



*Evaluation of the Batterer's Intervention  
Program (BIP) of the Delaware Domestic  
Violence Coordinating Council (DVCC)*

MAY 2017

PREPARED BY

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C O N S U L T A N T S



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**Evaluation of the Batterer’s Intervention Program (BIP)  
of the Delaware Domestic Violence Coordinating Council (DVCC)<sup>1</sup>**

**Prepared by Barbara Goldberg and Rekha Shukla  
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<sup>1</sup> This project was supported by sub-grant #VW13-211 awarded by the Delaware Criminal Justice Council through the STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the State of Delaware or the U.S. Department of Justice, Office on Violence Against Women.

## Acknowledgements

This report summarizes the findings of a multi-faceted evaluation conducted of the Batterer's Intervention Program (BIP) of the Delaware Domestic Violence Coordinating Council (DVCC) from January 2016 to April 2017.

The study initiated with Aimee Voshell String, Project Coordinator; Eleanor Torres, past Executive Director; and Maureen Monagle, Executive Director at the DVCC. Their commitment to this program and their insights about its ability to impact the lives of offenders and victims have been invaluable

We especially want to thank the three non-military DVCC certified providers who provide BIP services in Delaware for their participation in the evaluation: Catholic Charities, CHILD, Inc. and Turning Point at People's Place II. We are grateful to each agency's leadership, their group facilitators, and their administrative staff for encouraging BIP participants to engage in pre- and post- testing, for providing valuable feedback, and for tracking data in a robust fashion throughout the past year. Of special note are Shamla McLaurin and Leslie Williams at Catholic Charities; Dan Armstrong and Robin Zizmont at CHILD, Inc.; and Blanche Creech and Linda Huffine at Turning Point at People's Place II.

Matthew Rosen, with the Delaware Criminal Justice Council (CJC), was instrumental in using the information contained in the Delaware Criminal Justice Information System (DELJIS) and providing data analysis of re-arrest rates among BIP participants. Melissa Kearney offered great assistance in understanding the process for litigants. Dr. Eric Mankowski, Portland State University, provided invaluable help with the utilization of the BIPPOS pre-test/post-test tool.

Delaware's judges and commissioners were generous with their time and insights while providing interviews for this report. Their deep understanding of the issues surrounding intimate partner violence and the context in which they work informed this study immeasurably.

We are grateful to Linda Nash, Barbara Goldberg & Associates, LLC, for entering the pre- and post-test data.

Consistent with the strong expectations of the program, agency, and judicial leaders who informed this project, we hope the ideas presented in this report will serve as a call to action to ensure strengthening of and continued attention to the Batterer's Intervention Program of the DVCC.

Barbara Goldberg  
Rekha Shukla



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### Executive Summary

*"In a positive way I think it's great that we have a state where we are able to communicate to the extent that we have where you can go to the court and say these programs are important and here is why and we would like you to send batterers only to our certified programs. I think that is success." – Key Leadership Interviewee*

#### Overview

This report details findings from the first multi-faceted evaluation of the Batterer's Intervention Program (BIP) of the Delaware Domestic Violence Coordinating Council (DVCC), a longstanding standards-based program established in 1994. First developed in the 1970s, Batterer's Intervention Programs currently operate in every state and in several other countries.<sup>2</sup>

This evaluation of Delaware's Batterer's Intervention Program began in early 2016. The overall goal of the study is to demonstrate through a *meaningful, precise, and accurate* evaluation, the program's accomplishments and effectiveness, possible areas for improvement, and recommendations for the future. The study design, developed in collaboration with DVCC and provider staff, utilizes an array of both qualitative and quantitative measures.

This mixed methods evaluation design recognizes the critical importance of recidivism and other data, but also recognizes the importance of capturing the wisdom and perspectives of service providers, judges and court commissioners, and others involved with the program. It should be viewed as a significant step in enhancing the organizational capacity of the Batterer's Intervention Program; it also reaffirms DVCC's commitment to being a "learning organization."

#### Delaware's Batterer's Intervention Program Model

The foundation of the Delaware Batterer's Intervention Program is the Domestic Violence Intervention Standards, first adopted in 1994 and revised in 2012. The purpose of establishing standards is:

“...to increase victim safety by eliminating violence in intimate relationships. The interventions will focus on holding the offenders accountable for their behavior by teaching new skills and monitoring their behavior while they are participating in the intervention program.”<sup>3</sup>

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<sup>2</sup> Acker, S.E. (2013, October). Batterer intervention programs: Getting to the root of domestic violence, p. 1. *Utne Reader*. Accessed March 16, 2017. <http://www.utne.com/community/batterer-intervention-programs-ze0z1310zpit>.

<sup>3</sup> Delaware Domestic Violence Coordinating Council. (2012). *Domestic violence intervention standards*, p. 1. Wilmington, DE.

The program model includes intake, assessment, orientation, and delivery of a carefully structured curriculum. The purpose of the Batterer's Intervention Curriculum, as outlined in the Standards, is to:

- A. Provide a model for intervention which identifies and remediates tactics of "power and control" and other abusive behaviors;
- B. Promote consistency of intervention services statewide;
- C. Hold the offenders accountable for their behavior;
- D. Provide a model of violence-free behavior among family members.<sup>4</sup>

The curriculum draws upon the Duluth model developed in the early 1980s by the Domestic Abuse Intervention Project of Duluth, Minnesota.

The Standards spell out standards of care, system procedures and flow, program content, credentials and other program specifics, including the length of the program. There are two types of programs offered:

- Domestic Violence Intervention (Batterers Type) – The length of the program intervention is at least 32 session hours over a minimum of 20 weeks, with a minimum of 16 sessions.
- Domestic Violence Intervention (Offender or Not Otherwise Specified Type) – The length of the program intervention is at least 24 session hours over a minimum of 15 weeks, with a minimum of 12 sessions.

Currently, there are four certified treatment providers offering batterers' intervention programs in Delaware. These programs follow the guidelines established through the Domestic Violence Intervention Standards and have been certified by the Delaware DVCC Batterers' Intervention Certification Panel. Programs are offered by: Catholic Charities (New Castle County), CHILD, Inc. (New Castle County), Turning Point at People's Place II (Kent and Sussex Counties) and Dover Air Force Base (for military personnel only). Three of these programs – Catholic Charities, CHILD, Inc. and Turning Point at People's Place II – agreed to participate in this evaluation.

### **The Batterer's Intervention Program Evaluation Design**

The Delaware Domestic Violence Coordinating Council (DVCC) sought to evaluate the Batterer's Intervention Program comprehensively, based on overall program design, implementation at the three participating sites, and assessment of program outcomes, with the support of a grant awarded by the Delaware Criminal Justice Council through the STOP Formula Grant awarded to the State through the U.S. Department of Justice, Office on Violence Against Women. The evaluation team used a mixed methods design with both qualitative and quantitative methods to assess the program. Early on, program administrators and the evaluation team made the decision to focus on male participants in the program, due to far greater numbers of males in the program and the possibility that male and female offenders would have differing results. This evaluation constitutes the first comprehensive evaluation of the Batterer's Intervention Program since it began in 1994. Components of the evaluation included:

- Review, collating and analysis of available quantitative data and materials from DVCC and providers;
- Analysis of recidivism data available through DELJIS – With the assistance of Delaware Criminal Justice Council staff, 1,300 records of 2012 and 2013 Catholic Charities, CHILD, Inc. and Turning Point at People's Place II participants were analyzed to determine re-arrest records over the subsequent two-year period;
- Results of BIP Process (BIPPOS) pre-tests and post-tests – Utilizing a tool developed by Dr. Eric Mankowski of Portland State University, pre-tests, midpoint tests, and endpoint tests were administered to program participants at Catholic Charities, CHILD, Inc. and Turning Point;

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<sup>4</sup> Delaware Domestic Violence Coordinating Council. (2012). *Domestic violence intervention standards*, p. 1. Wilmington, DE.

- Program observations;
- Judicial surveys;
- Judicial interviews;
- Other key informant interviews;
- Facilitators' surveys; and
- Brief focused literature review.

## **Key Accomplishments**

1. A viable program, established over two decades ago and based on national models, has continued to serve Delaware families. The Batterer's Intervention Program is established as a comprehensive model that meshes with research findings about effective, evidence-based programs.
2. Through collaboration among multiple systems - DVCC, the courts, providers, and probation and parole – several hundred batterers are offered an alternative to incarceration each year. In FY 2016, two-thirds (66%) of participants completed the course of group sessions.
3. Based on a review of two years of DELJIS arrest records for 1,300 males who participated in the Batterer's Intervention Program in 2012 and 2013, re-arrest rates are significantly lower among participants who completed the program than among those who did not.
4. Based on a comparison of Batterer Intervention Proximal Program Outcomes Survey (BIPPOS) pre-tests, midpoint-tests and endpoint tests, the program is having a significant impact on participants in several specific areas targeted through the curriculum: personal responsibility, power and control beliefs, understanding of the effects of abuse, dependency on partner, and anger control and management skills.
5. Based on multiple observations, survey results, and interviews conducted with key stakeholders and others, the certified providers – Catholic Charities, CHILD, Inc., and Turning Point at People's Place II – are offering high quality services which are well-received by the participants and are consistent with the requirements of certification.
6. Based on structured observations of both the orientations and group sessions, facilitators are highly knowledgeable and are skilled in: (1) introducing the program at the orientation in a way that establishes norms for participation and appears to reduce batterers' defensiveness; (2) delivering the curriculum; (3) building rapport and encouraging peer to peer interactions; and (4) maximizing the positive impact of the group sessions.
7. Facilitators noted the rigor of the assessment process, the positive outcomes for participants, and the impact on their families as primary strengths of the Batterer's Intervention Program. Facilitators expressed satisfaction with their professional and personal growth during the time they had been part of the Batterer's Intervention Program.
8. Judges and commissioners who were surveyed and interviewed pointed to: (1) the certification of the treatment providers and consistency of treatment and (2) the reputation of the providers and – for those who had seen them in action – the quality of the services delivered by the providers.

## **Key Challenges**

1. Judges, commissioners and others were concerned about the lack of communication between the judicial system, DVCC, and the providers, feeling that judges and commissioners needed more information about the program in order to make the most appropriate referrals to it and, also, to have more of a sense of its efficacy.

2. As a corollary, several judges and commissioners were concerned that, although the Batterer’s Intervention Program had been in existence more than 20 years, evidence hadn’t been cited of its efficacy.
3. The financial commitment required of BIP participants was raised as a concern by judges and commissioners and others who were surveyed and interviewed, despite the availability of reduced fees through sliding scale policies. Respondents also cited lack of transportation as another potential barrier to participation.
4. Providers, judges and others raised concerns about the “one size fits all” nature of the program and the need for services for those who are also facing substance abuse and mental health issues.
5. As suggested in the literature about Batterer’s Intervention Programs, “increased awareness of the diversity of the batterer population has given rise to the belief that more specialized approaches are needed.”<sup>5</sup> For example, the need for more African-American and Spanish speaking males to conduct groups was cited by facilitators.
6. Respondents also expressed concerns about sentencing laws and the negative impact they had on the program and offered examples in cases of sentencing where they felt the mandatory minimum was too low. Some respondents mentioned they would like more feedback during the process of plea arrangements and evaluation for DV or anger management programs prior to sentencing.
7. A few respondents expressed disappointment that the number of PFA referrals to the program wasn’t higher and felt that that was something that the DVCC and courts should address.
8. Particularly at this time of budget constraints in Delaware, several respondents were concerned about finding sufficient financial resources to sustain and adequately staff the program over time.

## **Recommendations**

The recommendations summarized below – and described in greater detail in the full report - are drawn from the array of qualitative and quantitative data collected during this evaluation. They reflect the viewpoints of those involved in the evaluation process. These recommendations are designed to build on the strengths of the Batterer’s Intervention Program: the DVCC program model and vision, an established program, an experienced group of providers and facilitators, and opportunities for collaboration.

1. Focus on strengthening communication among the providers, courts, probation and parole, and the DVCC. This is the most consistent recommendation to emerge from this evaluation.
2. Identify strategies to increase enrollments in the Batterer’s Intervention Program.
3. As part of capacity building efforts, form a DVCC Research and Accountability Committee comprised of DVCC staff, judges or commissioners, and agency representatives to meet on a regular basis to develop and implement a more rigorous plan for ongoing data collection, analysis and dissemination.
4. As a corollary, and in light of current budget difficulties in the state, seek external funding to expand capacity-building efforts, with a particular focus on data collection and future evaluations, designed to address local, state, and national interest in the efficacy of Batterer’s Intervention Programs.

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<sup>5</sup> National Institute of Justice. (1998). *Research in action – Batterer programs: What criminal justice agencies need to know*, p. 2. U.S. Department of Justice, Washington, DC.



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*"In a positive way I think it's great that we have a state where we are able to communicate to the extent that we have where you can go to the court and say these programs are important and here is why and we would like you to send batterers only to our certified programs. I think that is success." – Key Leadership Interviewee*

*"I value the fact that the standards allow for a good balance between a basic structure to which all certified programs must adhere and the flexibility for each certified program to have its own unique identity." – Key Leadership Interviewee*

*"It [the Batterer's Intervention Program] is all encompassing. It works to dispel the myth that abuse is only physical; addresses personal accountability; teaches coping mechanisms and encourages participants to examine their life decisions." – Batterer's Intervention Program Facilitator*

*"I think [the Batterer's Intervention Program] does breed attitude changes in the participants and I can't say in every participant, but in those who are engaged in the treatment and buy into it. I can see that there's an attitude change and they think before they act. I think another strength is allowing them to attend a program, once they complete, if issues come up, for free." – Key Leadership Interviewee*

*"There are wonderful surprises when the most resistant participants eventually become the most desirous of changing their behavior." – Batterer's Intervention Program Facilitator*

*"I am concerned about one size fits all. Every participant comes in with a different profile of personal trauma, substance abuse, mental illness, and tendency towards general violence. Yet they all take the same program. It is also very concerning that BIP is not offered in the prisons (or so I am told)." – Judicial Interviewee*

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*“Delaware's private programs assert that cost is not a barrier to participation, but we regularly encounter persons whose participation is stymied by inability to pay. There needs to be a way for poor people to attend without paying.” – Judicial Interviewee*

*“I don't need an all-day orientation just quick to the point presentation regarding where the programs are offered, how long they last, how much they cost, what cost reductions are offered, and whether any program has been shown to reduce [domestic violence], and whether the latter is being studied.” – Judicial Interviewee*

*“The foundation of abuse is disrespect. I believe that strongly. We have to challenge how people think about things and, hopefully, facilitate different ways and different frameworks that they can use to think about things, so they don't think, ‘My girlfriend's supposed to take care of me,’ or, ‘It's her job to do A, B, C, and D,’ or ‘If I say no to something, that means no.’ Those thinkings are the beliefs that are so detrimental. And, ultimately, when they don't work, that's when violence occurs.” – Key Leadership Interviewee*

## **Part I. Overview**

This report details findings from the first multi-faceted evaluation of the Batterer's Intervention Program (BIP) of the Delaware Domestic Violence Coordinating Council (DVCC), a longstanding standards-based program established in 1994. First developed in the 1970s, Batterer's Intervention Programs currently operate in every state and in several other countries.<sup>2</sup>

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This mixed methods evaluation design recognizes the critical importance of recidivism and other data, but also recognizes the importance of capturing the wisdom and perspectives of service providers, judges and court commissioners, and others involved with the program. It should be viewed as a significant step in enhancing the organizational capacity of the Batterer's Intervention Program; it also reaffirms DVCC's commitment to being a “learning organization” – one that “...assumes learning is an ongoing and creative process for its members; and one that develops, adopts, and transforms itself in response to the needs and aspirations of people both inside and outside itself.”<sup>3</sup>

## **Part II. Delaware's Batterer's Intervention Program Model**

### **Delaware's Domestic Violence Intervention Standards**

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<sup>2</sup> Acker, S.E. (2013, October). Batterer intervention programs: Getting to the root of domestic violence, p. 1. *Utne Reader*. Accessed March 16, 2017. <http://www.utne.com/community/batterer-intervention-programs-ze0z1310zpit>.

<sup>3</sup> Navran Associates Newsletter. (1993, October). *The Learning Organization: What Is It? Why Become One?*

The foundation of the Delaware Batterer’s Intervention Program is the Domestic Violence Intervention Standards, first adopted in 1994 and revised in 2012. The purpose of establishing standards is:

“...to increase victim safety by eliminating violence in intimate relationships. The interventions will focus on holding the offenders accountable for their behavior by teaching new skills and monitoring their behavior while they are participating in the intervention program.”<sup>4</sup>

The program model includes intake, assessment, orientation, and delivery of a carefully structured curriculum. The purpose of the Batterer’s Intervention Curriculum, as outlined in the Standards, is to:

- A. Provide a model for intervention which identifies and remediates tactics of “power and control” and other abusive behaviors;
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- C. Hold the offenders accountable for their behavior;
- D. Provide a model of violence-free behavior among family members.<sup>5</sup>

The curriculum draws upon the Duluth model developed in the early 1980s by the Domestic Abuse Intervention Project of Duluth, Minnesota.

The Standards spell out standards of care, system procedures and flow, program content, credentials and other program specifics, including the length of the program. There are two types of programs offered:

- Domestic Violence Intervention (Batterers Type) – The length of the program intervention is at least 32 session hours over a minimum of 20 weeks, with a minimum of 16 sessions.
- Domestic Violence Intervention (Offender or Not Otherwise Specified Type) – The length of the program intervention is at least 24 session hours over a minimum of 15 weeks, with a minimum of 12 sessions.

Other program specifics, as detailed in Appendix A, include: time, size of group, co-facilitation, enrollment/intake requirements, costs, assessment requirements, orientation, victim contact and related services, program attendance and attendance policies, and discharge practices.

The Delaware Standards are consistent with those contained in other states’ standards. For example, in a review of standards, the National Online Resource Center on Violence Against Women (VAWnet) described several common elements of standards which are detailed below:

- “Abuse is conceptualized as the use of coercive control over another, socially reinforced through sexist attitudes.

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<sup>4</sup> Delaware Domestic Violence Coordinating Council. (2012). *Domestic violence intervention standards*, p. 1. Wilmington, DE.

<sup>5</sup> Delaware Domestic Violence Coordinating Council. (2012). *Domestic violence intervention standards*, p. 1. Wilmington, DE.

- Programs are to prioritize victim safety and batterer accountability, favor coordinated community responses to abuse, conduct program evaluations, and make themselves accountable to battered women’s advocates.
- Program facilitators must be violence free, not abuse alcohol and drugs, seek to rid themselves of sexist attitudes, and should have had training in domestic violence.
- Program protocol usually includes partner contacts – informing a batterer’s partner of program commencement and termination dates as well as a duty to warn the victim of any imminent danger by the batter.
- Batterers should pay a fee for service, but provisions are to be made for those who are indigent.
- Intake procedures should assess lethality risk, histories of violence, mental health.
- Programs should have written contracts with clients that set out requirements for attendance/participation, limitations on confidentiality, and protocol around partner safety checks.
- Programs should focus on power and control issues and taking responsibility for one’s behavior.
- Group intervention is the preferred format. Program duration ranges from 12-52 weeks; most standards suggest 24-26 weeks.
- Program completion must include at least satisfactory participation, with some standards additionally requiring clients to be violence free.”<sup>6</sup>

## **Delaware Certified Treatment Providers**

Currently, there are four certified treatment providers offering batterers’ intervention programs in Delaware. These programs follow the guidelines established through the Domestic Violence Intervention Standards and have been certified by the Delaware DVCC Batterers’ Intervention Certification Panel. They are also required to submit an annual report to the Certification Panel. Programs are offered by:

- Catholic Charities (New Castle County)
- CHILD, Inc. (New Castle County)
- Turning Point at People’s Place II (Kent and Sussex Counties)
- Dover Air Force Base (for military personnel only.)

Three of these programs - Catholic Charities, CHILD, Inc. and Turning Point - agreed to participate in this evaluation. These providers are briefly described below.

### Catholic Charities<sup>7</sup>

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<sup>6</sup>Austin, J & Dankwort, J. (2003, January). *A review of standards for batterer intervention programs*. Harrisburg, PA; VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Accessed March 16, 2017. <http://www.vawnet.org>

<sup>7</sup> "About Us." Catholic Charities - Diocese of Wilmington. Accessed May 11, 2017. <https://www.ccwilm.org/about-us/>.

Catholic Charities of the Diocese of Wilmington is a faith-based, social services organization. The organization delivers human services to more than 100,000 individuals and families in Delaware and the Eastern Shore of Maryland. Programs at Catholic Charities address basic needs, medical services, shelter, immigration, food security, and behavioral health.

The Domestic Violence and Anger Management Services program falls under the behavioral health umbrella and focuses on offenders and batterers (men and women) to teach effective ways of handling intimate partner relationships. Aimed at preventing or reducing repeat offenses and increasing the safety for the victims of domestic violence, the program is certified by the DVCC. Anger management groups are offered as well for those with no intimate partner violence issues.

### CHILD, Inc.,<sup>8</sup>

CHILD, Inc., founded in 1963, is a private, non-profit organization serving Delaware's children, particularly those who may be troubled, dependent, neglected and abused. CHILD, Inc. also works with children and families who have been impacted by domestic violence. CHILD, Inc.'s programs include: the only children's shelter and runaway center in the state of Delaware; parent education programs; programs addressing separation, divorce and visitation; a specialized foster care program; school-based programs for anger management and dating violence prevention; emergency shelter and treatment for victims of domestic violence; food security programs; and domestic violence treatment for the perpetrators of violence.

CHILD, Inc. offers DVCC certified counseling services for both men and women. The participants in the services have been identified as domestic violence perpetrators or offenders. Participation in these services can be either voluntary or court mandated.

### Turning Point at People's Place II<sup>9</sup>

People's Place offers programs and services in Kent and Sussex counties including community justice programs to offer mediation services; counseling centers; family visitation centers offering parents and their children a safe neutral environment to meet during court processes; group homes for girls; independent living for former foster youth; a SAFE program for domestic violence emergency help; veterans' services, emergency shelter services; and Turning Point for domestic violence related services.

Domestic violence offenders and victims and children affected by domestic violence can come to Turning Point for a variety of services. Most often, the courts and the Division of Family Services refer offenders to Turning Point for evaluation and inclusion in the program. Turning Point is a

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<sup>8</sup> "Welcome to CHILD, Inc." CHILD, Inc. Accessed May 11, 2017. <https://www.childinc.com/index.html>.

<sup>9</sup> "How We Help." Programs & Services | People's Place. Accessed May 11, 2017. <http://peoplesplace2.com/programs-services/>. Please note that, hereafter in this report, Turning Point at People's Place II is indicated as Turning Point.

DVCC (Domestic Violence Coordinating Council) certified program and provides batterer intervention.

Victims and children of domestic violence most often self-refer and either receive individual counseling or participate in a support group with others. Additional services at Turning Point include parent education for those who are separating or divorcing – with a domestic violence component. Offenders involved in non-intimate partner violence can access anger management groups as well.

### **Batterer’s Intervention Programs: A National Context**

Nearly two decades ago, a National Institute of Justice “Research in Action” publication highlighted several aspects of Batterer Intervention Programs.<sup>10</sup> Excerpts from the report’s conclusions are quoted below:

- *“The requirement that batterers attend intervention programs as a condition of probation or as part of pretrial or diversion is fast becoming a part of the response to domestic violence in many jurisdictions. However, judges and probation officers often lack basic information about program goals and methods.”*
- *“All programs are structurally similar, proceeding from intake through assessment, victim contact, group treatment, and completion, but each program is based on one of several theoretical approaches to domestic violence. Most of the pioneers in intervention use the feminist model, which attributes the problem to societal values that legitimate male control. This model, exemplified in the ‘Duluth Curriculum,’ uses education and skill building to resocialize batterers.”*
- *“Increased awareness of the diversity of the batterer population has given rise to the belief that more specialized approaches are needed.”*
- *“Batterer intervention programs cannot deter domestic violence unless they are supported by the criminal justice system. Criminal justice responses to domestic violence can be coordinated to support batterer intervention.”*
- *“Probation officers have a key role as the critical link between the justice system and batterer interventions.”*

### **Part III. The Batterer’s Intervention Program Evaluation Design**

#### **Overview**

The Delaware Domestic Violence Coordinating Council (DVCC) sought to evaluate the Batterer’s Intervention Program comprehensively, based on overall program design, implementation at the three participating sites, and assessment of program outcomes, with the support of a grant awarded

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<sup>10</sup> National Institute of Justice. (1998). *Research in action – Batterer programs: What criminal justice agencies need to know*, pp. 1-2. U.S. Department of Justice, Washington, DC.

by the Delaware Criminal Justice Council through the STOP Formula Grant. To accomplish this, the evaluation team used a mixed methods design with both qualitative and quantitative methods to assess the program. Early on, program administrators and the evaluation team made the decision to focus on male participants in the program, due to far greater numbers of males in the program and the possibility that male and female offenders would have differing results.

This evaluation constitutes the first comprehensive evaluation of the Batterer's Intervention Program since it began in 1994. The evaluation sought to answer the following questions:

- What are the numbers of those who participate in the Batterers' Treatment Program? What are the primary referral sources for program participants? What percent of those who participate complete the program?
- To what extent are the participating programs true to the program model, as originally outlined in the Batterers' Intervention Standards and in other documents?
- How do different stakeholders, including DVCC leadership, judges and commissioners, and provider staff and facilitators, view the program and assess its accomplishments and challenges?
- What are the recidivism rates among participants in the Batterers' Treatment Program? What other outcomes has the program achieved, including changes documented in the BIP Process Survey pre-tests and post-tests?
- What recommendations do stakeholders have for improving the Batterer's Intervention Program?

### **Guiding Principles of the Evaluation of the Batterers' Intervention Program**

The evaluation has been guided by the following principles:

- A combination of qualitative and quantitative measures can provide the best, most useful information for DVCC and for other stakeholders. Components of the evaluation design are interwoven and are mutually reinforcing.
- The preservation of the confidentiality of participants involved in the Batterers' Treatment Program is paramount in the development of the evaluation plan.
- Evaluation is very important to programs, especially as resources get scarcer and scarcer. The resources are too valuable and the need too great to make investments on the basis of inadequate information.

- Evaluations are not just exercises in collecting numbers and other information. An evaluation is an essential part of effective decision making, whether it be strategic planning or the decision making of daily organizational life.
- Evaluation is the responsibility of everyone involved with the project. Therefore, a key aspect of the evaluation design must include technical assistance in evaluation. This technical assistance should focus on the importance of evaluation in the program design, responsibilities in data collection, and potential uses of evaluation results.
- As a corollary, it is essential that the evaluation not drive the program and that the evaluation design, while comprehensive, not be too burdensome to program staff or to participants.
- The evaluation must ensure that the voices of program staff are heard as the evaluation is planned and implemented to incorporate their ideas in the evaluation. As a corollary, it is essential to listen carefully to what staff members are saying regarding their assessment of the program.
- Evaluation should occur in a climate of trust that is risk free, where people can examine how something succeeded or failed without fear of negative consequences.

## Methodology

The evaluation design is designed to meet both the formative and summative evaluation needs of administrators, staff and other stakeholders involved with the program.

Components of the evaluation included:

- **Review, collating and analysis of available quantitative data and materials from DVCC and providers.**
- **Analysis of recidivism data available through DELJIS** – With the assistance of Delaware Criminal Justice Council staff, 1,300 records of 2012 and 2013 Catholic Charities, CHILD, Inc. and Turning Point BIP participants were analyzed to determine re-arrest records over the subsequent two-year period.
- **Results of BIP Process (BIPPOS) pre-tests and post-tests** – Utilizing a tool developed by Dr. Eric Mankowski of Portland State University, pre-tests, midpoint tests, and endpoint tests were administered to program participants at Catholic Charities, CHILD, Inc. and Turning Point. Between July 2016 and April 2017, the three providers collected 171 pre-test surveys, 78 midpoint-test surveys, and 49 endpoint-test surveys. Of the total BIPPOS

surveys collected from all three providers 73 matched sets of pre-test and midpoint-test sets were available for analysis and 45 matched sets of pre-test and endpoint-test sets were available for analysis.

- **Program observations** – The evaluation team conducted two observations of orientations and two of group sessions, with the permission of each provider.
- **Judicial surveys** - As part of the evaluation, 130 judges and commissioners were contacted in early 2016 to complete an online survey developed by DVCC staff. All (100%) of the 70 judges and commissioners contacted from Family Court, the Court of Common Pleas and Superior Court responded and one-third (20 of 60) of the judges in JP Court responded to requests for feedback.
- **Judicial interviews** – As a complement to the judicial survey, 11 key informant interviews were conducted with selected judges and commissioners in October and November 2016, utilizing a format developed by the evaluation team, in cooperation with DVCC staff. The list of those interviewed was developed by DVCC staff and was designed to represent the breath of Delaware’s judicial involvement with the Batterer’s Intervention Program. Everyone who was contacted welcomed the opportunity to participate. Interviews were conducted in person or by phone utilizing a customized format and generally lasted between 45 and 90 minutes
- **Other key informant interviews** – Interviews also were conducted in person or by phone with leaders of the DVCC and participating institutions. In order to preserve the confidentiality of those interviewed, their comments are reflected in the accomplishments, challenges and recommendations sections of this report.
- **Facilitators’ surveys** - Facilitators of intervention treatment groups at each of the three providers were asked to complete an online survey, designed to solicit their feedback about their experience with the Batterer’s Intervention Program and their attitudes regarding the program. Facilitators were contacted between October 28, 2016 and November 28, 2016; 14 of 17 facilitators responded, for a response rate of 82%. Response rates among the staff at the three agencies ranged from 75% to 100%.
- **Brief focused literature review** – Research pertaining to Batterer’s Intervention programs was reviewed as part of this evaluation, particularly the literature pertaining to State Standards, common program elements, program outcomes, and BIPPOS surveys.

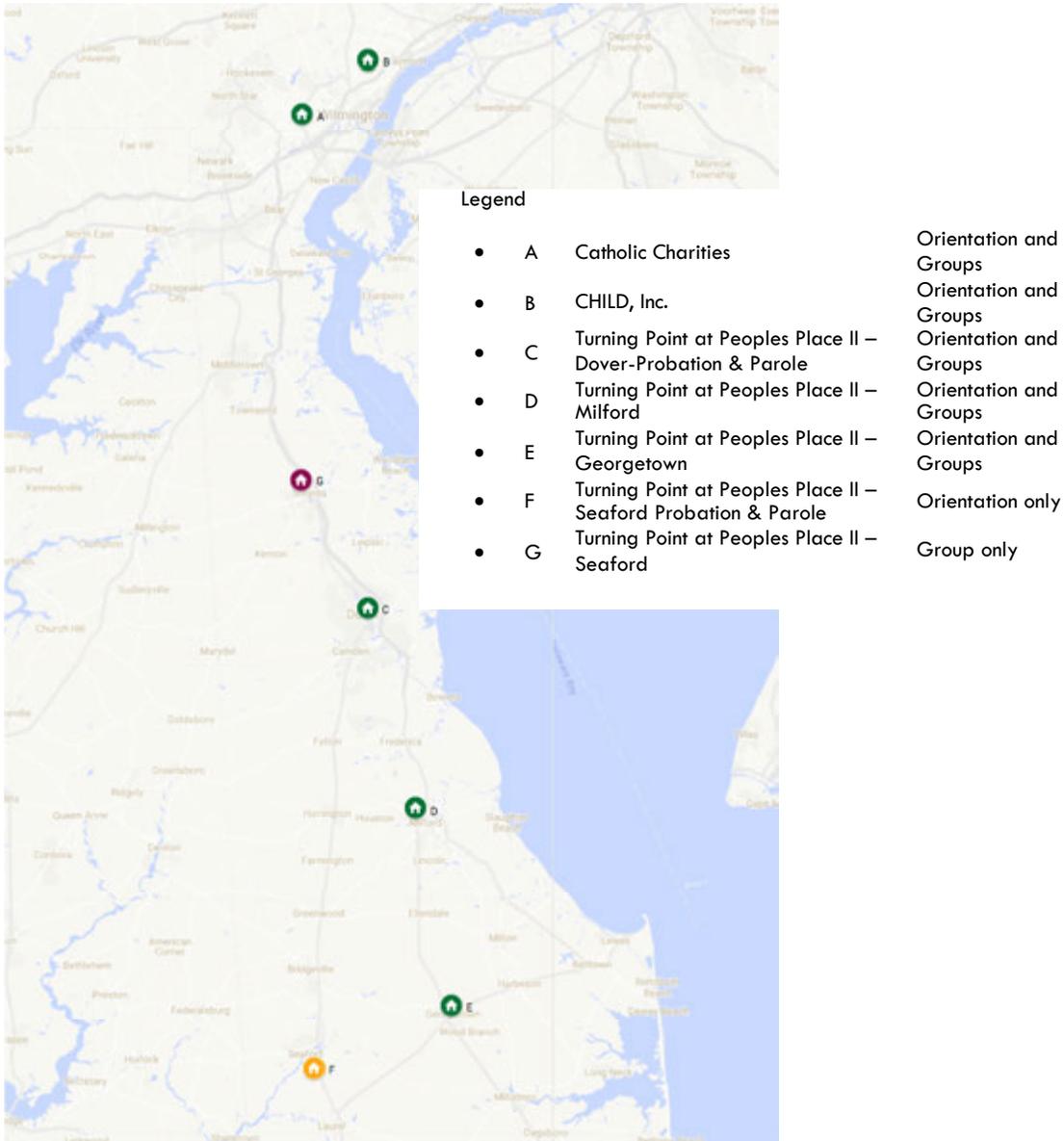
## **Part IV. Findings**

### **A. DVCC Batterer's Intervention Program Data**

The Delaware Violence Coordinating Council (DVCC) has certified three non-military agencies to provide Batterer's Intervention Programs (BIP).

Two located in New Castle County – Catholic Charities and CHILD, Inc. – provide both orientations and groups for the program at their locations in or near the city of Wilmington, DE. Turning Point offers the BIP programs for the remaining two counties in Delaware - Kent and Sussex Counties - with locations in Dover, Milford, Georgetown and Seaford. The Seaford Probation and Parole site offers orientation only and groups are offered at a Smyrna church-based location. (See Figure 1 on the following page).

Figure 1. DVCC BIP Certified Locations



As shown in Table 1 below, during 2015, DVCC’s Batterer’s Intervention Program referred a total of 583 males to the three certified agencies; this dropped to 559 males in 2016. Catholic Charities and CHILD, Inc., which operate in New Castle County, experienced referral rate declines of 8-10% during that period. Turning Point in Kent and Sussex County remained stable.

As seen in the table, seven in 10 (70%) referrals during FY 2015 came from the probation process, another 17% from PFA orders, 10% from court ordered referrals, and 3% from self-referrals who came in on their own (perhaps on the recommendation of a private counselor or another source).

Sources of referral were nearly identical in FY 2016. About seven in 10 referrals (71%) came from the probation process, another 17% from PFA orders, 9% from court ordered referrals, and 3% from men who came in on their own.

**Table 1. Source of Referrals, Delaware Batterer’s Intervention Program Males, FY 2015 and FY 2016, by Provider and County (Unduplicated Count)**

Source of Referral	Catholic Charities (New Castle)		CHILD, Inc. (New Castle)		Turning Point (Kent)		Turning Point (Sussex)		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>FY 2015</b>										
Probation - Evaluated	74	80%	133	56%	120	85%	84	76%	411	70%
With PFA Order -Evaluated	13	14%	44	19%	20	14%	23	21%	100	17%
Self-Referrals	-	-	9	4%	2	1%	4	4%	15	3%
Court Ordered	6	6%	51*	22%	-	-	-	-	57	10%
<b>Total Referrals</b>	<b>93</b>	<b>100%</b>	<b>237</b>	<b>100%</b>	<b>142</b>	<b>100%</b>	<b>111</b>	<b>100%**</b>	<b>583</b>	<b>100%</b>
Source of Referral	Catholic Charities (New Castle)		CHILD, Inc. (New Castle)		Turning Point (Kent)		Turning Point (Sussex)		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>FY 2016</b>										
<b>Probation - Evaluated</b>	63	73%	134	63%	108	76%	93	79%	398	71%
<b>With PFA Order -Evaluated</b>	15	17%	37	17%	26	18%	16	14%	94	17%
<b>Self-Referrals</b>	-	-	10	5%	3	2%	2	2%	15	3%
<b>Court Ordered</b>	8	9%	31	15%	6	4%	7	6%	52	9%
<b>Total Referrals</b>	<b>86</b>	<b>100%**</b>	<b>212</b>	<b>100%</b>	<b>143</b>	<b>100%</b>	<b>118</b>	<b>100%**</b>	<b>559</b>	<b>100%</b>

\*82 additional participants were included in DVCC’s 2015 annual report as a duplicated count.

\*\*Numbers do not total 100% due to rounding.

Source: DVCC Annual Reports, Fiscal Year 2015 and Fiscal Year 2016, supplemented with information from providers

As seen in Table 2 below, following referral for evaluation into the BIP program, nearly all participants attended Batterer’s Intervention Program group sessions at one of the three certified agencies. Nearly half (48%) of the participants who were evaluated completed the prescribed group sessions in FY 2015; this rose to two-thirds (66%) of the participants evaluated in FY 2016.

**Table 2. Participant Evaluations and Program Completion, Delaware Batterer's Intervention Program Males, FY 2015 and FY 2016, by Provider**

Source of Referral	Catholic Charities (New Castle)		CHILD, Inc. (New Castle)		Turning Point (Kent)		Turning Point (Sussex)		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>FY 2015</b>										
Total Evaluations	93	100%	237	100%	142	100%	111	100%	583	100%
BIP Participation	77	83%	229	97%	183	129%*	123	111%*	612	105%
BIP Completion	31	40%	160	70%	61	33%	41	33%	293	48%
Source of Referral	Catholic Charities (New Castle)		CHILD, Inc. (New Castle)		Turning Point (Kent)		Turning Point (Sussex)		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>FY 2016</b>										
Total Evaluations	86	100%	238**	100%	143	100%	118	100%	585	100%
BIP Participation	75	87%	236	99%	142	99%	116	98%	569	97%
BIP Completion	58	77%	149	63%	95	67%	73	63%	375	66%

\*Includes participants who continue from prior year.

\*\*Includes 26 referrals by DFS, private therapists, other treatment providers, and unknown sources.

## B. DELJIS Recidivism Data

### Data Collection Protocol

A key component of the evaluation was the use of DELJIS data to determine recidivism rates among past BIP participants.

Catholic Charities, CHILD, Inc. and Turning Point provided a list of men who participated in their Batterer's Intervention Program in the years 2012 and 2013. The list also included, for each participant, whether the participant completed the program. With the assistance of Delaware Criminal Justice Council staff, DELJIS data were examined for each BIP evaluated participant for a two-year period from their start date with the program, according to a protocol developed in collaboration with DVCC staff and the evaluation team.

Delaware Criminal Justice Council staff tracked the following variables:

- Arrests, diversions and convictions (including dates)
- Violent and non-Violent
- Domestic violence Y/N
- Intimate Partner Y/N

- Incarcerated Y/N
- Probation Y/N
- No Contact Order Y/N
- Completed BIP program Y/N

## Key Findings

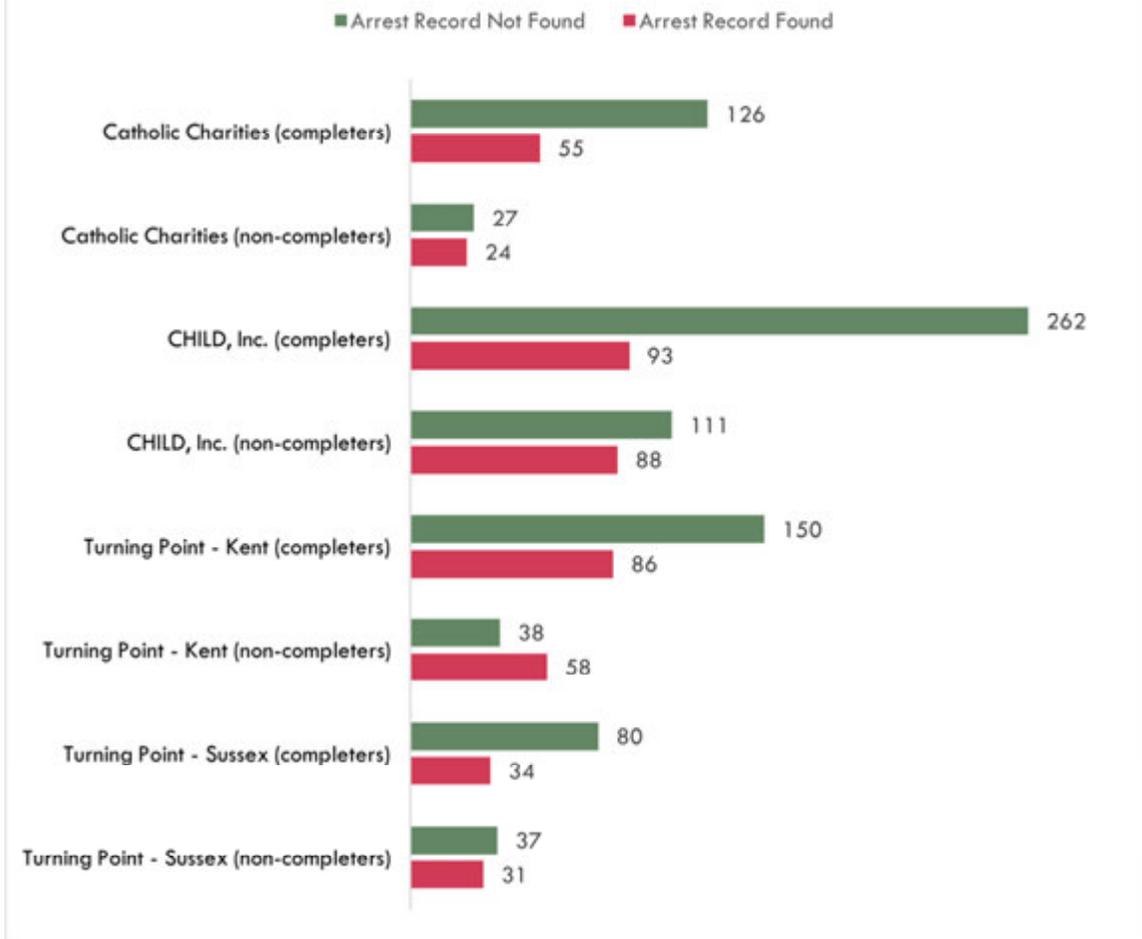
Records were found for 232 Catholic Charities participants, 554 CHILD, Inc. participants, 332 Turning Point – Kent County participants, and 182 Turning Point– Sussex County participants – a total of 1,300 participants at the three agencies. Of the 1,300 participants, more than two-thirds (68%) completed the full course of group sessions and 32% did not complete the full course of group sessions. More than three-quarters (78%) of Catholic Charities participants, 64% of CHILD, Inc. participants, 71% of Turning Point– Kent, and 63% of Turning Point – Sussex participants completed the series of group sessions after orientation to the program. (See Table 3.)

**Table 3. DELJIS Data, Delaware Batterer’s Intervention Program Males, Completion Rates, FY 2012 and FY 2013, by Provider**

Source of Referral	Catholic Charities (New Castle)		CHILD, Inc. (New Castle)		Turning Point (Kent)		Turning Point (Sussex)		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>FY 2012 and FY 2013</b>										
Completed BIP Program	181	78%	355	64%	236	71%	114	63%	886	68%
Did Not Complete BIP Program	51	22%	199	36%	96	29%	68	37%	414	32%
Total Evaluated for Participation in BIP	232	100%	554	100%	332	100%	182	100%	1300	100%

Chart 1 below provides a visual representation that, based on an examination of DELJIS records for 2012 and 2013 BIP program participants, two-year re-arrest rates were lower for those who completed the program than for those who did not complete the program.

**Chart 1. Two year re-arrest rates are lower among participants who completed the BIP program. (N=1,300)**



Statistical tests suggest that completion of the BIP program was related to re-arrest rates among the males who completed the program during FY 2012 and 2013. Using an unpaired t-test to compare the mean (average) of two groups – those who completed the program and those who did not – statistically significant results were found for all four programs (treating Turning Point’s two locations in two counties as separate locations).

Catholic Charities

An independent samples t-test was conducted to compare re-arrest rates between those who completed the BIP program and those who did not. There was a significant difference in the re-arrest average among BIP program completers (M=0.30, SD=0.46) and BIP program non-completers (M=0.47, SD=0.50);  $t(230) = 2.23, p = 0.0265$ . **These results suggest that program completion at Catholic Charities was related to re-arrest rates for participants.**

### CHILD, Inc.

An independent samples t-test was conducted to compare re-arrest rates between those who completed the BIP program and those who did not. There was a significant difference in the re-arrest average among BIP program completers (M=0.26, SD=0.44) and BIP program non-completers (M=0.44, SD=0.50);  $t(552) = 4.41, p = 0.0001$ . **These results suggest that program completion at CHILD, Inc. was related to re-arrest rates for participants.**

### Turning Point – Kent.

An independent samples t-test was conducted to compare re-arrest rates between those who completed the BIP program and those who did not. There was a significant difference in the arrest average among BIP program completers (M=0.36, SD=0.48) and BIP program non-completers (M=0.60, SD=0.49);  $t(330) = 4.08, p = 0.0001$ . **These results suggest that program completion at Turning Point – Kent was related to re-arrest rates for participants.**

### Turning Point – Sussex.

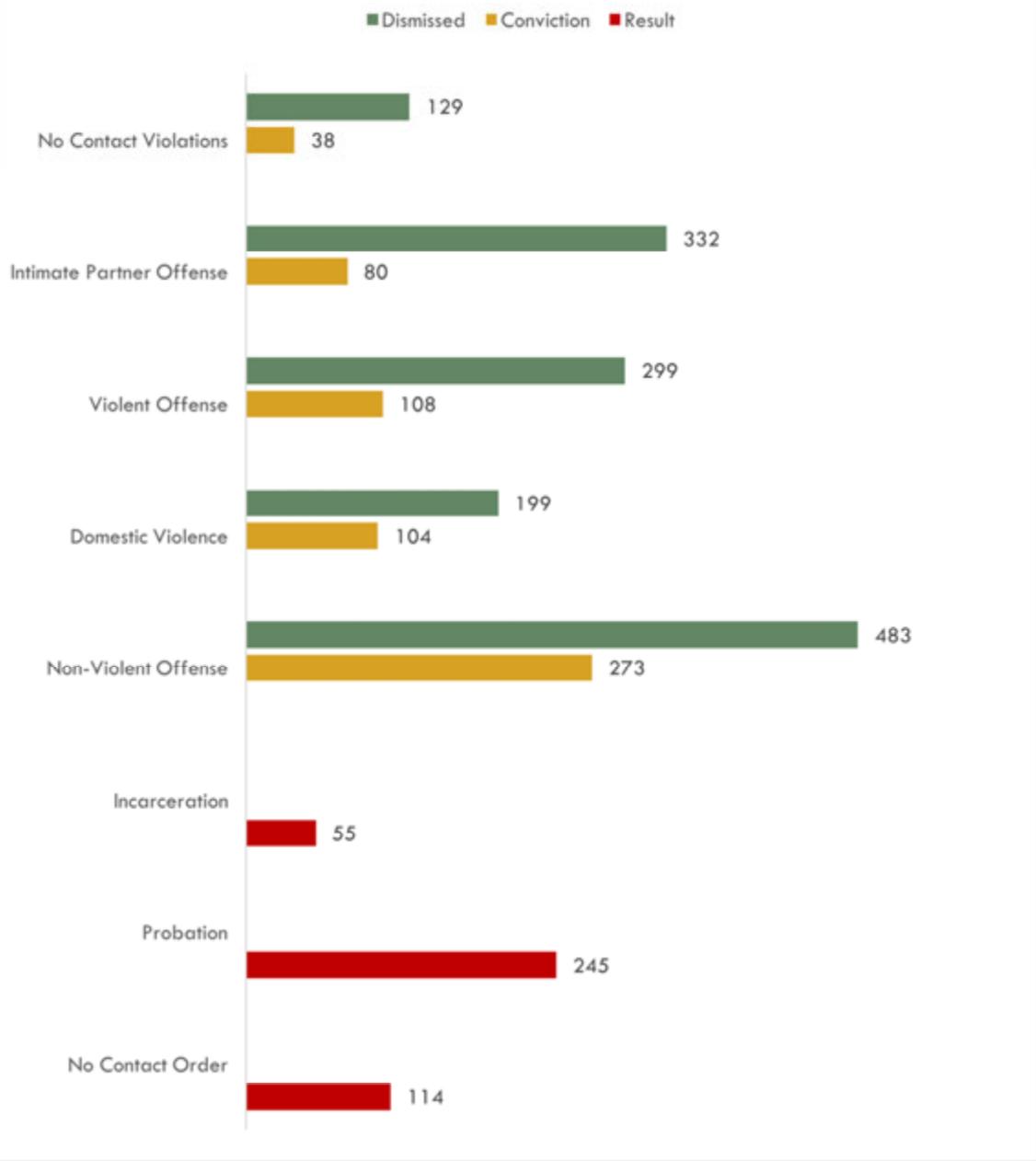
An independent samples t-test was conducted to compare re-arrest rates between those who completed the BIP program and those who did not. There was a significant difference in the re-arrest average among BIP program completers (M=0.30, SD=0.46) and BIP program non-completers (M=0.46, SD=0.50);  $t(180) = 2.16, p = 0.0319$ . **These results suggest that program completion at Turning Point – Sussex was related to re-arrest rates for participants.**

### **Nature of the Re-arrests**

Of the 878 re-arrest records, 228, or more than one-quarter (26%), comprised a single record corresponding to one participant. Another 13% account for two re-arrest records corresponding to one participant in the BIP program. The range of re-arrests during the period between FY 2012 and FY 2013 was between one re-arrest and 18 re-arrests (an outlier); 80% of participants fell between one and four re-arrests. All told, 469 of the 1,300 (36%) evaluated participants for the BIP program were re-arrested during the period.

Chart 2. below shows that among the 878 re-arrests following entry and evaluation for participation in the BIP in 2012 and 2013, re-offenders were arrested for no contact violations, intimate partner offenses, violent offenses, domestic violent offenses, and non-violent offenses. Charges might be dismissed or result in convictions and lead to incarceration, parole, and might include a no contact order. It should be noted that the categories described are **not** mutually exclusive.

Chart 2. In 2012 and 2013 re-offenses found in DELJIS are categorized in the following manner following initial entry in the BIP. (N=878)



\*Duplicated counts; arrests meet several category criteria.

**C. BIPPOS Pre- and Post-Testing:**

**Data Collection Protocol**

Based on research by DVCC staff, the evaluation included the use of the Batterer Intervention Proximal Program Outcomes Survey (BIPPOS), a questionnaire developed by Dr. Eric Mankowski, Professor in the Department of Psychology at Portland State University.

The objective of the research was to learn how participants in a program such as the Batterer's Intervention Program thought about their relationship with their partners over time, as well as how they experienced any interpersonal conflict that occurred. Dr. Mankowski et al have described the rationale for the BIPPOS survey as follows:

“Most batterer interventionist programs draw on existing theories regarding the causes of men's violence to develop program goals and intervention components. The assumption is that greater achievement of the programs *proximal* goals will lead to subsequent reductions to the *distal* outcome of reduced intimate partner violence (IPV). For example, if mis-uses of power and control, underdeveloped accountability and empathy, and lack of anger management skills are implicated in the perpetuation of IPV, then changing men's use of power and control, developing their accountability and empathy and increasing their anger management skills should lead to reduced IPV. Given that program content is, in turn, a reflection of the proximal program goals, it is important to assess the degree to which achievement of proximal goals can be consistently linked with reductions in men's violence. In other words, do what researchers, practitioners and victims' advocates think changes abusive men's behaviors actually result in change (Gondolf, 1997, 2002)?”<sup>11</sup>

The 42-item scale is designed to assess psychosocial change in a participant as a result of enrollment in a batterer's intervention program. The tool is composed of five subscales designed to assess a person's:

- sense of responsibility;
- power and control beliefs;
- understanding of the effects of abuse on others;
- dependency on partner; and
- anger control and management skills.

Program participants were asked to indicate the extent to which they agreed or disagreed with the statements in the survey. The survey took approximately 15-20 minutes to complete. The protocol called for administration of the tool at three points in time:

- The first time a person attended a group session;
- Midway through the sessions (at about the 9th or 10th week);
- Just prior to completion.

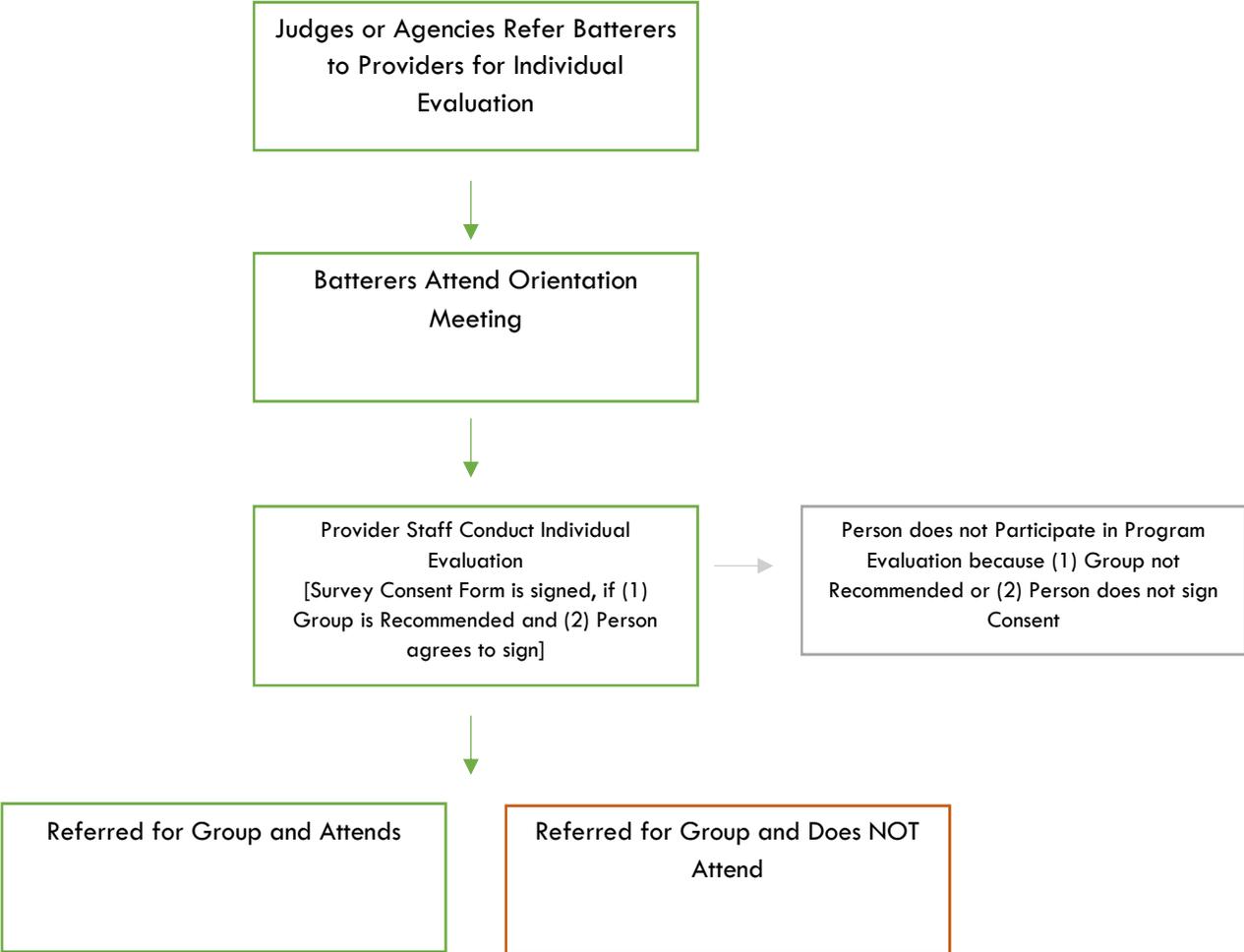
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<sup>11</sup>Mankowski, E.S., Silvergleid, C.S., Patrick, W.R. & Wilson, D. *Development of the BIPPOS: Batterer Intervention Proximal Program Outcomes Survey*. Unpublished manuscript, Portland State University.

A detailed protocol spelled out responsibilities of provider staff and detailed procedures for administration of the survey. Prior to administration of any surveys, participants were presented information about the study and were asked to sign an informed consent form. Only those who signed consent forms were administered the survey. Hard copy survey forms were available in both English and Spanish. The survey is included as Appendix B.

Figure 2 provides a graphic overview of the process for selecting study participants.

**Figure 2. Overview of the Selection of Study Participants**



Agencies further tracked each respondent with individual codes created with the first two characters of the respondent’s first name and their month and date of birth to create a unique identifier so that pre- and post- tests could be matched during analysis while maintaining confidentiality.

## Key Findings

Between July 2016 and April 2017, the three providers collected 171 pre-test surveys, 78 midpoint-test surveys, and 49 endpoint-test surveys. Of the total BIPPOS surveys collected from all three providers:

- 73 matched sets of pre-test and midpoint-test sets are available for analysis and
- 45 matched sets of pre-test and endpoint-test sets are available for analysis.

Matched sets were analyzed question by question. If individual respondents skipped a question, that response was deleted from analysis, but the remainder of the test was retained.

As shown in Table 4 below, the surveys include 42 statements. Respondents were asked to agree or disagree with the statements on a six-point choice array, as follows:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Slightly Disagree
- 4 = Slightly Agree
- 5 = Agree
- 6 = Strongly Agree

Statements noted with a reverse score indicate a directional change in the preferred answers (i.e. disagreement is scored higher for analysis).

A paired-samples t-test was conducted to compare the scores of respondents on pre-tests and scores of respondents on midpoint-test at the midpoint of the program for each question. The paired-samples t-test was conducted again to compare the scores of respondents on pre-tests and scores of respondents on endpoint-test at the conclusion of the program for each question.

Table 4 below summarizes those statements which were found to have a significant difference in pre-test and midpoint scores and those statements which were found to have a significant difference in pre-test and endpoint scores.<sup>12</sup> (See Appendix C for all statistical tests.)

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<sup>12</sup> Paired t-tests compare two population means in which the observations from one sample (in this case BIPPOS pre-tests) can be compared to paired observations from a second test (either the BIPPOS midpoint-tests or endpoint-tests). A *statistically significant* t-test result is one in which a difference between two groups is unlikely to have occurred by chance or because the sample happened to be atypical ( $p < 0.05$ ). It should be noted that for many questions on the BIPPOS pre-tests, the mean response was strong, leaving little room for change at the midpoint-test or endpoint-test. See Appendix C for comprehensive t-test results and the comparisons of the two means. While these initial analyses were conducted for individual items, future analyses should be completed of the BIPPOS scales.

**Table 4. BIPPOS Survey Pre- and Post- Test Survey Summary Results, DVCC Batterer's Intervention Program, 2016 – 2017 (N varies)**

Please take a few moments to think about specific violent or abusive conflicts you have had with your partner. Now, based on these memories, please circle your response to indicate the extent to which you agree or disagree with each of the following statements.		Significant Difference Found Between Pre-Test & Midpoint-Test	Significant Difference Found Between Pre-Test & Endpoint-Test
<b>Personal Responsibility</b>	1. I have control over whether I am abusive.	Yes	Yes
	2. I am responsible for my abusive behavior.		Yes
	7. My partner's behavior forces me to act abusively. (reverse score)		
	13. I am in control of how I respond to my partner.		Yes
	23. I am responsible for the effects my abusive behavior has on others.	Yes	
	25. The only person I can control is me.		
	30. I have a choice about whether I am abusive or not.		Yes
	36. The main reason I'm in this group is because I have to be. (reverse score)		
	39. I am not responsible for my actions when I get in a rage. (reverse score)		
	42. I would come to this program even if I was not required to.		Yes
<b>Power and Control Beliefs</b>	3. If I'm upset, I usually take it out on my partner. (reverse score)		
	4. In a conflict with my partner, I usually get what I want. (reverse score)		
	8. I feel powerless during conflicts with my partner. (reverse score)		
	16. When I don't have the final say in discussions with my partner, I feel out of control. (reverse score)	Yes	
	32. I use violence to help me get what I want from my partner. (reverse score)		
	34. I feel better about my relationship with my partner when I'm the one in control. (reverse score)		
<b>Understanding the effects of Abuse</b>	5. My abusive behavior has caused my family members to trust me less.		
	11. People in my life have been strongly affected by my abusive behavior.	Yes	Yes
	14. I have lost relationships due to my abusive behavior.	Yes	Yes
	17. My abusive behavior has had long lasting effects on my family members.		Yes
	28. My abusive behavior has caused my family members to feel bad about themselves.		

**Table 4. BIPPOS Survey Pre- and Post- Test Survey Summary Results, DVCC Batterer's Intervention Program, 2016 – 2017 (N varies)**

Please take a few moments to think about specific violent or abusive conflicts you have had with your partner. Now, based on these memories, please circle your response to indicate the extent to which you agree or disagree with each of the following statements.		Significant Difference Found Between Pre-Test & Midpoint-Test	Significant Difference Found Between Pre-Test & Endpoint-Test
	31. My abusive behavior has hurt me.	Yes	Yes
<b>Dependency on Partner</b>	6. I am dependent on my partner. (reverse score)		
	12. I worry that my partner is going to leave me. (reverse score)	Yes	
	18. I don't know what I would do without my partner. (reverse score)		
	22. I worry about losing my relationship with my partner. (reverse score)		
	26. When my partner disagrees with me, I feel alone. (reverse score)		
	27. I'm responsible for my own happiness.	Yes	
	29. I feel jealous when my partner spends too much time with other people. (reverse score)		
	33. When my partner does something without me, I feel left out. (reverse score)		
	37. My happiness typically depends on my partner. (reverse score)		
	40. I need my partner to make me happy. (reverse score)		
<b>Anger Control and Management</b>	9. When I am abusive, I feel that I am not under control of myself. (reverse score)		
	10. Taking a break helps me manage my anger.		Yes
	15. I can control my anger during conflicts with my partner.		
	19. When I feel good about myself, I'm less likely to get into arguments.		
	20. I can express my anger without becoming abusive.		
	21. Thinking positively about myself helps me avoid becoming abusive.		
	24. When I am becoming angry, I can feel it in my body.		Yes
	35. I know when I'm about to explode.		Yes
	38. When I have a bad day, I take it out on people at home. (reverse score)		
	41. I know when I'm getting angry.		

## Personal Responsibility

### *Results from paired pre-test and midpoint-test matched analysis:*

The following statements resulted in statistically significant results between the time of pre-tests at week one and the midpoint-test administered at approximately 10 weeks. The two statements which showed statistically significant changes in scores between the pre-test and midpoint-test were:

- Q 1 I have control over whether I am abusive.
- Q 23 I am responsible for the effects my abusive behavior has on others.

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores ( $M=5.49$ ,  $SD=0.88$ ) and pre-test scores ( $M= 5.14$ ,  $SD=1.23$ );  $t(70) = 1.994$ ,  $p = 0.033$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

#### **1. I have control over whether I am abusive.**

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores ( $M=5.06$ ,  $SD=1.43$ ) and pre-test scores ( $M= 4.60$ ,  $SD=1.72$ );  $t(66) = 2.17$ ,  $p = 0.0334$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

#### **23. I am responsible for the effects my abusive behavior has on others.**

### *Results from paired pre-test and endpoint-test matched analysis:*

The following statements resulted in statistically significant results between the time of pre-tests at week one and the endpoint-test administered at the conclusion of the program. The two statements which showed statistically significant changes in scores between the pre-test and endpoint-test were:

- Q 1 I have control over whether I am abusive.
- Q 2 I am responsible for my abusive behavior.
- Q 13 I am in control of how I respond to my partner.
- Q 30 I have a choice about whether I am abusive or not
- Q 42 I would come to this program even if I was not required to.

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores ( $M=5.66$ ,  $SD=0.75$ ) and pre-test scores ( $M= 5.05$ ,  $SD=1.43$ );  $t(43) = 2.9398$ ,  $p = 0.0053$ .

These results suggest that at the endpoint, the BIP program has influenced respondents' answer to the statement:

**1. I have control over whether I am abusive.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=5.62, SD=0.91) and pre-test scores (M= 5.05, SD=1.59);  $t(41) = 2.4684, p = 0.0178$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answer to the statement:

**2. I am responsible for my abusive behavior.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=5.48, SD=1.11) and pre-test scores (M= 4.73, SD=1.70);  $t(43) = 2.45301, p = 0.0151$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answer to the statement:

**13. I am in control of how I respond to my partner.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=5.79, SD=0.47) and pre-test scores (M= 5.29, SD=1.20);  $t(41) = 2.5835, p = 0.0134$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answer to the statement:

**30. I have a choice about whether I am abusive or not**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=3.41, SD=1.99) and pre-test scores (M= 2.56, SD=1.87);  $t(40) = 2.4138, p = 0.0205$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answer to the statement:

**42. I would come to this program even if I was not required to.**

Power and Control Beliefs

*Results from paired pre-test and midpoint-test matched analysis:*

The following statement resulted in statistically significant results between the time of pre-tests at week one and midpoint-test administered at approximately 10 weeks. One statement showed statistically significant changes in scores between the pre-test and midpoint-test were:

- Q 16 When I don't have the final say in discussions with my partner, I feel out of control.

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores (M=5.06, SD=1.21) and pre-test scores (M= 4.66, SD=1.59);  $t(69) = 2.1525, p = 0.0349$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

**16. When I don't have the final say in discussions with my partner, I feel out of control. (reverse score)**

*Results from paired pre-test and endpoint-test matched analysis:*

No matched pairs resulted in statistically significant results.

### Understanding the Effects of Abuse

*Results from paired pre-test and midpoint-test matched analysis:*

The following statements resulted in statistically significant results between the time of pre-tests at week one and the midpoint-test administered approximately 10 weeks. The three statements which showed statistically significant changes in scores between the pre-test and midpoint-test were:

- Q 11 People in my life have been strongly affected by my abusive behavior.
- Q 14 I have lost relationships due to my abusive behavior.
- Q 31 My abusive behavior has hurt me.

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores (M=3.16, SD=1.91) and pre-test scores (M= 2.65, SD=1.75);  $t(68) = 2.3793, p = 0.0202$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

**11. People in my life have been strongly affected by my abusive behavior.**

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores (M=2.63, SD=1.94) and pre-test scores (M= 2.07, SD=1.60);  $t(71) = 2.5441, p = 0.0131$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

**14. I have lost relationships due to my abusive behavior.**

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores (M=3.76, SD=1.91) and pre-test scores (M= 3.27, SD=1.99);  $t(65) = 1.9986, p = 0.0498$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

### **31. My abusive behavior has hurt me.**

*Results from paired pre-test and endpoint-test matched analysis:*

The following statements resulted in statistically significant results between the time of pre-tests at week one and the endpoint-test administered at the conclusion of the program. The four statements which showed statistically significant changes in scores between the pre-test and endpoint-test were:

- Q 11 People in my life have been strongly affected by my abusive behavior.
- Q 14 I have lost relationships due to my abusive behavior.
- Q 17 My abusive behavior has had long lasting effects on my family members.
- Q 31 My abusive behavior has hurt me.

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores ( $M=3.05$ ,  $SD=1.97$ ) and pre-test scores ( $M= 2.36$ ,  $SD=1.74$ );  $t(41) = 2.7447$ ,  $p = 0.0089$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

#### **11. People in my life have been strongly affected by my abusive behavior.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores ( $M=2.73$ ,  $SD=1.99$ ) and pre-test scores ( $M= 2.04$ ,  $SD=1.74$ );  $t(44) = 2.7347$ ,  $p = 0.0090$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

#### **14. I have lost relationships due to my abusive behavior.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores ( $M=2.55$ ,  $SD=1.84$ ) and pre-test scores ( $M= 1.95$ ,  $SD=1.45$ );  $t(41) = 2.3122$ ,  $p = 0.0259$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

#### **17. My abusive behavior has had long lasting effects on my family members.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores ( $M=4.28$ ,  $SD=1.96$ ) and pre-test scores ( $M= 3.30$ ,  $SD=2.10$ );  $t(39) = 2.8785$ ,  $p = 0.0065$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

#### **31. My abusive behavior has hurt me.**

Dependency on Partner

*Results from paired pre-test and midpoint-test matched analysis:*

The following statements resulted in statistically significant results between the time of pre-tests at week one and the midpoint-test administered at approximately 10 weeks. The two statements which showed statistically significant changes in scores between the pre-test and midpoint-test were:

- Q 12 I worry that my partner is going to leave me.
- Q 27 I am responsible for my own happiness.

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores (M=4.79, SD=1.69) and pre-test scores (M= 4.32 SD=1.97);  $t(71) = 2.3192, p = 0.0233$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

**12. I worry that my partner is going to leave me. (reverse score)**

A paired-samples t-test was conducted to compare test scores at week one and at 10-weeks among participants in BIP groups. There was a significant difference in scores among midpoint-test scores (M=5.46, SD=0.90) and pre-test scores (M= 4.99, SD=1.43);  $t(69) = 3.1318, p = 0.0025$ . These results suggest that after 10 weeks, the BIP program has influenced respondents' answers to the statement:

**1. I am responsible for my own happiness.**

*Results from paired pre-test and endpoint-test matched analysis:*

No statements resulted in statistically significant results.

Anger Control and Management

*Results from paired pre-test and midpoint-test matched analysis:*

No statements resulted in statistically significant results:

*Results from paired pre-test and endpoint-test matched analysis:*

The following statements resulted in statistically significant results between the time of pre-tests at week one and the endpoint-test administered at the conclusion of the program. The three statements which showed statistically significant changes in scores between the pre-test and endpoint-test were:

- Q 10 Taking a break helps me manage my anger.
- Q 24 When I am becoming angry, I can feel it in my body.

- Q 35 I know when I'm about to explode.

*Results from paired pre-test and endpoint-test matched analysis:*

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=5.37, SD=0.87) and pre-test scores (M= 4.67, SD=1.46);  $t(42) = 2.9788, p = 0.0048$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

**10. Taking a break helps me manage my anger.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=4.86, SD=1.37) and pre-test scores (M= 4.05, SD=1.78);  $t(43) = 2.5515, p = 0.0144$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

**24. When I am becoming angry, I can feel it in my body.**

A paired-samples t-test was conducted to compare test scores at week one and at the program end among participants in BIP groups. There was a significant difference in scores among endpoint-test scores (M=5.33, SD=0.87) and pre-test scores (M= 4.50, SD=1.84);  $t(41) = 2.9037, p = 0.0059$ . These results suggest that at the endpoint, the BIP program has influenced respondents' answers to the statement:

**35. I know when I'm about to explode.**

**D. Survey Results: Judges and Commissioners**

**The Survey Process**

As part of the evaluation of the Batterer's Intervention Program, 130 judges and commissioners were contacted to offer their feedback on the existing programs. Respondents from New Castle, Kent and Sussex counties were contacted from February to March 2016 via a Google electronic survey. Respondents replied to the survey between February 18, 2016 and March 11, 2016. The survey was developed by DVCC staff.

Response rates differed greatly among the discrete categories of judicial branches. All (100%) of the 70 judges and commissioners contacted from Family Court (33 of 33 contacted), the Court of Common Pleas (11 of 11 contacted), and Superior Court (26 of 26 contacted) responded to the survey. One-third (20 of 60 contacted) of the judges in JP Court responded to requests for feedback. This analysis segregates JP Court judges' responses, whose involvement with issues related to the Batterer's Intervention Program is more limited than those of the other courts.

## Key Findings – Court of Common Pleas, Family Court, and Superior Court

- Among the judges and commissioners who work in the Court of Common Pleas, Family Court, or Superior Court, two-thirds (66%) of the 70 respondents reported that they work in New Castle County.
- **Judges and commissioners are experienced.** Six in 10 (60%) have worked in their capacities for at least 11 years, with 39% having served as a judge or commissioner for “more than 15 years” and 21% for “11-15 years.”
- Seven in 10 (70%) respondents reported seeing a number of cases involving domestic violence during an average month: 39% see 16 or more cases and 31% see 6-15 involving domestic violence a month.
- **Nearly 40% (39%) of respondents from the Court of Common Pleas, Family Court and Superior Court reported they were “very aware” of the Certified Batterer’s Intervention Programs and 30% were “somewhat aware” of the programs.**
- **About two-thirds (66%) of the responding judges and commissioners indicated an awareness of the distinction between anger management and batterer’s intervention programs.** Nearly 40% (39%) reported they were “very aware” of the difference and 27% were “somewhat aware” of the difference between these programs.
- However, more than half of the judges and commissioners who responded indicated that they had no knowledge of the specific aspects of the Batterer’s Intervention Program, like its curriculum, length, locations, and costs to participants.
- The majority of respondents expressed limited confidence in the Certified Batterer's Intervention Program’s ability to effect behavioral change in batterers. On a scale of 1 (“not confident at all”) to 5 (“extremely confident”), the average rating for the 70 respondents was 2.25, with more than half (56%) the respondents offering a score of “1” (30%) or “2” (26%).
- **Judges and commissioners expressed strong interest in an information session about the Batterer’s Intervention Programs.** Asked to rate their interest in programs on a scale of 1 (“not interested”) to 5 (“very interested”), respondents gave an average score of 4.17. More than three-quarters (77%) reported high interest with scores of “5” (57%) or “4” (20%).
- **Two-thirds (67%) of the court’s judges and commissioners responded that an evaluation of the existing intervention programs would be “very valuable” and an additional 21% responded that an evaluation would be “somewhat valuable.”**

- Thirty-six percent (36%) of respondents offered comments about Delaware’s Certified Batterer’s Intervention Programs. Judges and commissioners were concerned about how to ascertain the efficacy of the programs. Several noted a desire for data that would support the conclusion that program reduces recidivism. Respondents also noted concerns about the burden of cost the program may place on litigants.

## Detailed Findings – Court of Common Pleas, Family Court, and Superior Court

### Description of Respondents

Two-thirds (66%) of the 70 judges or commissioners serving in the Court of Common Pleas, Family Court, or Superior Court work in New Castle County. Nearly 20% (19%) work in Kent County, and 16% work in Sussex County.

Judges and commissioners are experienced. **Six in 10 have worked as a judge or commissioner for at least 11 years, with 21% reporting working as a judge or commissioner for “11-15 years” and 39% for “more than 15 years.”** Thirty percent (30%) reported having served as a judge or commissioner for “0-5 years” and another 10% reported serving for “6-10 years.”

**Seven in ten (70%) survey respondents see a number of cases involving domestic violence during an average month: 39% reported seeing 16 cases or more involving domestic violence and 31% report seeing 6-15 cases a month.** About one-quarter (27%) reported seeing 1-5 domestic violence cases per month. Two respondents (3%) reported no cases during the typical month.

### Awareness of the Certified Batterer’s Intervention Program

Court judges and commissioners were asked, “Are you aware that there are Certified Batterer’s Intervention Programs?” They indicated strong awareness of the program. **Nearly 40% (39%) of respondents from the Court of Common Pleas, Family Court and Superior Court reported that they were “very aware” of the Certified Batterer’s Intervention Programs and 30% reported being “somewhat aware” of the programs.** About three in 10 (31%) responded that they were “not at all aware.”

Respondents were also asked, “Are you aware of the differences between Anger Management and Batterer’s Intervention Programs?” Judges and commissioners indicated an awareness of this distinction. **Nearly 40% (39%) were “very aware” of the difference and 27% were “somewhat aware” of the difference between the programs.** About three in 10 (31%) responded that they were “not at all aware” of the distinction between anger management and batterer’s intervention initiatives.

As indicated in Table 5 below, more than half of the judges and commissioners reported a lack of knowledge of the specific aspects of the program.

<b>Judges &amp; Commissioners’ Knowledge of Certified Batterer’s Intervention Programs’:</b>	<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<b>Total</b>	<b>Average Rating</b>	
	(Not Knowledgeable)								(Very Knowledgeable)				
	#	%	#	%	#	%	#	%	#	%	#	%	
Curriculum	38	54%	13	19%	10	14%	6	9%	3	4%	70	100%	1.91
Length	38	54%	7	10%	4	6%	16	23%	5	7%	70	100%	2.20
Location	41	59%	8	11%	7	10%	7	10%	7	10%	70	100%	2.03
Costs	42	60%	12	17%	8	11%	8	11%	-	-	70	100%	1.75

The majority of respondents expressed limited confidence in the Batterer's Intervention Program’s ability to effect behavioral change in batterers. On a scale of 1 (“not confident at all”) to 5 (“extremely confident”), the average rating for the 70 respondents was 2.25, with more than half (56%) of the respondents offering a score of “1” (30%) or “2” (26%).

As a corollary, judges and commissioners expressed strong interest in an information session about the intervention programs. Asked to rate their interest in programs on a scale of 1 (“not interested”) to 5 (“very interested”) responded provided an average score of 4.17. More than three-quarters (77%) reported high interest with a score of “5” (57%) or “4” (20%).

Nearly 90% of the respondents saw value in an evaluation of the existing Batterer’s Intervention Program. Two-thirds (67%) of the courts’ judges and commissioners responded that an evaluation would be “very valuable;” an additional 21% responded that an evaluation would be “somewhat valuable.” Three percent (3%) responded that there was “no value” to an evaluation and 9% had no opinion.

Respondents were asked to relay any concerns they may have had about Delaware’s Certified Batterer’s Intervention Programs. Of the 70 respondents, 25 (36%) offered comments or queries. Sample comments included:

*Questions of Efficacy*

- *“We order the class but never find out whether it was helpful or successful. Is there any information available to determine the success rate?”*
- *“People complete programs and commit additional acts of domestic violence. I do not by any means know the statistics and it is likely that we see a greater number of repeat offenders as they probably end up back in Court for PFA’s, custody disputes, etc.”*
- *“Almost every person referred to the CBIP is screened in, and screened in for the same curriculum--even though the behaviors, attitudes and needs of the people referred seem to vary a lot. The concern is that the programs are both over- and under- intervening.”*
- *“In dependency cases, I am hearing rumors that everyone who is referred for an evaluation as a perpetrator of domestic violence is recommended to complete the entire course. This begs the question of what is the point of the ‘evaluation’ if there is no other possible outcome than a recommendation to complete the entire program.”*
- *“I am concerned that the curriculum is not evidence based and that we have no data to support the notion that completion of such a program reduces recidivism.”*
- *“I am troubled by the difference between the programs from County to County. That raises the question of what is best practice, and how is the length of program determined.”*
- *“I have had some Respondents/ defendants go through the process more than once. It does not seem to be very effective or the person is just not internalizing the program.”*
- *“When and whether a certain program will ever be scientifically proven to actually reduce [domestic violence].”*
- *“I am concerned about one size fits all. Every participant comes in with a different profile of personal trauma, substance abuse, mental illness, and tendency towards general violence. Yet they all take the same program. It is also very concerning that BIP is not offered in the prisons (or so I am told).”*
- *“It has been reported that there is no known batterer’s intervention or domestic violence treatment program for offenders that is statistically or scientifically proven to reduce domestic violence.”*

#### *Questions of Cost*

- *“I would be concerned if the cost of the program would be an impediment for some to seek treatment. Also, I would hope that the program serviced non-English speaking clients.”*
- *“Delaware’s private programs assert that cost is not a barrier to participation, but we regularly encounter persons whose participation is stymied by inability to pay. There needs to be a way for poor people to attend without paying.”*
- *“Cost. Most litigants in my court are struggling financially. If I civilly order them to complete this that is one thing but if it is ordered as the result of criminal probation, all the costs associated with that can be overwhelming for the individual.”*
- *“Defendants say that it is costly.”*

#### *Need for Additional Information*

- *“The programs do not educate judges about their programs, whether they follow evidence based practices, how they measure effectiveness of program, what completion/failure rates are etc.”*
- *“The lack of judicial knowledge of the program appears to minimize the impact of the program.”*
- *“At present, I know little about it or how it works, and of course, if it works.”*
- *“I would be very interested in more information about Delaware's Batterers' Intervention Program. Thanks.”*
- *“I answered the question regarding confidence in the program the way I did only because an answer is required and I do not know anything about it.”*
- *“I feel that the Programs have been sufficiently evaluated. I understand that each provider undergoes a rigorous initial review as well as a re-certification review conducted by a panel of experienced individuals that assure that the providers are using the power and control Duluth treatment model and that they are using victim input to evaluate batterer progress.”*
- *“It feels more like a financial monopoly than a service. I have never seen anyone who went for an evaluation that was not recommended to complete the entire program and have heard the woes of countless attendees about fees and the inability to complete the programming because of financial constraints. I would love to know more about what the providers do and how they see their role in the system.”*
- *“I don't need an all-day orientation just quick to the point presentation regarding where the programs are offered, how long they last, how much they cost, what cost reductions are offered, and whether any program has been shown to reduce [domestic violence], and whether the latter is being studied.”*

## Key Findings – JP Court

- More than half (55%) of the JP Court respondents work in New Castle County.
- JP Court judges were experienced. Six in 10 reported serving in a JP Court for at least 11 years, with 45% for “more than 15 years” and 15% for “11-15 years.”
- Over two-thirds (68%) of respondents see a number of cases involving domestic violence during an average month; 38% see 6-15 cases a month and 30% see 16 cases or more involving domestic violence a month.
- JP Court judges indicated a relatively low level of awareness of Certified Batterer’s Intervention Programs. While 10% were “very aware” of the program, half (50%) were “somewhat aware” and 40% responded that they were “not at all aware” of the programs.
- **JP Court judges reported minimal awareness of the distinction between anger management and batterer’s intervention programs.** Over half (55%) responded that they were “not at all aware” that there was a difference between the two programs and an additional 40% said they were “somewhat aware.” Only one respondent (5%) indicated they knew about the difference.

- JP Court judges reported little to no knowledge of the program’s curriculum or location. All (100%) respondents reported no (“1”) or minimal (“2”) knowledge of the program’s length or costs.
- **The majority of respondents expressed confidence in the Certified Batterer's Intervention Program’s ability to effect behavioral change in batterers.** On a scale of 1 (“not confident at all”) to 5 (“extremely confident”), the average rating for the 20 respondents was 3.90, with half (50%) the respondents offering a score of “5” and 20% rating their confidence at “4.”
- **Few JP Court judges expressed interest in an information session about the intervention programs.** Asked to rate their interest in programs on a scale of 1 (“not interested”) to 5 (“very interested”) the average score was 1.50. About two-thirds (65%) reported they were “not interested” with a score of “1;” another 25% reported minimal interest with a score of “2.”
- **Nearly two-thirds (65%) of JP Court respondents stated an evaluation of the existing intervention programs would be “very valuable.”**
- One in five respondents offered a comment about the Delaware’s Certified Batterer’s Intervention Programs, noting they have limited contact with these types of cases or that they might like more information.

### **Detailed Findings – JP Court**

More than half (55%) of the JP Court respondents serve as judges in New Castle County. One-quarter (25%) of respondents worked in Sussex County and one-fifth (20%) worked in Kent County.

JP Court judges were experienced. Sixty percent (60%) had worked as a judge or commissioner for 11 years or more, with 45% reporting working as a judge or commissioner “for more than 15 years” and 15% for “11-15 years.” Thirty percent (30%) reported having worked as a judge for “0-5 years” and another 10% reported serving for “6-10 years.”

More than two-thirds (68%) of respondents reported seeing a number of cases involving domestic violence during an average month. Thirty percent (30%) see 16 or more cases involving domestic violence a month and 38% see 6-15 cases a month. One in five respondents (20%) reported seeing 1-5 domestic violence cases per month and three respondents (15%) reported no cases during the typical month.

### **Awareness of the Certified Batterer’s Intervention Program**

When asked, “Are you aware that there are Certified Batterer's Intervention Programs?” JP Court judges indicated a limited level of awareness of the program. While 10% were “very aware” of the program, half (50%) were “somewhat aware” and 40% responded that they were “not at all aware.” Respondents were further queried, “Are you aware of the differences between Anger Management and Batterer’s Intervention Programs?” JP Court judges indicated minimal awareness of this distinction. Over half (55%) responded that they were “not at all aware” that there was a difference between the two programs and 40% said they were “somewhat aware.” Only one respondent (5%) indicated that they knew about the difference.

As indicated in Table 6 below, the JP Court judges reported little to no knowledge of specific aspects of the program. All (100%) respondents reported no (“1”) or minimal (“2”) knowledge of the program’s length or costs.

<b>JP Judges’ Knowledge of Certified Batterer’s Intervention Programs’:</b>	<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<b>Total</b>	<b>Average Rating</b>
	(Not Knowledgeable)								(Very Knowledgeable)			
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Curriculum</b>	13	65%	5	25%	1	5%	1	5%	-	-	20	100%
<b>Length</b>	16	80%	4	20%	-	-	-	-	-	-	20	100%
<b>Location</b>	15	75%	4	20%	-	-	1	5%	-	-	20	100%
<b>Costs</b>	18	90%	2	10%	-	-	-	-	-	-	20	100%

The majority of respondents expressed confidence in the Certified Batterer’s Intervention Program’s ability to effect behavioral change in batterers. On a scale of 1 (“not confident at all”) to 5 (“extremely confident”), the average rating for the 20 respondents was 3.90, with half (50%) of the respondents offering a score of “5” and 20% rating their confidence at “4.”

Few judges expressed interest in attending an information session about the intervention programs. Asked to rate their interest in programs on a scale of 1 (“not interested”) to 5 (“very interested”), respondents had an average score of 1.50. About two-thirds (65%) reported they were “not interested” with a score of “1;” another 25% reported minimal interest with a score of “2.” Most JP Court respondents did, however, see value in an evaluation of existing intervention programs. Nearly two-thirds (65%) said that an evaluation would be “very valuable” and 25% said that it would be “somewhat valuable,” with 10% having no opinion about the value of an evaluation. Respondents were asked to relay any concerns they may have about Delaware’s Certified Batterer’s Intervention Programs. Of the 20 respondents, four offered comments or queries:

- *“I would like to learn more about your programs. I normally just set bail on these cases.”*
- *“What is the JP court involvement with these programs? If there are pretrial services it would be good but if it is at the trial level then we aren’t involved.”*
- *“In the JP courts we rarely see defendants. [They] plead guilty and go to another court at that point we are done with them since they appear in the next court sometimes the next day. We could if they plead guilty send them to services, again many/most go to family court or CCP it is not timely for us to have them go to pre-sentence services. The only way I could see the JP courts getting involved would be if we had a system such as truancy where we deal with them on the same day, work with them, and follow them. Like a low level domestic violence court.”*
- *“The success rate among the ‘graduates’.”*

## **E. Summary of Interviews with Judges and Commissioners**

### **Judicial Interview Process**

As part of the evaluation of the Batterer’s Intervention Program, 11 key informant interviews were conducted with selected judges and commissioners in October and November 2016. The list of those interviewed was developed by DVCC staff and was designed to represent the breath of Delaware’s judicial involvement with the Batterer’s Intervention Program. The state’s judicial leadership was included, along with judges and commissioners from New Castle, Kent and Sussex Counties. Everyone who was contacted welcomed the opportunity to participate in the interviews. Interviews lasted from 45 to 90 minutes.

Some interviewees have deep understanding of the program through involvement with the DVCC’s Certification panel that authorizes agencies to offer the program to groups in the state while other informants had become aware of the program more recently.

Interviews were conducted with:

- President Judge Jan R. Jurden
- Chief Judge Michael K. Newell
- Judge Carl Danberg, New Castle County
- Commissioner Danielle Blount, New Castle County
- Commissioner James Maxwell, New Castle County
- Commissioner Jennifer Mayo, New Castle County
- Judge Janell Ostroski, New Castle County
- Commissioner Loretta Young, New Castle County
- Commissioner Angela Fowler, Kent County
- Judge Louann Vari, Kent County
- Commissioner Sonja Truitt Wilson, Sussex County

## Key Findings

- Of the 10 interviewees who answered the question, 70% stated they were “very satisfied” (20%) or “somewhat satisfied” (50%) with the Court’s role in the Batterer’s Intervention Program; 20% stated they were “somewhat dissatisfied” and 10% were “very dissatisfied.”
- Nine (90%) of the 10 interview subjects who responded to the question suggested changes they would like to make in the Court’s role in the BIP program. Their suggestions focused on communication, program efficacy, sentencing, and program costs.
- Five (56%) of the nine judges or commissioners who responded to the question did not feel that there was adequate communication between the treatment programs and the Courts.
- When asked “What do you feel are the greatest overall strengths or accomplishments of the Batterer’s Intervention Program?” judges and commissioners pointed to (1) the certification of the treatment providers and consistency of treatment and (2) the reputation of the providers and – for those who had seen them in action – the quality of the services delivered by the providers.
- More than one-third (36%) of the judges and commissioners felt that the program’s interventions and strategies positively impact offenders “to a great extent” (9%) or “somewhat” (27%). However, 55% felt that they lacked the knowledge to answer the question and 9% found no evidence of impact.
- Asked to offer a grade for the Batterer’s Intervention Program, eight judges and commissioners offered a grade: six (75%) rated the program as a “B,” one (13%) rated the program a “C,” and one (13%) an “F” (for communication only – otherwise they were unable to grade).
- Judges and commissioners were asked where they would like to see the Batterer’s Intervention Program in five years. Suggestions coalesced around assuring the judges and commissioners that:
  - the Batterer’s Intervention Program had **evidence** that would warrant its continued use;
  - the agencies utilizing the model would comply with **best practices**;
  - the Courts, DVCC, and the agencies would develop and implement more **effective communication strategies**;
  - the agencies would ensure **access** to more litigants by addressing a variety of barriers (cost, location, language, etc.).

## Detailed Findings

### *About their Role in the Program*

The Delaware Family Court comprises 17 judges of equal judicial authority, one of whom is appointed by the Governor as Chief Judge and who is the chief administrative and executive officer for the Court. Qualifications for this position include the practice of law before the Supreme Court of Delaware for at least five years prior to appointment and demonstrated “knowledge of the law interest in and understanding of family and child problems.”<sup>13</sup> The Court website currently notes 16 commissioners who hear a broad range of cases, including child support, misdemeanor crimes and delinquency, civil protection orders, bail hearings and other cases as assigned. Commissioners – who, like judges are nominated by the Governor and confirmed by the Senate – are attorneys at law. Orders from commissioners are subject to review by judges in the Family Court.<sup>14</sup>

The evaluation team interviewed three judges and six commissioners in the Delaware Family Court (including the Chief Judge), one judge from the Court of Common Pleas, and the President Judge of the Superior Court. Two judges reported they were new in their role as a judge, but as commissioners, their work more frequently involved Protection from Abuse (PFA) work that would result in a referral to the Batterer’s Intervention Program. The remaining commissioners reported serving from between two and half to 16 years.

Judges and commissioners reported their role in the program primarily involves referring litigants to treatment. As one judicial interviewee put it, *“I would say that I have no role. I serve as a referral agent and direct people to the program.”*

For judges who serve on the DVCC, their roles, as would be expected, are more complex and include involvement in: (1) establishing the standards of treatment that agencies provide through the Batterer’s Intervention Program and (2) certification of the agencies that provide treatment. Judicial leadership officials have further sought to function as catalysts in ensuring that agency providers, the Courts, and the Batterer’s Intervention Program understand each stakeholder’s role: (1) in ensuring litigants have received appropriate adjudication and treatment; (2) in improving services, when possible; and (3) in determining whether victims have been appropriately protected and served in the process.

Among the 10 interview subjects who answered the question, 70% stated they were “very satisfied” (20%) or “somewhat satisfied” (50%) with the Court’s role in the Batterer’s Intervention Program; 20% stated they were “somewhat dissatisfied” and 10% were “very dissatisfied.” One respondent did not answer about their level of satisfaction, but commented, *“I don’t know how to answer that. Judges don’t have a sense. We don’t know the efficacy of the program. Another problem is that judges are not attuned to look*

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<sup>13</sup> "Judicial Officers and Staff." Judicial Officers and Staff - Family Court - Delaware Courts - State of Delaware. Accessed January 16, 2017. <http://www.courts.delaware.gov/family/judges.aspx>.

<sup>14</sup> Ibid.

at assault necessarily as related to domestic violence.” Respondents were able to provide reasons for their ratings. For example:

- *“DVCC is communicating back compliance notices on the PFA side. So, I get their notice that they have failed to comply. The problem is I don’t know success rate and recidivism rate. What are they really getting out of it? Are they just better batterers now that they know what they can and can’t get away with?” (Very satisfied.)*
- *“When we bring the agencies that conduct the program, they let us know if the offender doesn’t show up. The agency doesn’t automatically come to the hearing. I’d rather have someone there.” (Very satisfied.)*
- *“I am ‘somewhat satisfied’ with the Court’s role in the programs. In looking at the statistics provided to the DVCC by the providers, it appears that the referrals to treatment from PFA orders is relatively low when compared to the total number of PFA orders issued by the Court. I would like to find out if there’s a reason behind the low number and if the Court could play a role in getting more respondents evaluated. Also, the Court has increased its role in ensuring compliance with treatment over the past 10 years, but I think the Court could improve the flow of information between the Court and providers in reporting on compliance.” (Somewhat satisfied.)*
- *“I think that it’s always nice to have it there as a referral. If they agree to it, I will sign off on it. If they do agree, I think they’ll get a lot out of it.”(Somewhat satisfied.)*
- *“As a commissioner, what I would like to do is increase the interaction between the Court and intervention programs.” (Somewhat satisfied.)*
- *“Time frame makes it difficult to decide, so we default to direct offenders for evaluation at BIP—good and bad. So, we rely on others expertise. But it feels like we are covering ourselves... and let the program weed them out. I am concerned about profit motives of program.” (Somewhat satisfied.)*
- *“I don’t really want a role in the program. I want feedback. Does the program work? I want better communication of the evidence behind the program. I don’t like that the entity decides which level of service you go into.” (Somewhat dissatisfied.)*
- *“We don’t know a ton about what they are doing.” (Very dissatisfied.)*

Nine (90%) of the 10 interviewees who responded to the question suggested changes they would like to make in the Court’s role in the program. Suggestions focused on communication, program efficacy, sentencing, and mitigating program costs, as detailed below.

#### *About communication*

- *“... I would like to improve the flow of information between the Court and the providers regarding compliance with Court ordered treatment.*
- *“... I want the programs to provide a progress report. I get nothing from the programs.”*

- *“Helpful to the Court—if we had more time—to have follow up for every person. We get info for those who don’t comply, and simply refuse to attend. We don’t really know about those who are in. Significant percentage return to courts. Many have children so its concerning. We never hear how they did, if they have other issues (DA, mental health). Possibly, an offender will have someone testify from BIP, otherwise don’t know if the father benefitted or if they just sat and did nothing. A typical case may involve someone who appears, is referred for evaluation, then later the family is in for custody or other adjudication. We have no info on their participation in the program.”*
- *“Greater interactive feedback. We have no reports, no relationship. Monitor for compliance, but no idea if anything is sticking. It seems perfunctory thing.”*

#### *About program efficacy*

- *“I would say that I will be thrilled if someone can show me the research that this improves behavior. Sometimes hard to sort out that batterers say can’t afford, don’t qualify for sliding scale. Hard to negotiate that. Some of these litigants have substance abuse, mental health, and a [domestic violence charge].”*
- *“The court should be more active in what they are doing, compliance, what they are learning. No idea in what they are doing if it is effective. I’ve never been to the course, don’t know if it is effective.”*

#### *About sentencing*

- *“Sentencing laws. For example, regarding strangulation, a judge can only sentence for a maximum of 5 years, unless it is a second offense or more or if a deadly instrument is involved. This statutory maximum is too low. If you can only give a five-year sentence, that will become 3-1/2 years. A longer prison sentence would give more leverage.”*
- *“Right now if I sentence through a PEA or criminal order, the AG will recommend anger management or DV programming. I can't tell what is appropriate. I send them to be evaluated so that they’ll determine the best course of treatment. Sometimes that process disrupts the plea agreement and I don’t get any feedback. What matters to me a lot is a violation of probation. I would like to take the plea, take the evaluation, and then take that into account before sentencing. If I could change the order somewhat, it might be helpful.”*

#### *About the cost*

- *“Just the cost. Yes, there is a sliding scale, but these people are so poor, so it's a barrier. I don’t think you’ll get the compliance you want without it being free. It’s hard even to get there. Many folks don't have a car. Without access to transportation. Buses don’t run on time or frequently on the weekends.”*
- *“Not with the Court’s role, the feedback we get from litigants is about the financial burden and about the length of program. Sometimes they are dismissed because they have missed too many weeks. They are given three times to miss classes, but then are referred back to us.”*

Nine judges and commissioners answered “yes” or “no” to the question, “Do you feel that there is adequate communication between the treatment programs and the Courts?” and 44% stated “yes”

while 56% stated “no.” The remaining two interview subjects offered comments indicating that communication flowed to DVCC and then back to the Courts or that they didn’t need communication except at the hearing or compliance review, at which point there was adequate information available.

*Among “yes” responses*

- *“Not directly with my office. There is one person statewide who handles follow up and it is a part of their job. I do believe they are as diligent as they can be. What happens is we get a batch of notices of those who are not complying every few months. Then we set up hearings to follow up with those who are not complying. But there is a delay.”*
- *“Yes, within the structure that exists. But we are constantly balancing due process and sometimes sending a child to a home with known batterers, which causes us great concern.”*
- *“Yes and no. There is adequate communication when it comes to discussing policy level issues, the providers are very willing to address issues when they arise, and they will present to the Court on their programs and answer questions whenever the Court requests that they do so. However, as mentioned above, I think there should be more communication between the Courts and the treatment providers regarding the compliance in individual cases.”*

*Among “no” responses*

- *“Absolutely not. I can’t remember a time when I’ve gotten information. The program has never been presented as part of a [Continuing Legal Education] session, in contrast to some other comparable programs like the Delaware Council on Gambling Problems, which frequently present.”*
- *“The programs should provide a progress report.”*
- *“It would be a big deal to share the database of information. We used to have a liaison through a grant, but we don’t have that person. That was helpful to get the info in a timely way. We don’t know if there is a domestic violence background. Also, are there other issues? Mental Health, substance abuse, etc.—other agencies to which I should refer. There may be HIPAA concerns here, but a complete record or simply a full-time liaison or contact person could be very helpful to fill out the picture.”*
- *“I don’t know if there is [communication].”*
- *“Remotely concerned that it is a monopoly from the one program available to us rather than a true treatment service.”*

When asked “What do you feel are the greatest overall strengths or accomplishments of the Batterer’s Intervention Program?” judges and commissioners pointed to the certification of the treatment providers and consistency of treatment and the reputation of the providers and – for those who had seen them in action – the quality of the providers. Representative comments included:

### *About the certification program*

- *“In addition to the reputable programs, having standards for treatment and a certification process ensures the quality and effectiveness of the programs. The greatest accomplishment is having language added to sentencing orders and PFA orders that evaluation and treatment must be with a DVCC certified treatment provider. By requiring the treatment be through the certified providers, the Court can be confident that the treatment is consistent for all offenders and respondents.”*
- *“Just the fact that it is standardized programming with the Duluth model. I’m sure at one time we had many different models. I don’t know what would happen without the standardization.”*

### *About the quality of providers*

- *“[I am] very comfortable with the downstate program, People’s Place. We get the right ‘bad’ reactions from offenders. I am glad that they are complaining about what they have to do. The providers are asking for accountability—that’s reasonable. We do get some who say they ‘got it’ – but that is the minority and they are less serious offenders.”*
- *“One of the greatest overall strengths of BIP in Delaware is the reputable programs that are providing the treatment.”*
- *“I think that they... all of the agencies... try hard to work with them as individuals. These are structured as group programs, but they don’t always do well in groups. They begin in groups, but the agencies do pull people out if necessary. The agencies don’t give up on them. They do it on the offender’s terms.”*
- *“I have met the people and those people are very committed to this work. They are willing to work with the batterers and care for the victims, and they don’t get paid that much. They are running on as many cylinders as possible. ... It is frustrating that victims keep coming back and back and back. I wish there was a program for them.”*

### *About communication*

- *“The communication is a strength. The court is able to act promptly instead of waiting. If it is getting to us too late, then their compliance is in jeopardy. They have a limited amount of time to complete the program, so we need to follow up.”*
- *“I assume that it is helping people if they haven’t come back. I don’t really get feedback other than that they did or didn’t do [the program].”*

Asked about strengths, some respondents took time instead to offer concerns:

- *“Don’t know. I don’t get any information and don’t know their success rate. I am concerned that the same agency that is providing the services is doing the initial assessment/evaluation to determine the level of service. I would like there to be an independent evaluation of the needs of the batterer. What level of services is*

*appropriate for the batterer? The provider shouldn't be making the decisions about the level of services because they have a financial interest in the outcome."*

- *"Don't know. Know that they are active group—they believe that what they doing is working. But I have no direct knowledge."*
- *"I don't know what they are. I don't know if there is tracking of recidivism rates...any of that."*

Judges and commissioners were asked, "To what extent do you think the program's interventions and strategies are positively impacting offenders who participate in the program – to a great extent, somewhat, a little bit or not at all." More than one-third (36%) felt the program positively impacts offenders "to a great extent" (9%) or "somewhat" (27%).

One interviewee (9%) stated "a great extent:"

- *"For those who finish it. Sometimes, some have gone through already, and we make them go through it again. They do learn something and that is all we can ask for."*

Three interview respondents (27%) stated "somewhat:"

- *"I haven't heard otherwise. Very rarely will someone come in and say they already did it, the prosecutors may be aware of that fact and simply not recommend it as part of the recommended sentence."*
- *"For some offenders, no program will change them or their behavior. But for those who are receptive, it seems that we have less trouble with them in the future."*

One interview respondent (9%) stated "not at all:"

- *"No idea...no idea of the continuity."*

Six (55%) of the 11 judges and commissioners stated they could not answer about the impact of the program's strategies and interventions for offenders without more information. Representative comments are below:

- *"I don't think I can answer that. I don't see the impact. We're not privy to their incoming evaluation or their outgoing evaluation. We don't know. As of yet, we don't get that information. Maybe something else is appropriate if this course isn't going be effective."*
- *"I don't really know; we don't really get the feedback. We know if they don't complete it. The prosecutor might say that they completed DV counseling before. But other than that, every event has a separate file—and they may be archived. Sometimes it gets carried into DELJIS. But if there is no violation of probation (VOP), I can assume they completed it. It gets presented to probation officer that [the program] was completed. We need to do more regular reviews and hold the perpetrator accountable. I sat in on some of the trainings...and sometimes they just sit there and don't participate. They may be disruptive and treatment resistant. I would like to know that. In week four, if I were to know that they are resistant, then I might be able to follow up with some advice from the Court...If they know that the Court is going to follow up, their*

*attitude may change. The Court is just now creating a special unit to work on mediating this. I don't know what the criteria is or their treatment records."*

- *"Can't tell. I would find it hard to believe given the extent of the program – the length and compliance. It can't be hurting. If 100 go through and two people "got it" that it good. I'll take what I can get...I would rather have that not have anything."*

When asked what, if any, feedback had been received regarding the referrals made to the Batterer's Intervention Program, responses included that they receive notification of compliance (four responses), that they receive no feedback at all (four responses), that they receive complaints about the cost of treatment (three responses), and that they hear complaints about length of treatment (one response). Representative comments include:

- *"...I have heard concerns about the cost of treatment, the length of the program, and a belief that everyone gets the same program despite an evaluation. There has also been positive feedback from Commissioners, especially those that are more familiar with the treatment standards and the research behind the intervention."*
- *"[We receive] process-based reminders from the programs. It's a system, but the programs don't have a way to offer feedback to the Court. The Court is working on a grant to improve domestic violence cases, particularly custody cases. [We are] trying to redesign the system and collect more information than we are currently getting...perhaps from providers. It's in transition."*

Two (18%) of the 11 judges and commissioners stated that they refer batterers to alternative programs or resources, including anger management classes and parenting classes on a limited basis. Respondents noted that the DVCC certification requires them to use one of the approved agencies and the Batterer's Intervention Program. As a follow-up question, those interviewed were asked, "Are there other alternative programs for batterers that you wished existed in Delaware?" Nine (55%) respondents said "no" and couldn't think of a suggestion of a comparable program. One noted that while there are complaints about the length of the program, shorter versions or online versions did not seem adequate. The three (27%) interviewees who did wish for alternate programs focused on cost, addressing language barriers, and targeting programming to specific needs, as their comments indicated:

- *"We do hear that some are cost-prohibitive. It's \$20/session and \$100 for the evaluation I believe. I would like to see a program that is providing what is needed for those who are indigent. Food, water, and shelter are first on their list. They don't see this as necessary. We hear that it is cost prohibitive. They are unemployed or underemployed. It may not be reflected on their W2 so that they can get qualified on the sliding scale. Affording this may cause yet more anxiety in the family."*
- *"I wish there were a shorter course for just excessive discipline...parenting classes like that. More Spanish groups would be good."*
- *"It would be nice if there were another option, a refresher or shorter course. The length could really depend on evaluation results—right now everyone is referred after evaluation and they all get the same 26 weeks."*

Five (45%) of the 11 who were interviewed answered the question “How well do you perceive that the Batterer’s Intervention Program is working? On what do you base your perception?” Responses among these five indicated that while some were confident in the program, others were looking for additional information.

- *“Pretty good.”*
- *“It’s working well, if you get people to finish it. A good 30%- 40% maybe don’t complete. Perhaps if they offered dinner, just feeding people and offering a pizza, like some school programs do to boost attendance, or to have a remote location for the agencies. That could help.”*
- *“They did produce some stats...but I don’t recall what they were. Reoffending rates I think...It is a little bit different between the counties. In the lower counties, it is harder to get there and attend. There is a waiting list, stated on VOP— but they can’t do it in 3 months.”*
- *“Assume that is working, only hear if they don’t comply. They don’t offer a confirmation that they have completed it. But we don’t really get any feedback from litigants or from victims.”*
- *“Better than nothing.”*

Most respondents (55%) stated they “had no idea” or “don’t know” how well the Batterer’s Intervention Program is working. As one interview subject put it, *“I have no measuring stick. If someone comes back for PFA, I may look through their file, but there is no way to track recidivism in a systematic way. Only anecdotal.”* Another stated, *“Makes me reluctant to order it. Expensive, time consuming. Litigants complain about this in any case. I can’t truly say that I know.”*

When asked to grade the Batterer’s Intervention Program, eight interviewees offered a grade, six (75%) rated the program a “B,” one (13%) rated the program a “C,” and one (13%) an “F” (for communication only – otherwise they were unable to grade) for an overall “GPA” of 2.5.<sup>15</sup>

Among “B” ratings:

- *“I would give the program a ‘B’ because I have no direct experience with ordering litigants to treatment in my cases.”*
- *“B+, It isn’t that they don’t do a great job. We don’t have the financial resources to let them do a perfect job.”*
- *“They do a pretty good job; If I had more feedback, I might go to an A. I would like to have information. They say you can call. But the information comes a week or so later.”*
- *“Don’t have a real sense. It would be better with more alternatives. Feel that it is one size fits all. Don’t know how to approach this, but it feels that the evaluation always leads to the same 26-week program.”*

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<sup>15</sup> Percentages exceed 100% due to rounding.

- *“From being down there, documentation of compliance. I haven’t experienced the program or sat in classes, but it sounds comprehensive.”*
- *“B-B+; Concerned about the screening. Is it capturing everything? Is it adequate? Everyone is sent to the BIP—but worry that they may need mental health or drug/alcohol treatment first. Given the paucity of MH, they are defaulted into BIP. It’s that or nothing.”*

The comment for the “C” rating:

- *“C- to D; Lack of communication breeds a certain concern. I feel in the dark. I have no way to know how they are gauging their progress and treatment.”*

The comment for the “F” rating:

- *“For communication only. Otherwise, I am unable to give a grade.”*

Among those who chose not to grade the program, they explained they need more information:

- *“NC Not complete, I don’t want to unjustly grade them. But it is costly. The prosecutors are constantly trying to zero in on the dollar amount. Also, the organizations are nonprofit organizations and are required to charge, particularly if it is because they are first-time offenders. They need to make their budgets too.”*
- *“No way to grade.”*

Judges in the leadership positions were asked, “What do you see as the greatest challenges or barriers facing the program?” They focused on the lack of evidence currently and the perception that the programs were revenue sources for providers.

- *“The greatest challenge is the lack of any data to establish its efficacy; lack of confidence on why to order it for someone.”*
- *“The greatest challenge is probably the perception that treatment programs generate revenue for the providers.”*

Judges and commissioners were asked where they would like to see the Batterer’s Intervention Program in five years. Suggestions coalesced around assuring the judges and commissioners 1) that the Batterer’s Intervention Program had **evidence** that would warrant its continued use; 2) that the agencies utilizing the model would comply with **best practices**; 3) that the Courts, DVCC, and the agencies would develop more **effective communication**; and 4) that the agencies are **insuring access** to more litigants across a variety of barriers (cost, location, language, etc.).<sup>16</sup>

*About evidence and best practices*

- *“A model for the country. An evidence-based program that uses best practices. Shared data that indicates how effective it is. The program is visible and known to all who sentence. (One model is the Delaware Council*

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<sup>16</sup> Some interview subjects mentioned more than one issue area.

*on Gambling Problems.) The program should be wanting judges to be educated about the program and about the law. Key is more education for both the judges and the probation officers.”*

- *“1. An independent evaluation of the batterers that is not tied to the providers, 2. Annual reporting on the intervention, 3. Project compliance with best practices, 4. Reporting of success rate through monitoring - an annual or bi-annual audit.”*
- *“I guess more engagement to see what offenders are walking away from the program with.”*
- *“Some research that this is the kind of DV programming effective for perp. Part will have to focus on victims too.”*
- *“I don’t know that they have any data...how to track their people. Nice to know that John Doe has been to group, that there are no more cases against him, that he is now doing well ...vs. John Doe has been back, has further cases, is back in the system...linking recidivism. Also, would like to see programs that are more convenient to litigants—perhaps on-line or locations more convenient to their needs. Duration may be an issue. Let’s look at efficacy vs. length.”*
- *“Like to be evidence-based programs. I just don’t know whether they are working. I am not convinced that they are getting out of it what they should be getting out of it.”*

#### *About effective communication*

- *“I would like to see the treatment providers working more collaboratively with the Courts five years from now. The Court and the providers currently collaborate on policy issues, but I would like to see more collaboration as it related to specific cases with the providers giving the Court reports on compliance with treatment.”*
- *“More responsive to the Courts.”*
- *“I would like to see it have more satellite offices. And either free and provide something like transportation tickets, meals something to allow people to get there.”*
- *“I’d like to have more interface. Maybe if we had that liaison in the building, pick up the phone and get information while someone is standing in court.”*
- *“More sites. If there is that connection between mental health or drug and alcohol, I don’t know about it. Hope that they can coordinate and connect.”*
- *“Like to see system partners. Like to see them more connected to the system.”*

#### *About insuring access*

- *“Also, the locations are limiting. It’s hard to get there if they don’t have bus money or a car. A great compromise would be locations that are near bus paths and mass transit... maybe right near the Courts. Really more accessible.”*

- *“I would to see more providers in Sussex to lower the cost and be more convenient to litigants. Also, to offer more levels of programming. Some are more severe cases and some less—yet all go through the same course....at the beginning there was an anger management option, but now that is only for non-intimate partners. There are sometimes outside issues (D&A, other stresses). It could be that a shorter course of treatment might be more targeted and appropriate.”*

Judges and commissioners were next asked if they had any recommendations for improving the Batterer’s Intervention Program at the Court level and at the DVCC/State level.

*At the Court level*

- *“To improve the program on the Court and provider level, I would recommend collaboration between the Court and providers with increased communication regarding compliance with the program.”*
- *“For the Court, additional communication about what is really happening would be great.”*
- *“The court needs to be better. It is a resource issue. New Castle has more personnel, but I have no idea if they are monitoring more effectively. We have one person who is adding this task upon others. There used to be a Domestic Violence Coordinator position and I don’t know if that was funded for just a short period, but they follow up isn’t at the same level.”*
- *“Court—compliance and checks. We should have more compliance hearings to let litigants know that we are serious when we refer them to these programs.”*
- *“Honest conversation about changing our process. How did they do? Did they change behavior?”*

*At the DVCC/State level*

- *“An issue to be addressed is the cost of the program. Even though the providers offer a sliding scale, the cost should never be a barrier.”*
- *“From a DVCC/ state level, I would recommend looking at options for reducing the cost of treatment or offsetting the cost for litigants.”*
- *“With DVCC, add other service providers to take the challenge on of being in more locations and at a cheaper cost. More Sat/Sun workshops. Then offenders might be more able to enter and successfully complete the program.”*
- *“I’d be interested in more individual counselors authorized, more of them. To be frank, it seems like a monopoly. There may be ways to get those contracts out to other people to get the services out further.”*
- *“It is really communication and information availability. Can’t complain about the quality of treatment or services. It is appropriate treatment.”*
- *“More options...more locations...and a staff member to monitor this and get more teeth in this. I won’t get the notice that there is non-compliance for 3 or 4 months.”*

- *“I don’t think I can...money should not be a barrier to completing the program. More locations, ease of access.”*
- *“I don’t know the DVCC role? Is it to monitor or certify? Make it more concise or affordable and feasible for litigants.”*
- *“They need to increase contact and involvement with the Court. Communicate regarding offenders they are working with and provide individualized reports – offenders’ progress reports would be my dream scenario. Even if I knew that someone was routinely showing up—any feedback at all would be helpful.”*

## **F. Facilitators’ Survey Results**

### **Facilitators’ Survey Process**

As part of the evaluation, facilitators of intervention treatment groups at each of the three providers were asked to complete an online survey, designed to solicit their feedback about their experience with the Batterer’s Intervention Program and their attitudes regarding the program. Facilitators were contacted between October 28, 2016 and November 28, 2016; 14 of 17 facilitators responded, for a response rate of 82%. Response rates among the staff at the three agencies ranged between 75% and 100%.

### **Key Findings**

- More than one-third (35%) of staff reported working with their agency between 11-15 years (21%) or 16-20 years (14%). In addition, more than one-third (36%) of experienced facilitators have worked in the field of domestic violence programs for more than 15 years.
- Nearly eight in 10 (79%) of the facilitators rated their professional or personal growth during the time they had been part of the Batterer’s Intervention Program as “significant growth.” Seventy-nine percent (79%) of facilitators agreed with the statement, “The training I’ve received meets my needs to do my job effectively.”
- Facilitators reported a high level of satisfaction with five of six program components. For example, 93% of facilitators were “very satisfied” with orientations, 86% of facilitators were “very satisfied” with the group sessions, 86% of facilitators were “very satisfied” with DVCC standards, 77% of facilitators were “very satisfied” with assessments, and 71% of facilitators were “very satisfied” with program resources. Levels of satisfaction with the court referral system were lower: Nearly 30% (29%) of facilitators were “very satisfied” with the court referral system, 57% were “somewhat satisfied” and the remainder (14%) were “somewhat dissatisfied.”

- Facilitators noted the rigor of the assessment process, the positive outcomes for participants and the impact on their families as primary strengths of the Batterer’s Intervention Program.
- Facilitators identified resource limitations for agencies and their impact on provision of services as a primary challenge.
- When asked to rate the significance of impacts in the past program year, all (100%) of the facilitators offered the highest ratings of “5 (significant positive impact)” to “understanding the effects of abuse on intimate partners,” “better understanding the dynamics of domestic violence,” and “developing awareness and accountability for abusive actions.”
- Asked to assign an overall grade to the Batterer’s Intervention Program, facilitators rated the program highly; 85% rated the program as an “A” (64%) or a “B” (21%)” for a “GPA” of 3.50.

### Detailed Findings

As shown in Table 7 below, more than one-third (35%) of staff reported working with their agency between 11-15 years (21%) or 16-20 years (14%); another 7% have worked at their agency for more than 20 years. The remaining respondents had worked at their agency 10 years or fewer: half (50%) of facilitators have worked with their current agency between one to five years and 7% worked at their agency between six and 10 years. Those respondents who had less experience at their agency also reported having worked specifically in the field of domestic violence programs for similar periods of time.

More than one-third (36%) of experienced facilitators have worked in the field of domestic violence programs for more than 15 years; one respondent (7%) between 16-20 years and the remaining 29% for more than 20 years. **All three agencies had staff with more than 20 years of experience in working in domestic violence programs.** (See Table 7.)

**Table 7. Facilitators’ years of service working at their current agency and specifically in domestic violence programs (N=14)**

	Years Working at This Agency (Range 1-34 Years)		Years Working in Domestic Violence Programs (Range = 1-36 Years)	
	Number	Percent	Number	Percent
1-5 Years	7	50%	7	50%
6-10 Years	1	7%	1	7%
11-15 Years	3	21%	1	7%
16-20 Years	2	14%	1	7%
<20 Years	1	7%	4	29%
<b>Total</b>	<b>14</b>	<b>99%*</b>	<b>14</b>	<b>100%</b>

\*Percentages do not total 100% due to rounding.

When asked to describe their role in the Batterer's Intervention Program, 12 (86%) of the 14 respondents identified themselves as group facilitators. One facilitator reported that they also coordinate Spanish language domestic violence programming at their agency and another has administrative responsibilities in addition to leading some groups. Two respondents reported that they hold additional responsibilities of performing intake evaluations.

### **About the Batterer's Intervention Program**

For the most part, facilitators are satisfied with their roles in the BIP, with their professional and personal growth as part of the BIP, and with the program's operation at their agency. All but one (93%) of the facilitators responded their "role in the program worked out in the way [they] expected." The sole respondent who did not feel this way said, *"I had no clear expectation when I began providing services to adult perpetrators in 1982."*

All (100%) of the facilitators were "very satisfied" (86%) or "somewhat satisfied" (14%) with their role in the Batterer's Intervention Program. As one respondent commented, *"I enjoy working with the men and sharing things from a woman's perspective. They also teach me things."*

Nearly eight in ten (79%) of the facilitators rated their professional or personal growth during the time they had been part of the Batterer's Intervention Program as "significant growth;" the remaining 21% rated this time as offering "moderate growth."

Nearly 80% (79%) of facilitators agreed with the statement, "The training I've received meets my needs to do my job effectively." Another 14% agreed that "The training I've received is a good start, but I need more training." Seven percent (7%) of respondents agreed that, "The content of the training does not provide sufficient information or guidance to me."

Two respondents offered comments:

- *"Training through [my agency] for new employees is done well. Trainings offered through the State and DVCC are all victim based with no treatment methods for dealing with perpetrators."*
- *"I have had the privilege of attending many outstanding seminars both specific to domestic violence and focused on other clinical areas which affect persons who engage in domestic violence. While the training has been very beneficial, it is never sufficient as it is essential to continue to interact with and learn from others both in the field and in related areas."*

All (100%) of facilitators stated the Batterer's Intervention Program is operating as they expected it would be at their agency. As one respondent commented, *"I believe that the program is operating responsibly and effectively given the resources available to operate the program."*

Although 79% of facilitators were “not sure” there were **unexpected benefits** from the program for their agency, three respondents (21%) found benefits and offered details:

- *“The benefit that I’m doing something to help others and help victims of [domestic violence].”*
- *“Offenders often refer family members (mainly children) for counseling in our department.”*
- *“There are wonderful surprises when the most resistant participants eventually become the most desirous of changing their behavior.”*

Nearly two-thirds (64%) found no **unexpected barriers** to carrying out the program at their agency and 14% of facilitators stated they didn’t know. The 21% of facilitators who were aware of barriers explained:<sup>17</sup>

- *“At times, cooperation and collaboration from law enforcement and the courts have been strained.”*
- *“This is not unexpected it is just a reality. Given that there is large percentage of African-American participants I believe an African [American] Male Facilitator is CRUCIAL for role modeling.”*

Facilitators were asked to assess six program components and were given the opportunity to suggest “other” components. As seen in Chart 3 below, respondents reported a high level of satisfaction with program components. At least seven in 10 facilitators were “very satisfied” with five of the six program components:

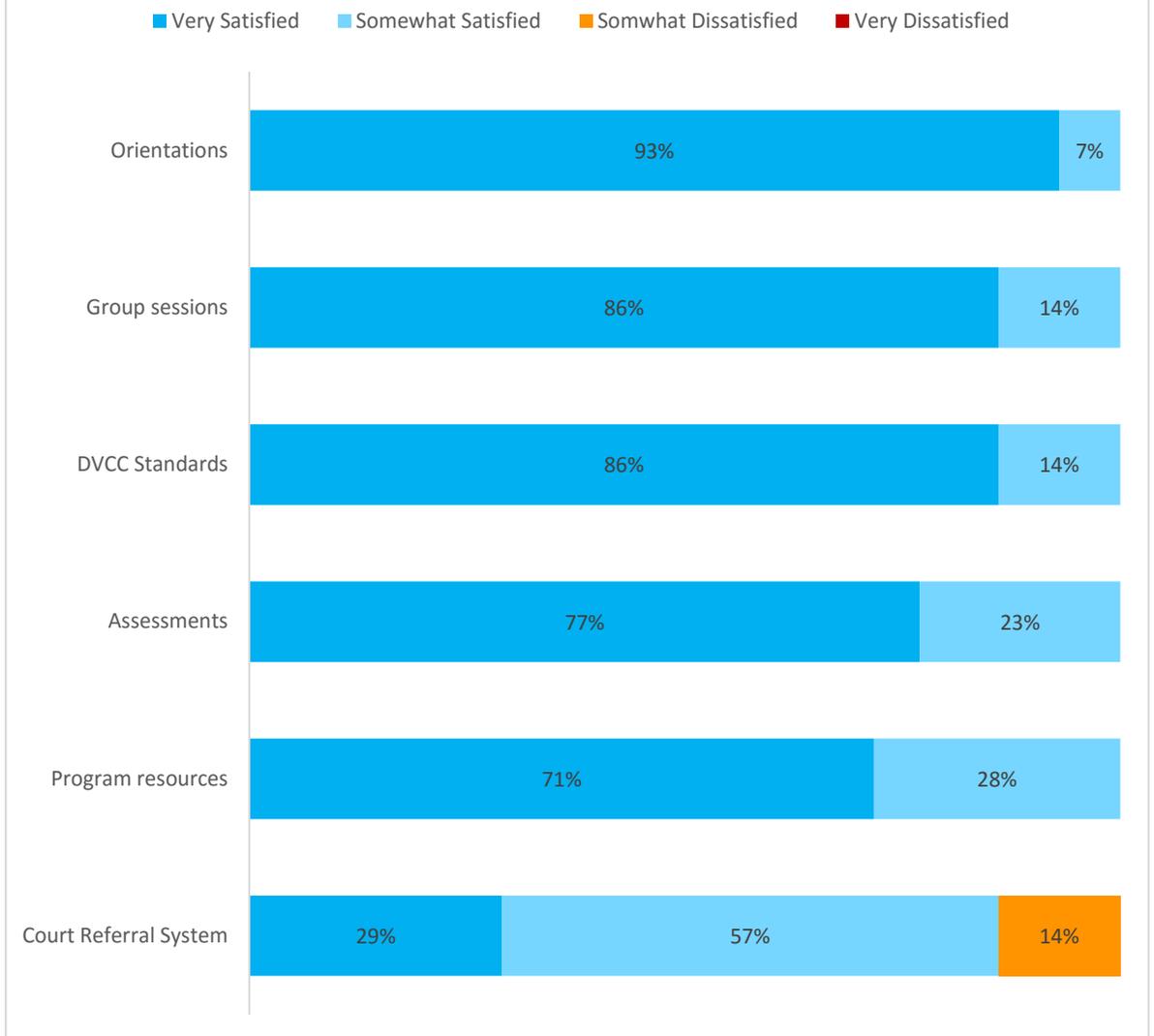
- 93% of facilitators were “very satisfied” with orientations,
- 86% of facilitators were “very satisfied” with the group sessions,
- 86% of facilitators were “very satisfied” with DVCC standards,
- 77% of facilitators were “very satisfied” with assessments, and
- 71% of facilitators were “very satisfied” with program resources.

About 30% (29%) of facilitators were “very satisfied” with the court referral system, 57% were “somewhat satisfied” and the remainder (14%) were “somewhat dissatisfied.”

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<sup>17</sup>Percentages do not total 100% due to rounding.

Chart 3. Facilitators report high levels of satisfaction with most program components. (N varies)



Respondents offered comments about the program components as well.

*About Orientations*

- *“I believe our orientations are effective in conveying essential dynamics of intimate partner violence, our non-shaming approach to personal responsibility and explaining the program structure.”*

*About Group Sessions*

- *“I believe that the groups achieve a good balance between attending to the issues and concerns expressed by group members, and presenting psycho-educational material which addresses Intimate Partner Violence concerns.”*

### *About DVCC Standards*

- *“I value the fact that the standards allow for a good balance between a basic structure to which all certified programs must adhere, and the flexibility for each certified program to have its own unique identity.”*

### *About Assessments*

- *“I believe that we conduct a thorough and meaningful evaluation given the resources available.”*

### *About Program Resources*

- *“I believe that [our agency] has been more open to allowing funding to be used for offender services than is the case with many agencies. It is however still a difficult area to fund.”*
- *“More money is needed to hire an African American Male.”*

### *About the Court Referral System*

- *“Sometimes the courts tell the clients they only have to attend anger management when they would best be served in the Batterer’s Program.”*
- *“I believe that the Court referral system for offenders who are on probation is structured and well monitored. There is less structure or monitoring for offenders who are referred only on a Protection From Abuse [PFA].”*

In the “Other” category, three respondents offered a response with an explanation:

- *“Training and educational opportunities”* – “Somewhat satisfied” response;
- *“I believe the Men sentenced to the BIP would benefit from a longer than 25-week program.”* – “Somewhat dissatisfied” response; and
- *“In [our] County, the Probation Officers, often allow the clients to get off probation prior to finishing the programs.”* – “Very dissatisfied” response.

Facilitators were asked, “What do you feel are the three greatest overall strengths or accomplishments of your agency’s Batterer’s Intervention Program this year?” More than three-quarters (78%) of respondents offered one to three strengths or accomplishments of the program:

### *Nature of the BIP assessments and group (six responses)*

- *“Providing an assessment process which allows a participant to feel some sense of empathy and connection before entering the group.”*
- *“Offender accountability.”*

- *“Treatment of core issues surrounding the offender’s behavior.”*
- *“Licensed therapists complete evaluations and facilitate groups.”*
- *“Implementing a Humanistic Approach.”*
- *“One of the strengths is how the participants say they feel connected to the instructors.”*

*Outcomes for Participants (five responses)*

- *“Many men are helped.”*
- *“Providing a quality service at minimal cost to low income participants.”*
- *“Seeing changes in participants.”*
- *“Group completion seems to have increased.”*
- *“Another strength is the feedback that is given from those who participate.”*

*Outcomes for Participants’ Families (three responses)*

- *“Increased victim safety.”*
- *“Increased protection for children.”*
- *“Help the victims, break the chain of violence for most of the offenders.”*

*Training and Supervision (five responses)*

- *“Our agency has monthly meetings with the facilitators to discuss issues and successes.”*
- *“It provides training that we need.”*
- *“We are constantly encouraged to attend trainings around domestic violence.”*
- *“[Name redacted] is an insightful director.”*
- *“Facilitator meetings are helpful.”*

*BIP Program Resources and Accountability (three responses)*

- *“We have a chance to learn more objectively about the program from your research.”*

- *“It provides the resources we need.”*
- *“Also, the materials that are used are very relatable to the participants.”*

*Program Flexibility (two responses)*

- *“We have continued to have a steady stream of Spanish speaking referrals. We are known in the community as providing services for Spanish speaking men. We have cultivated our program to be culturally appropriate.”*
- *“Flexibility in meeting time and structure, which allows participants with unusual schedules or hardships to participate in the intervention.”*

Facilitators were then asked, “What do you feel have been the most significant challenges that have faced your agency’s Batterer’s Intervention Program during this program year? More than seven in 10 (71%) of respondents provided a challenge faced by their agency. As a follow-up, facilitators were also asked how they felt that challenge was resolved. Challenges and their resolution, if any are noted below:

Area	Challenge Cited	Response Offered
Program Resources	Budget constraints	Preserve service continuity – <i>“...we do the best we can with what we have to work with.”</i>
	Lower numbers of offenders	Low enrollment
Cost for Participants	Participant complaints	Income based payment plans
	Fewer referrals, transportation costs, and lower income levels of participants	Increased communication between agency and referral sources  Supply bus passes  Income based payment plans
Appropriate Care	Participants are mandated	Managed by staff <i>“most of the time.”</i>
	Personality disordered participants	Offer supplemental sessions  Closely monitor participants
	Probation Officers seem unhelpful and rush clients through the process	Varies by county
	Spanish language needs	<u>Not addressed.</u> No Spanish language services at the agency
Staffing	DVCC certification requirements are burdensome to hiring	Program complies with the standards

	No African American male facilitator (limited resources)	<u>Not addressed.</u> Suggest grooming a graduate student
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Facilitators were asked to reflect on the most recent program year and assess, “How well you think the program interventions and strategies are positively impacting offenders who participate in the DVCC Batterer’s Intervention Program, with 1=no positive impact and 5=significant positive impact.” (See Table 9 below.) All (100%) facilitators felt that each of the interventions and strategies that were listed had an impact. All (100%) facilitators gave three interventions and strategies exclusively positive ratings.

- 100% of facilitators offered a rating of “5” (43%) or “4” (57%) to “understanding the effects of abuse on intimate partners.”
- 100% of facilitators offered a rating of “5” (36%) or “4” (64%) to “better understanding the dynamics of domestic violence.”
- 100% of facilitators offered a rating of “5” (14%) or “4” (86%) to “developing awareness and accountability for abusive actions.”

One respondent added an additional strategy of *“holding other men accountable for their abusive actions.”*

Two additional comments focused on the variations among clients. As one facilitator put it, *“I feel that the program is a great program and is working well. However, I believe that the outcomes are different depending on the client.”* Another facilitator mentioned that ratings were difficult to account for great disparity among individual clients, *“In most areas I believe that there is some overall gain. Therefore, I rated it above a 3 which would be neutral. In reality, a small percentage makes a substantial gain, and a much larger percentage makes a very modest gain.”*

**Table 9. Batterer’s Intervention Program Facilitators’ Ratings of Program Interventions and Strategies. (N=14)**

Program Intervention and Strategy	Ratings “5” (Significant Positive Impact)	Ratings “4”	Ratings “5” and “4” Combined	Ratings “3” (Neutral)	Ratings “2” or “1” Ratings “1” (No Positive Impact)*	Weighted Average
Understanding the effects of abuse on intimate partners.	43%	57%	100%	-	-	4.43
Better understanding the dynamics of domestic violence.	36%	64%	100%	-	-	4.36
Developing awareness and accountability for abusive actions.	14%	86%	100%	-	-	4.14

**Table 9. Batterer’s Intervention Program Facilitators’ Ratings of Program Interventions and Strategies. (N=14)**

Program Intervention and Strategy	Ratings “5” (Significant Positive Impact)	Ratings “4”	Ratings “5” and “4” Combined	Ratings “3” (Neutral)	Ratings “2” or “1” Ratings “1” (No Positive Impact)*	Weighted Average
Understanding the effects of abuse on children.	43%	50%	<b>93%</b>	7%	-	4.36
Recognizing power and control tactics that they have used against intimate partners.	36%	57%	<b>93%</b>	7%	-	4.29
Improving emotional management skills.	29%	64%	<b>93%</b>	7%	-	4.21
Identifying strategies to be a better partner.	21%	71%	<b>93%**</b>	7%	-	4.14
Taking full responsibility for violent and abusive behavior.	14%	79%	<b>93%</b>	7%	-	4.07
Improving listening and communication skills.	29%	57%	<b>86%</b>	14%	-	4.14
Improving problem solving skills.	7%	79%	<b>86%</b>	14%	-	3.93
Improving the ability to identify and articulate feelings.	21%	57%	<b>79%**</b>	21%	-	4.00
Developing and improving support systems.	-	79%	<b>79%</b>	21%	-	3.79
Avoiding blaming victim for their abuse.	21%	50%	<b>71%</b>	29%	-	3.93
Improving negotiation and conflict resolution skills.	14%	57%	<b>71%</b>	29%	-	3.86
Improving stress management techniques.	21%	50%	<b>71%</b>	21%	7%	3.86
Expressing contrition with intimate partner and her children.	7%	64%	<b>71%</b>	29%	-	3.79
Better understanding male privilege and entitlement.	29%	36%	<b>64%**</b>	36%	-	3.93
Challenging beliefs regarding traditional gender norms.	29%	36%	<b>64%**</b>	29%	7%	3.86

\*None of the respondents replied “1” or “no positive impact” to any of the categories.

\*\*Rounding error.

## Overall Observations

Facilitators were asked to describe “the most valuable thing” they had personally learned from their involvement in the Batterer’s Intervention Program. All but one (93%) of the facilitators reflected

on the personal gains they have gleaned from their experience. Comments, by theme, are included below.

#### *Professional development*

- *“Just the overall laws and policies that are set in place for victims. Also, the services available to the batterers and victims.”*
- *“Comprehensive evaluations and treatment are necessary for the individuals we serve.”*
- *“That I too learn from the lesson plans and understand the difficulties and life stressors clients are exposed to.”*

#### *Knowledge about the treatment of domestic violence*

- *“I feel that I have learned to listen more effectively to hear the hearts of the men rather than the words they speak.”*
- *“That abuse is not always physical or sexual in nature.”*
- *“That I can make a difference and it helps me look at my own belief system.”*
- *“I have better learned to articulate and identify my own feelings.”*

#### *Cultural Competencies*

- *“I have learned and experienced the difficulty that the clients in the Spanish speaking group go through in their life situations.”*

#### *Modeling behavior*

- *“I am constantly reminded of my own shortcomings and the value of owning and addressing these on both a personal and relational level. I’m also reminded of the remarkable complexity of individuals and relationships. Finally, I’m reminded of how resilient individuals who have suffered trauma can be.”*
- *“[First,] to be what I am asking the participants to be. [Second,] allowing participants to have their voice heard at least once in the group when they have felt that court/law enforcement did not listen has often made a big difference in whether they embrace the program.”*

All but one (93%) of the facilitators offered a statement on what they were “most proud of” from their involvement in the Batterer’s Intervention Program. Facilitators remarked on the positive impact they have had on program participants and their families as they advance understanding about the cycle of violence.

- *“Consistent message.”*

- *“Having the men understand the severity of what brought them into the program.”*
- *“Being able to share a woman’s perspective and hearing how I have impacted the men by being a part of the group.”*
- *“Helping create more awareness in men on how their behavior affects others.”*
- *“Seeing positive growth in clients and seeing them want to help each other in group sessions.”*
- *“Breaking the chain of violence.”*
- *“That I am making a positive impact on men and that I help some of them look at a better way to live.”*
- *“Witnessing what appears to be a positive change in the men in regards to their violence.”*
- *“That we provide a quality program for Spanish speaking male clients.”*
- *“That we are true to our core principles of not accepting abuse, while presenting those principles in a respectful and empathic manner.”*
- *“Humanistic approach, and comprehensive evaluations and treatment, to help these men recover from the use of abusive behavior.”*
- *“I am always humbled when graduates return to group for a ‘tune-up’ or to encourage the other participants to value my effort to help them look at their accountability and to learn more respectful ways to relate to partners.”*
- *“I am helping make a difference.”*

When asked about the primary strengths of the Batterer’s Intervention Program **model**, in addition to comments about accessibility of the groups and the focus on family safety, facilitators primarily focused on the group focus on taking ownership and responsibility for actions that lead to violence:

- *“Group sessions allow for open speech and more reflecting.”*
- *“Helping the offenders understand the impact of violence in their families.”*
- *“It helps them look at their belief system and think about their negative impact on themselves and their family.”*
- *“The primary strengths of the BIP model is that it encourages men to take responsibility for their abuse, looking at the ways they control their partners, and better identifying their feelings.”*
- *“Identifying feelings. Talking ownership of their actions. Managing their emotions.”*

- *“Offenders buy into the program.”*

As for primary challenges of the Batterer’s Intervention Program, facilitators honed in on offender buy-in, affordability, and program length. Sample comments are below.

*About buy-in*

- *“Working with mandated participants.”*
- *“We are limited in retaining men who don't show satisfactory progress or are extremely resistant to actively participating in group sessions.”*
- *“Helping the offenders to buy into the Equality Wheel.”*
- *“Denial and resistance to treatment by offenders.”*

*About appropriate treatment*

- *“To be able to provide or access some of the related services especially in addiction recovery and mental health treatment essential for treatment of our most challenging clients. Also, to be able to mandate those clients for a much longer period of time to allow for a different level of treatment.”*

*About program length and affordability*

- *“Sometimes the affordability, though it is not a specific to the agency, is a main challenge.”*
- *“The lengthy courses can cause resentment before the program begins. Clients are disgruntled about the length of the program and are more resistant because of it.”*
- *“I do not believe 25 weeks is long enough.”*

Facilitators gave the Batterer’s Intervention Program strong marks **at their agencies**; nine (75%) rated the program an “A” and three (25%) rated the program a “B” for an overall “GPA” of 3.75. Three comments from facilitators noted the excellence of the program, the flexibility of its offerings, and the caring and committed staff.

Facilitators rated the Batterer’s Intervention Program **overall** highly as well; 64% rated the program an “A,” and 21% rating the program a “B,” and 14% rated the program a “C” for a “GPA” of 3.50.<sup>18</sup> “A” rating respondents commented on the excellence of the program and that it met the needs of participants. “B” rating respondents offered no comments, and the respondent who rated

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<sup>18</sup> Due to rounding, percentages do not add up to 100%.

the program a “C” stated they gave the lower mark, *“because the 20-week minimum is sufficient for many participants but not for those who have the greatest potential for recidivism.”*

When asked to offer recommendations to improve the Batterer’s Intervention Program either from the Agency’s standpoint or the DVCC’s standpoint, facilitators suggested offering a teen violence program, separating the fathering program from intimate partners, and sharing victims’ testimony with offenders. Several respondents focused on the length of treatment. Three facilitators suggested increasing the length of treatment, but another said, *“While I understand the positive aspects of long term treatment, 18 weeks of courses can be exhausting for some clients and greatly disrupt their lives. The cost of a lengthy course also creates financial issues for some clients.”*

Asked for final comments, one facilitator noted their interest in the research about the program and another said, *“The program is a very good program and it has made a big impact on many men.”*

## **Part V. Key Accomplishments and Challenges**

### **Key Accomplishments**

- 1. A viable program, established over two decades ago and based on national models, has continued to serve Delaware families. The Batterer’s Intervention Program is established as a comprehensive model that meshes with research findings about effective, evidence-based programs.** The program model:
  - Includes the certification of programs in the Batterer’s Intervention Program, to ensure the consistency of quality service delivery;
  - Provides a well-defined framework to the certified providers for service delivery;
  - Through the use of Standards, provides for “a good balance between a basic structure to which all certified programs must adhere and the flexibility for each certified program to have its own unique identity;”
  - Requires the use of a recognized curriculum that “addresses personal accountability, teaches coping mechanisms and encourages participants to examine their life decisions;”
  - Through the DVCC, offers opportunities for providers to have a continuing voice in a collaborative setting;
  - Puts in place a system for refining the program model through revision of the standards.
- 2. Through collaborations among multiple systems - DVCC, the courts, providers, and probation and parole – several hundred batterers are offered an alternative to incarceration each year. In FY 2016, two-thirds (66%) of participants completed the course of group sessions.** The Batterer’s Intervention Program had 583 referrals of males in FY 2015 and 559 males in FY 2016, with most – approximately 70% in both years -

coming from court ordered referrals. Nearly half (48%) of the participants who were evaluated completed the prescribed group sessions in FY 2015; this rose to two-thirds (66%) of the participants evaluated in FY 2016.

3. **Based on a review of two years of DELJIS arrest records for 1,300 males who participated in the Batterer’s Intervention Program in 2012 and 2013, re-arrest rates are significantly lower among participants who completed the program than for those who did not.** Statistical tests suggest that completion of the BIP Program was related to re-arrest rates among males who completed the program during FY 2012 and FY 2013. Using an unpaired t-test to compare the mean (average) of two groups – those who completed the program and those who did not – statistically significant results were found for all three certified agencies. In every case, re-arrest rates were lower among completers.
  
4. **Based on a comparison of Batterer Intervention Proximal Program Outcomes Survey (BIPPOS) pre-tests, midpoint-tests and endpoint tests, the program is having a significant impact on participants in several specific areas targeted through the curriculum: personal responsibility, power and control beliefs, understanding of the effects of abuse, dependency on partner, and anger control and management skills.** Paired samples t-tests determined statistically significant results for eight of 42 questions between pre-tests and midpoint-test pairs and 12 of 42 questions between pre-test and endpoint-test pairs.<sup>19</sup>

#### Personal Responsibility

- *Results from paired pre-test and midpoint-test matched analysis were significant for two statements about personal responsibility:*
  - I have control over whether I am abusive.
  - I am responsible for the effects my abusive behavior has on others.
- *Results from paired pre-test and endpoint-test matched analysis were significant for five statements about personal responsibility:*
  - I have control over whether I am abusive.
  - I am responsible for my abusive behavior.
  - I am in control of how I respond to my partner.
  - I have a choice about whether I am abusive or not
  - I would come to this program even if I was not required to.

#### Power and Control Beliefs

- *Results from paired pre-test and midpoint-test matched analysis were significant for one statement about power and control beliefs:*

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<sup>19</sup> While these initial analyses were conducted for individual items, future analyses will be completed of the BIPPOS scales.

- When I don't have the final say in discussions with my partner, I feel out of control.

### Understanding the Effects of Abuse

- *Results from paired pre-test and midpoint-test matched analysis were significant about understanding the effects of abuse:*
  - People in my life have been strongly affected by my abusive behavior.
  - I have lost relationships due to my abusive behavior.
  - My abusive behavior has hurt me.
- *Results from paired pre-test and endpoint-test matched analysis were significant about understanding the effects of abuse:*
  - People in my life have been strongly affected by my abusive behavior.
  - I have lost relationships due to my abusive behavior.
  - My abusive behavior has had long lasting effects on my family members.
  - My abusive behavior has hurt me.

### Dependency on Partner

- *Results from paired pre-test and midpoint-test matched analysis were significant about dependency on partner:*
  - I worry that my partner is going to leave me.
  - I am responsible for my own happiness.

### Anger Control and Management

- *Results from paired pre-test and endpoint-test matched analysis about anger control and management:*
  - Taking a break helps me manage my anger.
  - When I am becoming angry, I can feel it in my body.
  - I know when I'm about to explode.

5. **Based on multiple observations, survey results, and interviews conducted with key stakeholders and others, the certified providers – Catholic Charities, CHILD, Inc., and Turning Point – are offering high quality services which are well-received by the participants and are consistent with the requirements of certification.** In interviews and surveys, all three providers are viewed as having strong, experienced leadership and staff. Facilitators are also experienced, with more than one-third (35%) of the facilitators having worked in the field of domestic violence programs for more than 15 years.
6. **Based on structured observations of both the orientations and group sessions, facilitators are highly knowledgeable and are skilled in: (1) introducing the program at the orientation in a way that establishes norms for participation and appears to**

reduce batterers' defensiveness; (2) delivering the curriculum; (3) building rapport and encouraging peer to peer interactions; and (4) maximizing the positive impact of the group sessions. For example:

- *“I understand now about the group dynamic and why that is important – where the group, the ones that have been there longer are working with the newer ones to get them to say, ‘Hey, I have been there. I was there too.’ As a measure of their investment in the program, some participants return to the group sessions (at no cost) even after they are no longer required to do so and to see that peer-to-peer behavior modification.”*
- *“I believe that the groups achieve a good balance between attending to the issues and concerns expressed by group members, and presenting psycho-educational material which addresses IPV concerns.”*
- *“I think that the cognitive behavior therapy that they use in that teaching them that domestic violence is a learned behavior. The group sessions I think they sometimes do better with peer interaction....They don't want to be told what to do and how to deal with their relationships in a treatment setting, but I think that peer interaction has more of an impact.”*

7. **Facilitators noted the rigor of the assessment process, the positive outcomes for participants, and the impact on their families as primary strengths of the Batterer's Intervention Program. Facilitators expressed satisfaction with their professional and personal growth during the time they had been part of the Batterer's Intervention Program.** They expressed a high level of satisfaction with several program components, particularly with the orientations (93%), group sessions (86%), and assessments (77%). All (100%) feel that the program is having a “significant positive impact” in participants’ “understanding the effects of abuse on intimate partners,” “better understanding the dynamics of domestic violence,” and “developing awareness and accountability for abusive actions.”
8. **Judges and commissioners who were surveyed and interviewed pointed to: (1) the certification of the treatment providers and consistency of treatment and (2) the reputation of the providers and – for those who had seen them in action – the quality of the services delivered by the providers.**

## Key Challenges

Key challenges identified by participants in the evaluation process and through observations are summarized below:

1. **Judges, commissioners and others were concerned about the lack of communication between the judicial system, DVCC, and the providers, feeling that judges and commissioners needed more information about the program in order to make the most appropriate referrals to it and, also, to have more of a sense of its efficacy.**

Several judges commented that, while they receive periodic feedback about some referrals they have made – those that have not completed or violated the terms of their probation - they feel that they are not sufficiently educated about the program.

2. **As a corollary, several judges and commissioners were concerned that, although the Batterer’s Intervention Program had been in existence more than 20 years, evidence hadn’t been cited of its efficacy.**
3. **The financial commitment required of BIP participants was raised as a concern by judges and commissioners and others who were surveyed and interviewed, despite the availability of reduced fees through sliding scale policies. Respondents also cited lack of transportation as another potential barrier to participation.** For example:
  - *“What does a sliding scale mean? For some people sliding scale is instead of \$400 it is a \$100 that still might be cost prohibitive. We need to have that conversation, not just say ‘sliding scale’ and assume that means it is not an issue.”*
  - *“I think another challenge is, again, getting the probationers to engage in the program because sometimes they stop at the orientation and they get hung up on the costs and they never take the next step to do the one-on-one session and start the group. And I know that we tell the probationers that the programs will work with them on a sliding scale basis. They just need to have that conversation with the treatment providers, but I think that they sometimes just don’t engage.”*
4. **Providers, judges and others raised concerns about the “one size fits all” nature of the program and the need for services for those who are also facing substance abuse and mental health issues.** For example:
  - *“I am concerned about one size fits all. Every participant comes in with a different profile of personal trauma, substance abuse, mental illness, and tendency towards general violence. Yet they all take the same program.”*
  - *“Providing meaningful services to those participants who are personality disordered.*
  - *[A primary challenge] is to be able to provide or access some of the related services especially in addiction recovery and mental health treatment essential for treatment of our most challenging clients. Also to be able to mandate those clients for a much longer period of time to allow for a different level of treatment.”*
  - *“Concerned about the screening. Is it capturing everything? Is it adequate? Everyone is sent to the BIP – but I worry that they may need mental health or drug/alcohol treatment first. Given the paucity of MH, they are defaulted into BIP. It’s that or nothing.”*
5. **As suggested in the literature about Batterer’s Intervention Programs, “increased awareness of the diversity of the batterer population has given rise to the belief that**

more specialized approaches are needed.”<sup>20</sup> For example, the need for more African-American and Spanish speaking males to conduct groups was cited by facilitators.

6. **Respondents also expressed concerns about sentencing laws and the negative impact they had on the program:**
  - *“Sentencing laws. For example, regarding strangulation, a judge can only sentence for a maximum of five years, unless it is a second offense or more if a deadly instrument is involved. This statutory maximum is too low. If you can only give a five-year sentence, that will become 3-1/2 years. A longer prison sentence would give more leverage.”*
  - *“Right now if I sentence through a PFA or criminal order, the AG will recommend anger management or DV programming. I can’t tell what is appropriate. I send them to be evaluated so that they’ll determine the best course of treatment. Sometimes that process disrupts the plea agreement and I don’t get any feedback. I would like to take the plea, take the evaluation, then take that into account before sentencing. If I could change the order somewhat, it might be helpful.”*
7. **A few respondents expressed disappointment that the number of PFA referrals to the program wasn’t higher and felt that that was something that the DVCC and courts should address.**
8. **Particularly at this time of budget constraints in Delaware, several respondents were concerned about finding sufficient financial resources to sustain and adequately staff the program over time.**

## **Part VI. Recommendations**

The recommendations included below are drawn from the array of qualitative and quantitative data collected during this evaluation. They reflect the viewpoints of those involved in the evaluation process. These recommendations are designed to build on the strengths of the Batterer’s Intervention Program: the DVCC program model and vision, an established program, an experienced group of providers and facilitators, and opportunities for collaboration.

1. **Focus on strengthening communication among the providers, courts, probation and parole, and the DVCC.** This is the most consistent recommendation to emerge from this evaluation. To this end, develop and implement a comprehensive strategy that:
  - Provides timely follow up to judges and commissioners about the status and participation of each person they have referred to a provider.
  - Disseminates information annually on key indicators of program participation and success for each provider.

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<sup>20</sup> National Institute of Justice. (1998). *Research in action – Batterer programs: What criminal justice agencies need to know*, p. 2. U.S. Department of Justice, Washington, DC.

- Creates an online link that offers resources about the Batterer’s Intervention Program and includes evaluation results, presentations, and other easy to access information about the program.
- Includes a plan for providing judges and commissioners with information about the program model through presentations, short fact sheets and other easy tools. One respondent suggested a laminated “bench card” that would be distributed to judges and would include basic information about the providers, their location, times, costs, etc.
- Encourages stronger communication between the providers and Probation and Parole. One of the respondents suggested having information sessions for the probation officers as well, so that they have a general understanding of the program, particularly in light of high rates of turnover. The respondent also encouraged that probation and parole officers communicate via phone rather than email, to better keep communication open.

**2. Identify strategies to increase enrollments in the Batterer’s Intervention Program by:**

- Revisiting the issue of costs and sliding scales, in an effort to find ways to communicate more clearly at every step of the process about the costs. Communicate in a uniform manner at every step that the sliding scale is available, so that judges, probation officers, and facilitators are offering the same, clear message about program costs.
- To the extent possible, striving to insure that facilitators reflect the population that the provider is serving through the program.
- Addressing the issue of why only 17% of those enrolled in the program in 2015 and 2016 are there because of PFAs and developing strategies to expand their enrollment in the program.
- To the extent possible, considering transportation and scheduling barriers when planning orientations and group sessions.

**3. As part of capacity building efforts, form a DVCC Research and Accountability Committee comprised of DVCC staff, judges or commissioners, and agency representatives to meet on a regular basis to develop and implement a more rigorous plan for ongoing data collection, analysis and dissemination.** To build on this first evaluation effort:

- Design and implement a study that is focused on victims. While including victims was outside the scope of this evaluation, a pilot study that includes interviews conducted with victims of batterers enrolled in the program would have great value.
- Continue the two outcome components of this evaluation: 1) the analysis of DELJIS data and 2) the utilization of the BIPPOS pre-test/post-test tool.<sup>21</sup>

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<sup>21</sup> Because of time constraints, analysis of the BIPPOS data was confined to individual items; statistical analyses by scales should also be conducted.

- In the long term, conduct a cost-effectiveness analysis for the program.
4. **As a corollary, and in light of current budget difficulties in the state, seek external funding to expand capacity-building efforts, with a particular focus on data collection and future evaluations, designed to address local, state, and national interest in the efficacy of Batterer’s Intervention Programs.**

### **Summary**

Over the course of the evaluation, participants in the process demonstrated their ongoing commitment to the Batterer’s Intervention Program, to the evaluation, to being part of a learning organization, and to constantly working to improve programming. Because of DVCC, there is the leadership and a collaborative framework for continuing to strengthen the program