sample, 63% (*n* □ 304) reported using substances. *Child witness to DV* denoted that the participant witnessed DV when he or she was a child. *Mental health treatment* indicated that the participant had received treatment for mental health problems during his or her lifetime, and *high school graduate* signified that the client graduated from high school or obtained education beyond high school. Of participants, 19% (*n* □ 91) demonstrated mental health needs and 62% had high school educational attainment.

Most participants had been in a long relationship with their victim. On average, the *length of the relationship* between the batterer and his or her victim was approximately 7 years (the median length of the relationship was 5 years). Of the participants, 75% (*n* □ 355) reported having at least one *child*, although this did not indicate whether the child currently lived with the participant. Finally, *criminal history* indicated whether the participant had a criminal history (1 □ *yes*, 0 □ *no*). Criminal history was checked against publicly accessible information retrieved from the South Carolina Law

Enforcement Department criminal records database.

TABLE 2: Descriptive Statistics by Referral Source

	PTI (n = 64)		*CDV Court (n = 191)*		*Summary Court (n = 226)*		
	M	SD	M	SD	M	SD	*Min–Max*
Dependent variable							
Treatment completion	0.80	0.41	0.68	0.47	0.48	0.50	0–1
Independent variables							
Male	0.75	0.44	0.84	0.37	0.83	0.38	0–1
Age	33.97	9.30					19–67
			33.60	9.98			19–65
					33.59	10.59	18–76
African American	0.30	0.46	0.49	0.50	0.42	0.50	0–1
Hispanic	0.03	0.18	0.06	0.23	0.03	0.17	0–1
Substance use	0.66	0.48	0.65	0.48	0.61	0.49	0–1
Childhood witness DV	0.19	0.39	0.34	0.48	0.41	0.49	0–1
Mental health treatment	0.19	0.39	0.20	0.40	0.18	0.38	0–1
Married	0.36	0.48	0.37	0.48	0.31	0.46	0–1
Employed	0.88	0.33	0.83	0.38	0.81	0.40	0–1
High school graduate	0.83	0.38	0.59	0.49	0.60	0.49	0–1
Length of relationship	103.38	88.04					3–468
			82.63	86.01			0–480
					90.99	82.44	2–456
Child	0.77	0.43	0.74	0.44	0.74	0.44	0–1
Criminal history	0.22	0.42	0.65	0.48	0.58	0.49	0–1

Note. PTI = pretrial intervention; CDV = criminal domestic violence; DV = domestic violence.

ANALYSIS

We used logistic regression to examine the effects of referral supervision levels on batterer program completion. All models were checked for collinearity and covariance at the outset of the analysis; no significant collinearity was discovered (all tolerance levels were above 0.62).

RESULTS

The results of our study are presented in Table 3. Overall, the results support previous findings that higher levels of supervision over participants in batterer treatment increase the likelihood that they will successfully complete the program. The policy implications that follow from these findings are that treatment agencies and cooperating court referral services should increase the levels of supervision over the defendants they refer to batterer treatment to help ensure their compliance and eventual completion of the program (Klein, 2009; Labriola et al., 2007).

TABLE 3: Logistic Regression Predicting Batterer Treatment Completion

	Model 1		*Model 2*		*Model 3*		*Model 4*	
	□	SE	□	SE	□	SE	□	SE
Constant	–0.77	0.60	–1.01*	0.61	–0.94	0.61	–0.27	0.63
Independent variables								
Male	0.00	0.28	0.06	0.28	□0.04	0.28	0.01	0.29
Age	0.03**	0.01		0.01	0.03**	0.01	0.03**	0.01
African American	□0.20	0.21		0.22	□0.30	0.22	□0.27	0.22
Hispanic	0.66	0.59		0.59	0.53	0.60	0.50	0.60
Substance use	0.01	0.22		0.22	□0.03	0.22	□0.08	0.22
Childhood witness DV	□0.51**	0.22		0.22	□0.51**	0.22	□0.42*	0.22
Mental health treatment	0.40	0.29		0.29	0.39	0.29	0.37	0.29
Married	0.40*	0.24		0.24	0.34	0.25	0.35	0.25
Employed	0.82***	0.28		0.28	0.84***	0.29	0.82***	0.29
High school graduate	0.02	0.22		0.22	0.03	0.22	□0.03	0.23
Length of relationship	0.00	0.00		0.00	0.00	0.00	0.00	0.00
Child	□0.17	0.25		0.25	□0.16	0.26	□0.15	0.26
Criminal history		0.22		0.22	□0.73***	0.22	□0.59***	0.22
*								
Referral source supervision								
PTI		—		0.36	—	—	—	—
CDV court		—		—	0.75***	0.22	—	—
Summary court		—		—	—	—	□1.01***	0.21
Nagelkerke R^2					.16		.19	

Note. N = 481. DV = domestic violence; PTI = pretrial intervention; CDV = criminal domestic violence.
*p □ .10, two-tailed. **p □ .05, two-tailed. ***p □ .01, two-tailed.

Our results are also very similar to those of previous studies that have examined the predictors of treatment completion among DV offenders. First, Model 1 in Table 3 demonstrates that age, witnessing DV as a child, being married, being employed, and having committed criminal behavior in the past are significant predictors of completing batterer treatment. All of these predictors' effects are in the expected direction—older participants, those who are married, and those who are employed are more likely to complete treatment than are younger, unmarried, and unemployed batterers. Those participants who witnessed DV as children and those who have criminal histories are also significantly less likely to complete batterer treatment.

These findings do not change when the types of referral supervision are added into Models 2, 3, and 4. In fact, most significant predictors remain the same (with the exception of marital status) across the models. The only substantive changes in Models 2, 3, and 4 are that the various referral sources are significant predictors of treatment completion. Model 2 in Table 3 reveals that PTI supervision increases the likelihood that participants will complete treatment. Recall that PTI supervision provides the highest level of supervision over clients within the DAC batterer treatment program, mandating that offenders check in with their case manager each month

regarding their participation in the BIP and terminating offenders who fail to check in or who have dropped out of the program. Our results indicate that participants supervised under these conditions are more likely to complete DAC's batterer treatment program than those clients not monitored as closely.

The general pattern that higher levels of supervision within treatment increase the likelihood of completion is upheld when supervision under the CDV court is added to Model 3. CDV court provides the second highest level of referral source supervision over participants in treatment by dedicating additional specialized staff to provide consistent oversight over offenders and respond quickly to treatment noncompliance. Our results indicate that such measures work to ensure that participants attend and complete the program in which they are enrolled.

Finally, Model 4 in Table 3 underscores the importance of supervising participants while in batterer treatment programs. Model 4 demonstrates that the summary court is the least effective of the three referral sources at keeping its defendants involved in batterer treatment. Recall that supervision under summary court conditions is much lower than the super- vision provided by either PTI or CDV court conditions. Although the sanctions imposed for treatment noncompliance by the summary court are similar to those imposed by the CDV court (e.g., suspended sentence, jail time), it is less likely that the summary court will effectively follow up on noncompliance. The summary court hears misdemeanor-level cases of all types, has much larger caseloads, and does not focus special attention on DV cases or dedicate additional staff to monitor the offender's treatment compliance; such supervision techniques are not as effective as those followed by either PTI or CDV court. Thus, our findings indicate that DV offenders supervised by the summary court are more likely to drop out, discontinue, or fail to meet the requirements necessary to successfully complete treatment when compared to offenders who are supervised under more stringent conditions.

DISCUSSION

The results from this study clearly underscore the need to supervise DV offenders while they are in treatment to ensure that they attend the sessions and eventually successfully complete the program. These findings add to a sparse set of previous studies that indicate that supervision during treatment increases treatment completion among batterers (DeHart et al., 1999; Gondolf, 2000; Klein, 2009)—an important finding, given that treatment completion can lead to lower recidivism among batterers (Cattaneo & Goodman, 2005; Davis et al., 2000). We suggest that the concept of supervision or the level of threat that a referral source holds over a defendant during treatment is an important predictor to examine in terms

of batterer treatment completion. Although many studies have examined the impact of criminal justice referral on treatment completion (e.g., Cadsky et al., 1996; Chang & Saunders, 2002; Daly et al., 2001; Gerlock, 2001; Hamberger & Hastings, 1989; Pirog- Good & Stets, 1986; Saunders & Parker, 1989; Taft et al., 2001), they largely have not examined the degree of supervision instituted over the defendant while in treatment. This is perhaps because such data are difficult to access. Indeed, we were unable to measure the degree to which each referral source actually implemented its intended supervision techniques. We have assumed that each agency followed the policies and procedures regarding client supervision (e.g., monthly check-in) discussed above. However, we acknowledge the potential limitations of such an assumption and therefore suggest that future studies attempt to address this shortcoming by examining how closely supervision policies are followed when monitoring batterers in treatment.

The importance of monitoring batterers while in treatment as well as understanding the degree to which agencies follow through on noncompliance holds many implications for policy. In their national survey of criminal courts, batterer programs, and victim assistance agencies, Labriola et al. (2007) reported that approximately 60% of courts rarely or inconsistently respond to treatment noncompliance with a sanction. Only 12% of the responding courts in their study had written protocols in place mandating sanctions for treatment noncompliance. Furthermore, Labriola et al. (2007) noted that courts fail to quickly respond to noncompliance and rarely use serious sanctions such as probation revocation or jail time. Thus, it appears that although courts and referring agencies claim that they will punish offenders who drop out or are noncompliant with mandated treatment conditions, they rarely follow up on those threats.

Our findings suggest that courts and referral agencies should at least increase the level of in-treatment supervision they exercise over offenders. Based on our results, we believe that taking such strides will increase batterer treatment programs' retention rates. Specifically, it appears that utilizing a specialized and dedicated staff to provide oversight to offenders at each level of case processing and providing monthly in-person monitoring of defendants will positively affect the level of compliance in batterer treatment.

We expect that hiring and training additional and specialized staff, such as those staff employed by PTI or CDV courts, to oversee, supervise, and process defendants increase batterer treatment compliance for at least two reasons. First, having additional staff dedicated to DV cases ensures fewer defendants or lower caseloads for each staff member to monitor. This, in turn, may increase the likelihood that treatment compliance is consistently checked, with noncompliance identified and punished more quickly. Second, overseeing specialized caseloads of DV offenders may increase supervision levels because staff will work closely and consistently with the same BIP treatment providers over time. The development of such a workgroup

ensures that information about offender noncompliance will be more easily and readily shared between treatment providers and referral source staff, thus increasing the likelihood that treatment noncompliance will be sanctioned. Staff who are charged with monitoring several types of offenders (e.g., minor, severe, DV, etc.) referred to several different types of programs (e.g., substance abuse, DV, etc.) may be unable to develop meaningful and consistent working relationships with each treatment provider, and this may reduce the amount, quality, and timing in which information is shared between the BIP and referral source agency.

We should also caution that although our findings suggest that summary court supervision decreased treatment compliance *in comparison to PTI and CDV court supervision*, we believe that it is still a better option than doing nothing at all in terms of supervision during treatment. That is, although we were unable to examine it, we believe that summary court supervision would likely increase batterer treatment completion when compared to simple self-referrals or referrals that provide no supervision at all.

Our study is not without some limitations. Aside from our inability to measure the degree to which each referral source implemented their intended supervision techniques, another potential limitation of our study involves the selection criteria of clients supervised by PTI. Although we attempted to control for possible selection effects of PTI defendants, such as criminal history, we were unable to control for the motivation that PTI defendants have for completing treatment compared to offenders referred by other sources. That is, although PTI defendants may have the charges against them immediately expunged from their criminal records on successful completion of all PTI requirements (including the BIP), offenders referred to treatment by CDV court or summary court do not have that option. This motivation could be an important contributor to the success of PTI defendants that we were unfortunately unable to control. Nonetheless, we believe our results are informative to the overall understanding of batterer treatment completion, particularly with regard to the important role that referral source supervision during treatment plays.

Since these data were collected, South Carolina has pushed for the creation of specialized DV courts in every county. Our findings indicate that this is a constructive use of resources for increasing offender accountability within the criminal justice system because the accompanying increase in supervision levels yields higher levels of treatment compliance. However, the use of diversion programs for DV cases has traditionally been controversial because of the violent nature of the offense, and some South Carolina county solicitors do not permit DV cases to be admitted to specialized programs in their judicial circuits. Given the results presented here, we suggest that states wishing to increase the treatment compliance rates of their DV offenders would be well served to increase the levels of supervision monitoring over these offenders during treatment.

NOTES

1. Group leaders schedule a time for the interview with clients at the second session during the orientation process con- ducted at the first session.
2. We were unable to measure the degree to which each referral source actually implemented the supervision strategies outlined in this section. The supervisory descriptions that follow are based on reports from each referral agency regarding the typical policies and procedures that it is mandated to use when monitoring treatment compliance among domestic violence offenders. We discuss this as a possible limitation in the conclusion section and suggest that future studies examine the degree to which referral sources implement their mandated supervision techniques.
3. We acknowledge that pretrial intervention defendants may be less likely to drop out of treatment based on their lack of criminal history and other demographic characteristics (e.g., employment). To account for this, in part, we control for criminal history and other risk factors in our final analyses.

REFERENCES

Babcock, J. C., Green, C. E., & Robbie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*, 1023-1053.

Babcock, J. C., & Steiner, R. (1999). The relationship between treatment, incarceration, and recidivism of battering: A program evaluation of Seattle's coordinated community response to domestic violence. *Journal of Family Psychology, 13*, 46-59.

Berman, G., & Feinblatt, J. (2001). Problem-solving courts: A brief primer. *Law & Policy, 23*, 125-140.

Bowman, C. G. (1992). The arrest experiments: A feminist perspective. *Journal of Criminal Law and Criminology, 83*, 201-208.

Buttell, F., & Carney, M. (2005). Do batterer intervention programs serve African American and Caucasian batterers equally well? An investigation of a 26-week program. *Research on Social Work Practice, 15*, 19-28.

Buttell, F., & Carney, M. (2008). A large sample investigation of batterer intervention program attrition: Evaluating the impact of state program standards. *Research on Social Work Practice, 18*, 177-188.

Cadsky, O., Hanson, R. K., Crawford, M., & Lalonde, C. (1996). Attrition from a male batterer treatment program: Client- treatment congruence and lifestyle instability. *Violence and Victims, 11*, 51-64.

Cattaneo, L. B., & Goodman, L. A. (2005). Risk factors for reabuse in intimate partner violence: A cross-disciplinary critical review. *Trauma, Violence, & Abuse, 6*, 141-175.

Chang, H., & Saunders, D. G. (2002). Predictors of attrition in two types of group programs for men who batter. *Journal of Family Violence, 17*, 273-292.

Coulter, M., Alexander, A., & Harrison, V. (2005). Specialized domestic violence courts: Improvement for women victims? *Women & Criminal Justice, 16*, 91-106.

Dalton, B. (2001). Batterer characteristics and treatment completion. *Journal of Interpersonal Violence, 16*, 1223-1238.

Daly, J. E., & Pelowski, S. (2000). Dropout from groups for men who batter: A review of studies with implications for research and practice. *Violence and Victims, 15*, 137-160.

Daly, J. E., Power, T. G., & Gondolf, E. W. (2001). Predictors of batterer program attendance. *Journal of Interpersonal Violence, 16*, 971-991.

Davis, R., Taylor, B., & Maxwell, C. (2000). *Does batterer treatment reduce violence? A randomized experiment in Brooklyn*. Washington, DC: National Institute of Justice.

DeHart, D. D., Kennerly, R. J., Burke, L. K., & Follingstad, D. R. (1999). Predictors of attrition in a treatment program for battering men. *Journal of Family Violence, 14*, 19-34.

DeMaris, A. A. (1989). Attrition in batterers' counseling: The role of social and demographic factors. *Social Service Review, 63*, 143-154.

Eley, S. (2005). Changing practices: The specialized domestic violence court process. *Howard Journal, 44*, 113-124.

Feder, L., & Dugan, L. (2002). A test of the efficacy of court-mandated counseling for domestic violence offenders: The Broward experiment. *Justice Quarterly, 19*, 343-375.

Gerlock, A. A. (2001). A profile of who completes and who drops out of domestic violence rehabilitation. *Issues in Mental Health Nursing, 22*, 379-400.

Gondolf, E. W. (1999). A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence, 14*, 41-61.

Gondolf, E. W. (2000). Mandatory court review and batterer program compliance. *Journal of Interpersonal Violence, 15*, 428-437.

Gover, A. R., Brank, E. M., & MacDonald, J. M. (2007). A specialized domestic violence court in South Carolina: An example of

procedural justice for victims and defendants. *Violence Against Women, 13*, 603-626.

Grusznski, R. J., & Carrillo, T. P. (1988). Who completes batterer's treatment groups? An empirical investigation. *Journal of Family Violence, 3*, 141-150.

Hamberger, L. K., & Hastings, J. E. (1989). Counseling male spouse abusers: Characteristics of treatment completers and dropouts. *Violence and Victims, 4*, 275-286.

Hamberger, L. K., Lohr, J. M., & Gottlieb, M. (2000). Predictors of treatment dropout from a spouse abuse abatement pro- gram. *Behavior Modification, 24*, 528-552.

Heckert, D. A., & Gondolf, E. W. (2000). The effect of perceptions of sanctions on batterer program outcomes. *Journal of Research in Crime and Delinquency, 37*, 369-391.

Klein, A. R. (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors, and judges*. Washington, DC: National Institute of Justice.

Klein, A. R., & Crowe, A. (2008). Findings from an outcome examination of Rhode Island's specialized domestic violence probation supervision program: Do specialized supervision programs of batterers reduce reabuse? *Violence Against Women, 14*, 226-246.

Klein, A. R., & Tobin, T. (2008). A longitudinal study of arrested batterers, 1995-2005: Career criminals. *Violence Against Women, 14*, 136-157.

Labriola, M., Rempel, M., O'Sullivan, C. S., & Frank, P. B. (Eds.). (2007). *Court responses to batterer program noncompliance: A national perspective*. New York, NY: Center for Court Innovation.

Mirchandani, R. (2005). What's so special about specialized courts? The state and social change in Salt Lake City's domestic violence court. *Law and Society Review, 39*, 379-417.

Palhaus, D. L. (1984). Two component models of social desirability responding. *Social Psychology*, *46*, 598-609.

Pirog-Good, M., & Stets, J. (1986). Male batterers and battering prevention programs. *Response to the Victimization of Women and Children, 8*, 8-12.

Rempel, M., Labriola, M., & Davis, R. C. (2008). Does judicial monitoring deter domestic violence recidivism? Results of a quasi-experimental comparison in the Bronx. *Violence Against Women, 14*, 185-207.

Rothman, E. F., Gupta, J., Pavlos, C., Dang, Q., & Coutinho, P. (2007). Batterer intervention program enrollment and completion among immigrant men in Massachusetts. *Violence Against Women, 13*, 527-543.

Saunders, D. G., & Parker, J. C. (1989). Legal sanctions and treatment follow-through among men who batter: A multivariate analysis. *Social Work Research Abstracts, 25*, 21-29.

Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review, 49*, 261-272.

Sherman, L. W., Smith, D. A., Schmidt, J. D., & Rogan, D. P. (1992). Crime, punishment, and stake in conformity: Legal and informal control of domestic violence. *American Sociological Review, 57*, 680-690.

South Carolina Office of Attorney General. (2006). *Criminal domestic violence in South Carolina*. Columbia: Author.

Stalans, L. J., & Seng, M. (2007). Identifying subgroups at high risk of dropping out of domestic batterer treatment: The buffering effects of a high school education. *International Journal of Offender Therapy and Comparative Criminology, 51*, 151-169.

Taft, C. T., Murphy, C. M., Elliott, J. D., & Keaser, M. C. (2001). Race and demographic factors in treatment attendance for domestically abusive men. *Journal of Family Violence, 16*, 385-400.

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