

THEORETICAL AND RESEARCH SUPPORT FOR THE DULUTH MODEL: A REPLY TO DUTTON AND CORVO

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Abstract

In a recent article, Dutton and Corvo denounce and reject the so-called Duluth Model of batterer intervention based on cognitive-behavioral counseling, reinforcement from the criminal justice system, and coordination of additional community services. They not only accuse it of being ineffective and detrimental to progress in the field, but assert that its supporters are merely acting out of ideological and activist motivations. These authors call for research-based treatment that is more psycho-therapeutic in nature, along with a diminished role of the criminal justice system and more attention to women's violence. The authors, however, are highly selective in the research they use to substantiate their position and apply their own activist biases to its interpretation. Their portrayal of the Duluth Model, and the fundamentals it represents, is a distorted caricature of its current conception. There is psychological theory and criminal justice research that support the Duluth Model and its utility. Moreover, developments in the field contradict the claims that the Duluth Model has an "iron-clad" hold that is impeding progress. The categorical condemnations in the Dutton and Corvo article shut-off needed dialogue and debate rather than further those developments.

INTRODUCTION

In the recent article (Aggression and Violent Behavior, September 2006, pp. 457-483), entitled "Transforming a flawed policy," Donald Dutton and Kenneth Corvo denounce the so-called Duluth Model of batterer intervention for being based on oversimplified assumptions and devoid of research support.¹ The authors claim that the counseling approach promoted by Duluth's manual and many U.S. state program guidelines are impediments to progress in the field, and contrary to more appropriate psychotherapeutic approaches. They also accuse Duluth proponents of being driven by an "ideologically narrowed view"—specifically "a radical form of feminism"—that has been used to establish an "iron-grip" on the criminal justice system and on domestic violence research. However, the arguments of the article themselves appear grossly oversimplified, and the supporting evidence is questionable, incomplete, and ultimately misleading. Consequently, the article ends up being as categorically dismissive as it claims the supporters of the Duluth Model to be.

There are, admittedly, differences in approaches to dealing with domestic violence perpetrators being played out by political factions in turf wars. And, the different approaches do often become abstracted or simplified in the efforts to justify one position or another. We too easily stereotype an "adversary" and over-state our own "rightness." This stance, from whatever side it appears, can be an impediment to progress by cutting off possible exchange or contribution. Specifically, the misleading position that the Duluth Model is merely a failing and counterproductive approach doesn't help to reconcile or move past the differences. In fact, it is likely to add to the divide and impasse. It is also likely to reinforce the suspicions that many practitioners hold toward researchers, which are discussed in several articles on research-practitioner relationships (e.g., Edleson & Bible, 2000; Gondolf, Yllo, & Campbell, 1997; Williams, 2004). We researchers too often appear arrogant instead of "objective" in what appear as pronouncements based on abstract information, obtuse analyses, and selective results.

More importantly, the Duluth Model has established some fundamentals for batterer intervention that do have research as well as practice support. For one, the assumption of gender-

based violence as a primary concern of intervention (i.e., men's violence against women) is not merely an ideological exaggeration; it is supported by government victimization research along with criticism of the gender-neutral surveys presented in the Dutton and Corvo article. Two, there is criminological research to support the cognitive-behavioral approach underlying Duluth counseling, as well as so-called "accountability" from the criminal justice system. The research on so-called "drug courts" is an example of how the "stick and carrot" can improve intervention outcomes. Three, the research being done on a variety of enhancements to batterer intervention, and the variation in batterer programming, counter the supposed "iron grip" of ideologues on the field. A perusal of the recent research grants from the Violence Against Women and Family Violence Research Program of the National Institute of Justice (U.S.) confirms the many directions being explored (www.ojp.usdoj.gov/nij/vawprog/welcome.html).

The Duluth Model can be characterized as a gender-based cognitive-behavioral approach to counseling and/or educating men arrested for domestic violence and mandated by the courts to domestic violence programs. The curriculum first helps expose the behaviors associated with a constellation of abuse and violence in what is referred to as the "Power and Control Wheel." It logically attempts to challenge the denial or minimization associated with abusive behavior that is particularly prevalent among court-ordered men, and typical in alcohol treatment programs as well. It also attempts to teach and develop alternative skills to avoid abuse and violence, and promote so-called "cognitive restructuring" of attitudes and beliefs that reinforce that behavior. The counseling is, however, embedded in a larger system of intervention that includes arrests for domestic violence, sanctions against non-compliance to court orders, support and safety planning for victims, and referral to other agencies with collaborative approaches (e.g., family court, child protection services, alcohol and drug treatment, mental health treatment).

The Dutton and Corvo article appears to attack a caricature of this Duluth Model, rather than its actual development and implementation over the years. It describes the Duluth counseling approach using excerpts from a 1993 manual, and documents the political assertions with quotes of Duluth-related presentations based on a previous article by the second author (Corvo & Johnson, 2003). Despite the research stance of the authors, they fail to give us a clear indication of the context of the book quotes and how they were selected. Most importantly, none of the several articles describing and explaining the Duluth Model published since 1993 are cited (e.g., Pence, 2001; Pence, 2002; Pence & Paymar, 2003; Pence & Shepard, 1999; Shepard, 2005), nor is the more recent book-length compilation of articles on the Duluth Model considered (Shepard & Pence, 1999). We also don't know how representative the presentation quotes are and their context. What is the intent behind them? Are the presenters trying to make a point, establish a premise, or counter resistance?²

The authors continue with what appears as an overwhelming weight of research to challenge what they portray as the assumptions of the Duluth Model and its failed outcomes. Not mentioned, however, are the alternative interpretations and legitimate debate over the presented research, and the counter research that is available and supportive of different viewpoints. For instance, our multi-site evaluation of batterer intervention presents some striking contradictory evidence regarding Duluth-type programs (for a summary, see Gondolf, 2002, 2004). Over a four-year follow-up period, our research team tracked the victim-reported assaults and arrest reports of batterer program participants in four cities (N=854) and found some substantiation for the utility and effectiveness of the Duluth Model. If we are to rely more on research to guide the field, as the authors urge, we need to weigh the full gamut of research and its various interpretations. I contend that, when this is done, "the research" does not offer the definitive denunciations outlined in the Dutton and Corvo article, and a

categorical dismissal of the Duluth Model is far from established. I attempt below to give some examples in this regard.

THE GENDER-BASED ASSUMPTIONS OF THE DULUTH MODEL

Dutton and Corvo review national family violence surveys that appear to indicate that women are as violent as men, and use these to reject the Duluth assumptions about “male privilege” or male “power and control” as ideological. They fail to mention that responsible researchers continue to question the gender-neutral findings from these surveys because of their lack of context, motive, and consequence of the violence that they identify.³ A series of research reviews discuss these and other shortcomings, and their potential impact on domestic violence data (e.g., DeKeseredy, 2000; Dobash & Dobash, 2004; Dobash, Dobash, Wilson, & Daly, 1992; Saunders, 2002; for a full summary of the issues, see Belknap & Melton, 2005).

In attacking “gendered violence,” the current authors also do not address the counter evidence in the victimization surveys conducted by the U.S. Department of Justice (Bachman, 2000; Bureau of Justice Statistics, 2004; Rennison, 2003; Tjaden & Thoennes, 2000). These show men’s disproportionate violence against women in the general population. A recent victimization survey, for instance, found that women were six times as likely as men to be victims of domestic violence (Bureau of Justice Statistics, 2004). At least one researcher at the U.S. Centers for Disease Control (CDC) has sorted through methodological limitations that influence both sets of surveys (Saltzman, 2004; see also Schwartz, 2000) and puts the gender-neutral surveys in a broader context. Moreover, the National Institute of Justice (U.S.) recently convened survey researchers to weigh further the contradictory findings with some concessions that there may be some of both. (A recent issue of the *Violence Against Women* journal, Vol.12, No. 11, 2006, offers an overview and papers from the symposium. For an overview, see Rosen, 2006).

One resolution is a typology including both “patriarchal terrorism” (i.e., men against women) and “couples violence” (i.e., mutual combat) that suggests both types of violence are evident with the former being associated with more severe and longer term violence (Johnson, 1995). Patriarchal terrorism tends to typify samples from domestic violence courts and battered women’s shelters from which participants in the Duluth-type programs come. Additionally, some researchers have questioned the interpretation of the mutual combat “type” (e.g., Belknap & Melton, 2005; Stark, 2006). The typology is based on primarily static data that does not capture the dynamics over time and the constellation of abuses experienced by many women. Funded-research is currently testing measures of coercion that may alter the implication of mutual combat, and confirm a different dynamic in that category (Cook & Goodman, 2006; Dutton & Goodman, 2005). Finally, a long line of qualitative and quantitative research on domestic violence discuss the different experiences and meaning of violence for men and women, as well as different impacts in terms of mental health, physical well-being, fear-levels, and financial status (see Melton & Belknap, 2003; Swan and Snow, 2006; Tolin & Foa, 2006).

Moreover, Dutton and Corvo’s heavy emphasis on the national survey results seems to miss the point. As the authors themselves acknowledge, those ending up in the criminal justice system are but a very small percent and most likely to involve more severe violence and for a longer duration. The primary perpetrator of the vast majority of the cases arrested and brought to the court are male. Our studies of cases in several domestic violence courts show mutual arrests of men and women in about 20% of the cases, but the court deeming the woman as the “secondary perpetrator” in nearly 90% of those dual arrests (Gondolf, 1998; 2001b). The courts generally refer these women who have also been violent to specialized programs for women based at a women’s center or other social

services. The screening and assessment of these women reveals that the majority of them have experienced previous abuse and severe violence from male partners (Dasgupta, 1999; Melton & Belknap, 2003; Miller, 2001; Miller & Meloy, 2006). As Dutton and Corvo assert, the development and evaluation of such programs need more attention, but much is being already done in this area (e.g., Hamberger, et al., 1997; Hamberger & Potente, 1994; Hamlett, 1998; Miller & Meloy, 2006).

THE COGNITIVE-BEHAVIORAL APPROACH OF DULUTH COUNSELING

The authors also criticize the Duluth counseling approach as not being therapeutic, shaming clients, and showing no effective outcomes. More specifically, it is “incongruent with psychological and biological models.” The Duluth webpage identifies itself as a cognitive-behavioral program that, in fact, fits research recommendations in the criminal justice field (see www.duluth-model.org – under “Recent Research...”). The prominent components of the Duluth Model appear to be grounded in principles of cognitive-behavioral therapy (CBT), rather than the “political” or “ideological” impositions portrayed by Dutton and Corvo. From a therapeutic point of view, the power and control wheel serves to counter denial and help individuals take responsibility for their behavior. One therapist, while questioning the overuse of Duluth-type counseling, concedes that abuse takes many forms, including mild to severe physical violence to enforced isolation and economic dependency, and that the Duluth “power and control” wheel helps expose these (Stuart, 2005). Alcoholics Anonymous (AA) echoes some of the same principles when participants begin the meeting with “My name is (name) and I am an Alcoholic.” Much of an AA group session is devoted to exposing the slightest “slips” and considering avoidance strategies, much as the Duluth Model promotes in its Control Logs and strategy discussions. Interestingly, one of the explanations for similar outcomes across different approaches is that many approaches share common components, and one of those is likely to be the kind of self-awareness and behavior monitoring that these aspects of Duluth counseling attempt to promote (for a discussion of this “dodo bird” phenomenon in clinical trials of psychotherapy; see Luborsky, Rosenthal, & Diguer, 2002).

The Duluth Model’s vignettes, role playing, and discussions also relate to practices common to CBT. Men are put in hypothetical situations or respond to video that depicts a conflict, and asked to act out or describe their behavioral response. The men in this way are not given avoidance strategies by rote, but have to apply and practice these alternative behaviors. Another basic part of CBT, of course, is the cognitive restructuring that exposes thought patterns associated with the behavior of concern and develops replacements for them. CBT addresses excuses, rationalization, and justifications that are often tied to one’s attitudes, belief system, or cognitive scripts. The so-called “gender-based” CBT, that Dutton and Corvo decry, focuses on those “scripts” related to male expectations. Even though the authors discredit them, several clinical studies have observed and documented scripts associated with power and control (Henning & Holdford, 2006; Hamberger, 1997), and similar “cultural messages” socialized in young boys (Kindlon & Thompson, 2000; Pollack, 1998).⁴ Admittedly, men frequently, as the authors point out, view themselves as victims (and they may well be at work, at the bar, or in the home), but their response to their perceived victimization is often a self-justified overreaction to regain a sense of power, status, or what they call “respect” (see Faludi, 1999, for an extensive social commentary on the issue and its impact).

The question then becomes: Is CBT suitable or appropriate for domestic violence perpetrators? Several research reviews and meta-analyses in the criminal justice field assert that CBT is “effective” with violent criminals and criminal populations in general (e.g., Landerberger & Lipsey, 2005; Wilson, Bouffard, & MacKenzie, 2005). The most recent meta-analysis echoes the conclusion of others: “The evidence summarized in this article supports the claim that cognitive-

behavioral treatment techniques are effective at reducing criminal behaviors among convicted offenders” (Wilson, Bouffard, & Mackenzie, 2005, p. 198). The psychological profiles generated by the Millon Clinical Multiaxial Inventory (MCMI-III, Millon; 1994) with the men in our multi-site evaluation of batterer programs showed a preponderance of narcissistic and antisocial tendencies (White & Gondolf, 2000). Even with “subclinical” or depressive profiles, the scores on the narcissistic subscale tended to be elevated. This finding reflects the assertion from a research review on violent offenders in general that inflated expectations, “self-righteousness,” and threatened egotism characterizes the vast majority of these men (Baumeister, Smart, & Boden, 1996). The clinical texts that we’ve consulted recommend high-structured and didactic-oriented approaches along the lines of CBT for men with these sorts of profiles (Choca, Shanley, & Van Denburg, 1997; Craig, 1995; Retzlaff, 1995).

THE ROLE OF CONFRONTATION IN DULUTH COUNSELING

Dutton and Corvo further reject Duluth counseling for being confrontational and shame-based. Most all batterer counseling programs are implicitly if not explicitly confrontational in nature, because they begin with the premise that certain behaviors and attitudes are “wrong” and need to be changed. This approach obviously contrasts with non-directive or reflective therapies that encourage the “client” to discover or realize his needs and solutions, and rely heavily on a so-called “therapeutic relationship” to help the client do so. The “confrontation” from a CBT, point of view, is a fundamental step in countering denial or resistance, and exposing the behavior in need of change.⁵ From this point of view, the question about confrontation is not *should* it be done, but *how* is it to be done. If the confrontation is antagonistic, hostile, or accusatory it can, for sure, be detrimental or counterproductive. However, most experienced counselors “confront” in a more subtle and encouraging manner, but they still expose and redirect the rationalizations that reinforce abuse. A counselor’s implementation of confrontation is what is at issue. There is obviously good and bad implementation in any counseling approach. For instance, we’ve observed and taped non-directive therapists who have let clients’ discussion wander and appear to reinforce unintentionally the men’s problems in the process.

The concept of shame is a more complex issue (Gilligan, 2003). There is some concern that shame for one’s behavior turns inward to undercut one’s sense of worth. One can be left feeling that he can’t change and doesn’t deserve anything better. At the same time, many violent people, especially those with antisocial and narcissistic tendencies, do not feel much guilt or personal responsibility for their violent or abusive behavior. They are likely, in fact, to project blame onto other individuals or outward circumstances. Ideally, we want these men to feel some guilt for what they do. According to CBT proponents, guilt can help in accepting responsibility for one’s behavior, and accepting responsibility is a step towards exerting some change in behavior or attitudes (e.g., Hamberger, 1997; McQuire, 2006; Polaskcheck et al., 2006). As long as one asserts that his behavior is somebody else’s doing, he has little—or at least, much less—influence over it. Obviously scolding or condemning individuals that could lead to shame is not what Duluth promotes, but confronting men’s behavior in a systematic way does have some justification and miss men who are violent in a deliberate way.

The criticism of Duluth counseling continues in a rebuke of Duluth’s position on anger and anger management. Specifically, Duluth counseling does focus on beliefs and attitudes associated with violent behavior, rather than anger. The “causal” role of anger in violence and the utility of “treating” it as a way to stop violence remains a question beyond the domestic violence field. An article in *U.S. News & World Report*, for instance, indicated that the limited research on anger

management showed little impact on recidivism, and a U.S. Department of Justice report criticized the courts for using anger management as a “cure-all” for violence (Koerner, 1999). The concern is that anger management may divert many violent men from confronting the impetus behind their anger.

There are studies that challenge the assumption that violence against women is anger-based. For example, researchers assessed prisoners incarcerated for violent crimes (n=252) with nine psychological tests and reviewed their criminal records (Loza & Loza-Fanous, 1999a). They found no significant difference between the prisoner’s past violence and the measures of anger or risk for future violence and his anger. While anger management techniques may be included in conventional batterer programs, these researchers conclude that anger management programs do not appear to be sufficient in themselves (see Loza & Loza-Fanous, 1999b). A recent assessment of anger in batterer program participants, furthermore, showed a relatively low portion of men with “high-levels” of anger according to clustered scores from the State-Trait Anger Expression Inventory (N=190; Eckhardt, in press). The authors study concluded “the majority of partner abusive men do not present with anger-related disturbances...”, and acknowledged the inconsistent findings comparing anger and hostility in partner violent men and non-violent men (Norlander & Eckhardt, 2005; see also Jacobson et al., 1994).

THE ACCOUNTABILITY COMPONENT OF THE DULUTH MODEL

The authors also denounce the accountability aspect of the Duluth Model—namely, mandatory arrest procedures—as an extension of patriarchal ideology focused on power and ultimately a counterproductive punitive measure.⁶ They use their interpretation of previous arrest studies to argue that there is a small or inconsistent effect of arrest on re-assault and re-arrests. There is a much wider discussion about the implications of the arrests studies than Dutton and Corvo suggest in their dismissal of arrest. The authors focus on the secondary findings of the replication studies of domestic violence arrest to assert the limits of arrest (e.g., Sherman, et al., 1992). These findings show that men with lower “stakes in conformity” are as likely to re-offend as those cases without an arrest, and in some of the replications, they were more likely to re-offend. According to our and other batterer studies, these men tend to be those at high risk for reoffense regardless of the intervention and, as the Duluth Model suggests warrant, more supervision, containment, and programming than a weekly counseling program offers. In our study, as well, these men tend to have past histories in the criminal justice system and seldom receive more intensive or extensive interventions in response to their reoffenses, nor do their partners necessarily receive additional supports or safety planning (Gondolf & Beeman, 2003; Gondolf & White, 2001). Overall, the analysis of the pooled arrest studies emphasizes the impressive impact of arrest by itself on domestic violence re-offense, especially in comparison to other criminal justice interventions and the problematic nature of so many of the cases (Garner, Fagan, & Maxwell (1995).

The main issue is really whether mandatory arrest taken as an independent component represents the “accountability” promoted by the Duluth Model. The “accountability” from the Duluth standpoint is not solely about arrest. In the Duluth Model, what is done in the course of arrest and after arrest is crucial, not just the arrest itself. What are the police procedures and protocols, how consistent are they implemented, and what assurances and protections do they provide? Additionally, judicial oversight, probation case-management, victim safety-planning, and police surveillance are needed. Otherwise, some initial arrests may, as Dutton and Corvo point out, contribute to an escalation of violence. Men may retaliate for the arrest, or view it of no

consequence. One of the main criticisms of the domestic violence arrest studies is that they did not directly test these aspects or their impact (Bowman, 1992; Mitchell, 1992).

The Duluth Model views arrests as part of a community coordinated response that is intended to further a more comprehensive and consistent intervention. If an arrested man continues to be unresponsive to mandated treatments, the safety-planning and surveillance are increased. Many of these men are not suited for a batterer program in the first place—as is evident in their prior dropout and arrest records (Gondolf, 1999). Coordination with courts can improve this obvious need for sorting, and would likely improve program outcomes (Gamache, Edleson, & Shchock, 1988; Murphy, Musser, & Maton, 1998; Shepard, Falk, & Elliot, 2002). As a result of these and other findings, we were left, in our multi-site evaluation, to assert that the “system matters.” We initially approached the study as a narrowly focused or bounded set of program evaluations. As the study progressed and additional research was introduced, we began to see qualitatively and quantitatively how the program context influenced program performance. For instance, court review of batterer program compliance at one research site decreased the no-shows from over 30% to 5% while program completion continued at a high 70% (Gondolf, 2000c).

The Duluth Model idea of a coordinated community response is, of course, not unique to the domestic violence field. Recent research conferences sponsored by the National Institute of Justice (U.S.) have promoted and substantiated coordinated responses for sexual assault cases, prisoner re-entry, and probation supervision. Moreover, at least a few studies in the domestic violence field show increased effects from court linkages, judicial oversight, and legal advocates (e.g., Muftić & Bouffard, 2007; Tolman & Weisz, 1995). More importantly, the Duluth Model follows very closely the precedent of drug court movement in the United States which has demonstrated the utility of court referral to and oversight of treatment. So-called “tough love,” or “stick and carrot,” appears to be at work in getting men to treatment and reinforcing their need to change. Reviews and meta-analysis of the evaluation research of this approach have been impressively positive and supportive of “coerced treatment” (for most recent review, see Wilson, Mitchel, & MacKenzie, 2006). The question is increasingly not “Is arrest coupled with mandated treatment effective?” But rather “How do we best implement it and what procedures enhance it?” (see recent implementation studies such as California State Auditor, 2006; Gondolf, in press; Visher, Newmark, & Harrell, 2006).

THE ROLE OF ASSESSMENT AND REFERRAL

The push for assessment and additional treatments or interventions has long been a part of the Duluth Model and the state guidelines that promote it. In fact, one of the first assessment tools used in the domestic violence field, the Lethality Checklist, was developed by battered women’s advocates in conjunction with the emerging Duluth Model (Hart, 1994). Additionally, over 80% of the state guidelines, that we reviewed on-line, indicate screening, assessment, and referral for compounding substance abuse problems or psychopathology (see www.biscmi.org/other_resources/state_standards.html). We have, in fact, been evaluating such a protocol under a four-year National Institute of Justice grant, following another state-funded project of referrals for a broader variety of social problems (e.g., unemployment, low education levels, ineffective parenting, as well as self-identified and screened psychological and alcohol problems). The main challenge has been under-resourced referral sources and conflicts in clinical protocols (Gondolf, in press; Visher et al., 2006). Furthermore, I am aware of at least one experimental program that combines domestic violence and psychological treatments for men with psychiatric disorders in a specialized behavioral health unit (e.g., the Men’s Program at the YWCA of Calgary, Canada; www.ywcaofcalgary.com/prevention/adult.html). CBT and other therapies are used in

tandem in this approach. Similarly programs like AMEND in Denver have groups that require 4 to 6 weeks of drug and alcohol testing and treatment at the front end of their batterers program. Men who screen positive and then are individually evaluated as having alcohol and drug problems, receive this extra treatment while also addressing issues of “power and control” (see www.amendinc.org/services.htm). Moreover, a federally funded training and technical assistance organization, the National Center on Domestic Violence, Trauma and Mental Health, is working to address the intersection of these issues, enhance the capacity of service providers to respond to them safely and effectively, and improve public policy in these arenas (see www.nationalcenterdvtraumamh.org).

We would argue that the Duluth Model and its proponents, and the mainstream of the field in general, are not, therefore, opposed to identifying compounding or additional factors associated with domestic violence. The questions facing the field are what factors are relevant to program outcomes, how do we efficiently and effectively identify those factors, who is most suited to make the assessment and when, how do we most efficiently deliver the services that would alleviate these factors, and what is the role of Duluth-type counseling in the midst of this process (see, for instance, Campbell, 2005). Dutton and Corvo on the other hand, argue that anything short of a therapeutic approach that conducts a clinical assessment for each case and tailors the treatment to that case is inadequate and even counterproductive. From a broader research perspective, this position is far from confirmed.

Specifically, Dutton and Corvo support their position with research exposing multiple factors associated with abuse, such as personality disorders and substance abuse. Much of their cited research, however, is based on factors associated with domestic violence in the general population rather than with re-assault by batterer program participants. We, and other researchers, have conducted several studies using a variety of analytical methods investigating factors associated with batterer program outcomes (e.g., Heckert & Gondolf, 2004, 2005). The significant factors are few and their predictive power is weak. Moreover, even the multiple factors identified in community samples do not necessarily establish a “causal” explanation of abuse, and the process of behavioral change is not necessarily dependent on treatment of the identified factors or “causes,” as CBT famously asserts (Bandura, 2004; Hamberger, 1997; McGuire, 2006). In other words, *how* people change a behavior may be different than *why* they do it.

As Dutton and Corvo point out, researchers in the field raise two other areas that might warrant additional attention. One area is the development of risk assessment which compiles and weights a number of factors associated with re-assault. Our study of simulated risk assessment and the studies of other researchers again show a weak association of the instruments with batterer program outcomes (e.g., Goodman, Dutton, & Bennett, 2000; Heckert & Gondolf, 2004; Weiz, Tolman, & Saunders, 2000). A recent review of the research in this area reflects these findings: “...the field has yet to produce an actuarial instrument that will yield cutoff scores that will allow decision makers, in an absolute sense, to determine risk categories for spousal violence” (Kropp, 2004; p. 681). This does not mean that risk assessment should be forsaken, but merely that it is still in its “infancy,” as the review surmises. Duluth’s systematic incorporation of elaborate assessment at program intake may, therefore, be premature. Interestingly, risk assessment is increasingly being couched within on-going case management with a larger coordination of community services than the Duluth Model promotes (Gamache & Asmus, 1999; Pence & Shepard, 1999).

A second area of attention is the possibility that batterer types warrant different counseling approaches (Holtzworth-Munroe, & Meehan, 2004). There is no doubt a diversity of batterer personalities and behavioral patterns, as examinations of personality profiles attest (e.g., Lohr et al.,

2005; White & Gondolf, 2000). However, the degree to which the diversity of batterers warrants matching treatment is still in question. For instance, we did not find a significant correlation between batterer personality types and outcomes in our outcome studies, and efforts to predict outcomes with other batterer types show ambiguous results (Clements et al., 2002; Heckert & Gondolf, 2005; Eckhardt et al., in press). Commonalities may override the differences; the differences may not be that substantial; or the differences may represent more a continuum of problems rather than distinct “types” (see the several caveats in Holtzworth-Munroe & Meehan, 2004). Furthermore, the alcohol treatment field has found, according to the extensive “Patient-Matching Study” funded by NIAAA, that tailoring approaches to certain “types” of men, including the use of motivational counseling, does not substantially improve outcomes (Project MATCH, 1993). Those patients with severe psychiatric disorders were, however, likely to be unresponsive regardless of the treatment approach. We found a similar trend in a propensity score analysis of our multi-site evaluation outcomes (Project MATCH, 1997).

Some clinicians and researchers argue that this subgroup of severely disturbed and distressed men is the heart of the matter. What do we do about these particularly problematic men—many of whom have been previously sent to mental health treatment and been involved in the criminal justice system, according to the characteristics of our samples (Gondolf, 1999; Gondolf & White, 2001). These men would obviously benefit from additional or specialized treatment, but they are the most likely to dropout of batterer counseling, in-house supplemental treatments, and additional referrals. As we have found in our current research, very few comply with voluntary mental health treatment, and those who need it the most are still resistant under mandatory referral (Gondolf, 2006). How we engage and keep these more problematic men in *any* treatment remains a challenge across the criminal justice field. As mentioned at the beginning of this section, the problem is not being ignored within the mainstream of batterer intervention and Duluth Model proponents, and a coordinated community response appears a logical basis for addressing it.

THE EFFECTIVENESS OF DULUTH-TYPE INTERVENTION

Dutton and Corvo argue, throughout their article, for evidence-based practice and hold up their selection and interpretation of program evaluation evidence to discount the Duluth Model. They apply this stance most directly to the effectiveness of Duluth counseling: “.the Duluth Model remains intact in the face of extensive contradictory evaluation findings.” The authors refer to the three recent experimental evaluations of batterer programs that show only a slight treatment effect compared to a control group of men randomly assigned to probation supervision only (Dunford, 2000; Feder & Dugan, 2002; Taylor, Davis, & Maxwell, 2001). These evaluations are often cited because they employ an experimental design which most researchers consider “the gold standard.” The problem with these studies (and often experimental evaluations in the criminal justice field in general) is that their implementation is short of the “gold,” leading one prominent evaluator in the criminal justice field to term the approach the “bronze standard” (Berk, 2005). Dutton and Corvo themselves acknowledge some of the shortcomings in reviewing each of the batterer programs evaluations. Several other reviews of the experimental evaluations discuss further methodological problems and, as a result, draw different interpretations than Dutton and Corvo (Eckhardt et al., 2006; Gondolf, 2001a; Morrison et al., 2003).

For instance, the National Institute of Justice (U.S.), which funded two of the experimental evaluations, introduces its summary report: “In both studies (the Broward and New York City experimental evaluations), response rates were low, many people dropped out of the program, and victims could not be found for subsequent interviews. The tests used to measure batterers’ attitudes

toward domestic violence and their likelihood to engage in future abuse were of questionable validity. In the Brooklyn study, random assignment was overridden to a significant extent. Which makes it difficult to attribute effects exclusively to the program” (Jackson et al., 2003, p. 1). A group of clinical researchers echoes these concerns: “Careful review of these experimental studies further indicates that they fall short in important ways from the state-of-the-art RCT (random clinical trial) methodology outlined above, most notably in not demonstrating treatment adherence and therapist competence, providing inadequate specification of interventions, having low partner contact rates, and/or having high levels of attrition from the treatment and research protocols” (Eckhardt et al., 2006). There are several other major concerns, such as the “intention-to-treat” assumption of the experimental group that includes a high percentage of drop-outs not receiving the “treatment dose” (see Gondolf, 2001a).⁷

Dutton and Corvo also refer to the most prominent meta-analysis of the existing batterer program evaluations that shows small effect sizes and little difference between CBT and Duluth-model effects (Babcock, Green, & Robie, 2004). The authors of the meta-analysis conclude with a page of “extensive caveats” based largely on the methodological shortcomings mentioned above (p. 1046). “Therefore caution in interpreting these results is warranted” (p. 1047).⁸ They also point out that the CBT versus Duluth comparison may be muddled by the self-identified “brand name” labels that program staff apply to their programs (p. 1045). We would add that in many cases Duluth counseling and CBT are one in the same, or at least substantially overlap. Drawing on previous research (Babcock & Steiner, 1999), the meta-analysis concludes with the statement most relevant to the Duluth Model: “Batterers’ treatment is just one component of the coordinated community response to domestic violence... Even the best court-mandated treatment programs are likely to be ineffective in the absence of strong legal response in initial sentencing and in sanctioning offenders who fail to comply with treatment” (p. 1049).

These shortcomings and limitations leave us with uncertainty as to why there was little or no effect. The programs themselves may have been poorly operated, the court linkages and system supports may have been weak (the high dropout rates suggest that this may have been the case), and the intention-to-treat design and follow-up problems may have neutralized the potential effect. There is further question whether the Duluth Model, that includes a coordinated community response, was really being tested in these program evaluations, as opposed to merely an adaptation of its counseling approach.

Interestingly, Dutton and Corvo make no mention of the counter evidence in our multi-site evaluation of batterer intervention (N=854), not that it doesn’t have limitations of its own. Our four-year longitudinal follow-up evaluation shows a clear de-escalation of reassault and other abuse over time, with the vast majority of men reaching sustained non-violence. At 30 months after batterer program intake, 80% of the men had not been violent to their partners in the previous year, and at 48 months, 90% had not been violent in the previous year (Gondolf, 2000b; 2002; 2004). This presents a very different picture than the program evaluations using cumulative outcomes for 6 months or a year. Women’s perceptions of change and safety were impressively positive as well. These results consider the intervention as a whole, rather than the “program effect”—that is, the arrest, court mandated to the batterer program, probation or court supervision, and supplemental referrals or treatment for men who completed the batterer program and those who did not. They suggest that the criminal justice intervention with its arrest, accountability, and CBT program is not necessarily detrimental to a majority of men, especially when this de-escalation of our generally problematic offenders is compared to similar men without intervention in the community at large. (A recent study

of rearrest rates from 30 programs following the Duluth Model in Illinois produced a similarly positive result (Bennett et al., 2007.)

However, the contribution of the gender-based CBT-oriented programs is not evident in our study findings mentioned thus far. We examined the program effect (independent of the other intervention components) using a complex computer modeling called instrumental variable (IV) analysis and found a moderate effect attributable to completing the batterer program (Gondolf & Jones, 2001). A recent article in the *Journal of Experimental Criminology* endorses instrumental variable analysis as an alternative approach to experimental studies that face implementation problems, as well as an approach that has been widely used in public health research where experimental designs are frequently impractical (Angrist, 2005). This more sophisticated analysis with quasi-experimental design controls for contextual factors (e.g., referral source, availability of services, local unemployment rate), as well as an array of batterer characteristics, and is arguably better than results from a poorly implemented experimental design with intention-to-treat assumptions. The results from our IV analysis were corroborated by a propensity score analysis (Jones, et al., 2004), analysis of the deterrence effect (Heckert & Gondolf, 2000), a “consumer satisfaction” study (Gondolf & White, 2000), and an “attribution of change” study with our data (Gondolf, 2000a).

In light of the implementation problems in the experimental designs and the contradictory evidence from the multi-site study, a definitive dismissal of the Duluth program based on program evaluations is unwarranted. There are, moreover, several lists of criteria for achieving evidence-based treatment or dismissing it that the Duluth critics do not appear to take into account (e.g., Briss et al., 2000; Chambless & Hollon, 1998; Elliott, 2005; Lipsey, 2005).

THE WAY AHEAD?

I certainly agree—as do many Duluth proponents—that the field needs to move further ahead, especially in identifying, treating, and containing the unresponsive batterers with compounding problems. But I disagree that the Duluth Model is necessarily an impediment to that moving ahead. As presented above, there is evidence that the fundamentals of the Duluth Model have theoretical and research substantiation, and should be incorporated in the therapeutic variations and alternatives being developed within the Duluth Model and elsewhere. The way forward may be hindered most by oversimplified denunciations from researchers as well as practitioners.

While we researchers may view some practitioners as “ideological,” “narrow-minded,” or resistant to research; practitioners often view us researchers as too abstract, “out of touch,” and even arrogant (Edleson & Bible, 2000; Gondolf, Yllo, & Campbell, 1997; Williams, 2004). Our research often does not address the experiences and complexities of the practice world, is too complex to decipher and apply, or is contested as methodologically flawed or inconclusive on many points. There is admittedly a great deal of pressure on researchers to produce a “bottom-line” for policy or program development, but arguably the research, particularly in the domestic violence field, is still inconclusive or contradictory. Our individual findings may, moreover, be merely part of a larger ongoing discourse, and not ready for “prime time.” Our research designs are frequently compromised (whether experimental designs or quasi-experimental), and the findings are subject to interpretation based on perspective, context, and other studies. The experimental evaluations of batterer programs are a vivid example of this problem; the interpretation of their outcomes is up for debate, as discussed above.

Many practitioners are, as a result, suspicious of what they see to be research “ideology.” At alcohol and drug conferences, along with those on AIDS and other health issues, similar accusations and tensions are apparent. At a recent National Institute of Justice conference focusing on “evidence-

based” treatment, practitioners at a plenary session raised the question: whose evidence and whose interpretation counts—and why? They claimed that their experience was also “data” and should not be dismissed out of hand as “anecdotal”; and they questioned, in turn, the limitations, disruptions, and reductionism of a “narrow, positivistic perspective.” Recent books have addressed the practitioner and public suspicions of social science and medical research, as well (e.g. Angell, 2005; Chafetz, 2005). (Several journal articles and a collaboration training project, funded by the Centers for Disease Control, have attempted to bridge some of this gulf between researchers and practitioners in the domestic violence field and present some progress in this regard, e.g., Edleson & Bible, 2000; Gondolf, Yllo, & Campbell, 1997; Williams, 2004).

The article of Dutton and Corvo offers a further example of the reasons for this divide. On the surface, it appears very “scientific” and research-based, and as a result more authoritative than the Duluth proponents whom Dutton and Corvo denounce. As we have attempted to show above, their authoritative position is undermined, however, by their highly selective research, own interpretations of research, and misapplication of the selected research. Moreover, they mischaracterize or stereotype the Duluth Model and its proponents. The authors end up being guilty of the accusations they make towards the Duluth proponents—namely, that the Duluth Model proponents are merely activists imposing an ideological and oversimplified mindset. The authors of the current article are very much “activist” themselves in their efforts to replace the Duluth Model with a clinical approach of their own, and to redirect funding towards projects that support their orientation. The conclusion of their article is clearly a “call to action” in this regard. A political agenda appears confirmed by the article (and a related book) being promoted by “Father’s Rights” groups and by the first-author’s role as a founding member of a legislative advocacy group advancing his goals.⁹

In sum, we do need to broaden the discourse and debate among researchers and practitioners, and to continue to move the field forward, but Dutton and Corvo appear more to circumvent a major part of the field that they consider hostile to their own ends. Researchers, as well as practitioners, can fall into ideological positions that categorically dismiss other points of view. How we move beyond that, as Dutton and Corvo themselves ask, is the major issue at hand.

ENDNOTES

1. Most of the Dutton and Corvo article appears to be repeated in a book by Dutton (2006), entitled *Rethinking domestic violence*.

2. The commentary on “battered men” webpages, featuring Dutton and Corvo’s article, includes many overstated claims as well, e.g., www.batteredmen.com/batdulut.htm; www.fathers.ca/fathers_canada_web_section1.htm; menz.org.nz/2006/book-rethinking-domestic-violence.

3. “Gender-neutral” (similar to “gender-symmetry”) refers to the assertion that women are as violent toward men as men are toward women based on checklists of tactics they each identify, as opposed to “gendered violence” that recognizes men disproportionately abuse and assault women.

4. Several books by psychiatrists, psychologists, and researchers are now exploring the development of aggression, bullying, and violence in boys (e.g., Kindlon & Thompson, 2000; Pollack, 1998). The consensus of these experts is that social messages, interactions, images, and roles pressed on boys today warrant our primary attention. Our best intervention is ultimately to help boys and young men recognize and counter the socialization and social pressures which contribute to aggression and violence. The implication is that we need to do the same with adult men as well.

5. Alcohol treatment does in many cases similarly “confront” the alcoholic with a family or court intervention and moves into a CBT regimen. The objective is to stop the drinking first and then move to deeper therapy to address dual diagnoses.

6. The foundation of Duluth counseling is actually quite differently motivated. The victim rights movement in the 1970s-1980s demanded their rightful protection under the law against violence in general. A major response was an increase in police patrols and arrests for even lesser crimes. One criminological theory called “routine activities” peaked during this period. It emphasized “target hardening,” that is, increased protection of potential victims to reduce crime. The Duluth Model attempted to bring more consistent police, court, and community response to victims of domestic violence. Many who called for protection or at least interruption of violence were not getting the same attention as those on the street. As domestic violence arrests increased, so did the question of what do about the predominately arrested men. In Duluth, the men’s groups were developed as an alternative to the crowded jails and the other extreme of putting men on open-probation to abuse again. The groups drew initially on the consciousness-raising model of Paulo Freire as a way to reorient the arrested men. One assumption was that we are cultural beings, and addressing the cultural messages that influence and even manipulate our outlook and behavior is a key step. So rather than being purely punitive or vindictive, the groups were considered a positive alternative.

The Duluth staff has also been at the forefront in addressing the inequities in arrest practices and court action experienced particularly by many African-American and Native American men. They are obviously concerned about over-arrest, as well as the under use of arrest in domestic violence cases, and recognize the need to tailor other community services to neighborhood culture and special problems. Furthermore, the Institute on Domestic Violence in the African-American Community (based at the University of Minnesota) has been convening workshops, trainings, conferences, as well as developing resources, that promote broader culturally-sensitive interventions into domestic violence.

7. A review of the research commissioned by U.S. Center for Disease Control concluded: “The diversity of data, coupled with the relatively small number of studies that met the inclusion criteria for the evidence-based review, precludes a rigorous, quantitative synthesis of the findings. However, the rudimentary analytical strategy used suggests that the majority of BIP studies reported positive intervention effects for behavioral (i.e., re-assault) and psychosocial outcomes for at least on follow-up period” (Morrison et al., 2003, p.4).

8. Meta-analytic proponents like Lipsey (Wilson & Lipsey, 2001) and Cohen (1994) warn about over interpreting or misapplying meta-analyses (and particularly the effect sizes) amidst so many caveats and limitations. A recent article on research and policy for child services concluded its critique of the misuses of meta-analysis: “In a brilliant essay, Jacob Cohen (1990) reflected on the statistical lessons he has learned and offered the following advice: ‘Finally, I have learned that there is no royal road to statistical indication, that the informed judgment of the investigator is the crucial element in the interpretation of the data, and that things take time’ (page 1304). Let us use our best judgment when we bring research to bear on policy questions—and, when we do, let us take the time to evaluate effect sizes in context.” (McCartney & Rosenthal, 2000, p. 179).

9. The definition of “ideological,” according to *Webster’s* is “a manner or the content of thinking characteristic of an individual, group, or culture, or the integrated assertions, theories and aims that constitute a sociopolitical program.”

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