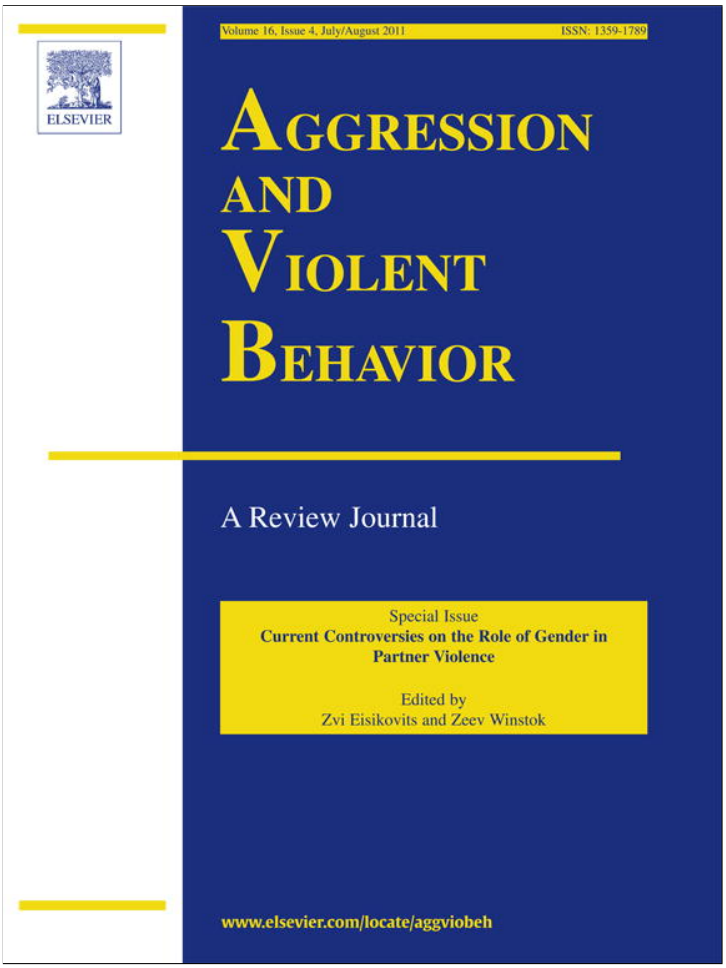

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The weak evidence for batterer program alternatives

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ABSTRACT

In the midst of the debate over batterer program effectiveness, several alternative approaches have been promoted: psychodynamic treatment for attachment disorders, diversified programming for batterer types, motivational techniques addressing readiness to change, specialized counseling for African-American men, and couples counseling for mutual violence. A critical overview of the research on these alternative approaches exposes weak or insufficient supporting evidence. There is also strong generic evidence for the predominant cognitive-behavioral approach in batterer programs, and a focus on system implementation might account for improved outcomes. While the innovations are encouraging, an "evidence-based practice" for batterers has yet to be clearly established.

Contents

1. The state of batterer programs

Male batterer programs in the US have become the primary means of intervention into domestic violence cases brought to the criminal courts, and in some jurisdictions, also civil or family courts. Although curriculums and operation vary widely, the majority of programs profess a gendered-based, cognitive-behavioral approach implemented in a group format with 8–15 members (Price & Rosenbaum 2009). The focus is on exposing the behavior of concern, prompting responsibility for that behavior, developing alternative skills and avoidance, and restructuring underlying justifications, attitudes, and beliefs. This approach contrasts to more psychodynamic treatments that focus on underlying emotional issues, psychopathology, and interpersonal dynamics, including the popularized concept of "attachment disorders" (Dutton 1998).

The effectiveness of the predominant batterer programming has, however, been under debate since its inception in the late 1970s. This debate has been heightened by a handful of experimental evaluations with batterer programs. They show little or no effect compared to no treatment while on probation (see Feder & Wilson 2005). The "evidence-based practice" movement of today considers experimental evaluations to be the "gold standard"(Dunford 2000); therefore, these findings have received great attention. A host of batterer program critics cite these experiments to denounce the gender-based, cognitive–behavioral approach and call for alternatives (e.g., Babcock, Canady, Graham, & Schart, 2007; Corvo, Dutton, & Chen 2006; Dutton & Corvo 2006; Hamel 2010).

The other side of the debate argues that the rejection of gender-based, cognitive–behavioral batterer programs is shortsighted. The experimental evaluations are compromised by implementation difficulties and conceptual concerns (Aldarondo 2002; Gondolf 2001; Murphy & Ting 2010; Saunders 2008). There are complex statistical-modelings applied to non-experimental multi-site evaluations of batterer programs that indicate at least a moderate effect and a need for more follow-up with non-compliant men (Bennett, Stoops,

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Call, & Flett 2007; Gondolf & Jones 2001; Jones, D'Agostino, Gondolf, & Heckert, 2004). These analyses avoid the implementation problems of the experiments and account for program context that influence outcomes. (see Dutton & Corvo 2006, and Gondolf 2007, for a review of the effectiveness debate and an illustration of its intensity.)

Out of this debate has come a variety of recommendations to improve batterer programming. They range from replacing the more conventional gender-based, cognitive behavioral approach to modifying it with innovations. Probably the most decisive alternative is recasting batterer programming to be more psychodynamic in its approach and specifically to treat the attachment issues associated with battering (Dutton 1998). Diversifying program approaches to address what has been identified as different types of batterers is another recommendation that implies a major overhaul (Holtzworth-Munroe & Meehan 2004). It counters in fact the "one size fits all" accusation against the prevailing batterer programs. Modifying programs to account for the men's "readiness to change" is also being promoted as a way to improve program outcomes (Murphy & Maiuro 2008). Additionally, there has been support for culturally-oriented programs that offer specialized counseling for African-American men and Latino men (Williams 1998). There are those in the field who are promoting couples counseling to address the interactions between men and women that contribute to domestic violence (Mills 2009). This approach also addresses the concern that "women are as violent" as men, as national surveys appear to suggest (Straus 2010).

This paper offers a critical review of the research on these competing alternatives in an effort to better assess their contribution to batterer programming. A substantial research base is increasingly warranted to justify programming amidst the call for "evidence-based practice." Admittedly, the introduction of these alternatives is relatively new in the domestic violence field and therefore the extent of the research is limited. Many of the initial recommendations are based largely on research about the psychology of batterers, along with clinical trends and innovations from other fields. However, there are few outcome evaluation specific to batterer programming in part because of the recent introduction of these alternatives, and also because of the already established (some would say entrenched) gender-based, cognitive-behavioral approach. In addition to the "specific" evidence from batterer research, this review, therefore, considers related "generic" outcome studies on these alternatives applied in other fields.

Overall, we find relatively weak and in some cases contrary evidence, and an "evidence-based practice" for batterer programming is still in question. The evidence from the alternatives does not appear that much stronger than the available research on the gender-based, cognitive-behavioral approach. It does, however, appear to reinforce the need to recognize the special circumstances of some batterers and do more to engage them in the change process.

2. Attachment disorders

One of the highly promoted alternatives rests on the assumption that attachment disorders or tendencies underlie domestic violence, and psychodynamic treatments are the appropriate approach to deal with them (Dutton 1998). Attachment theory has become increasingly popular in psychotherapy overall as a means to organize a variety of personality traits, emotional problems, and interaction patterns into a theoretical framework (see Sonkin & Dutton 2003). According to its supporters, it helps to guide and direct psychodynamic treatment towards a more effective and longer-lasting outcome, and should therefore be applied to batterer programming in place of the gender-based, cognitive–behavioral approaches. The claims for attachment treatment, however, rest primarily on studies of batterer characteristics, rather than treatment outcomes. Considering the promotion of this approach, it is in fact somewhat surprising that there is but one small controlled evaluation comparing a psychodynamic approach with a gender-based, cognitive-behavioral approach for batterers (Saunders 1996). This study produced equivalent outcomes for the two approaches with a slightly better psychodynamic outcome for men with dependency traits (these tendencies do not of themselves constitute attachment or borderline tendencies). Moreover, other outcome studies compare psychodynamic and cognitive-behavioral approaches with personality disorders associated with attachment issues and show no difference in outcomes (Leichsenring & Leibing 2003).

The main support for treating attachment issues in domestic violence cases comes from a few studies comparing small groups of batterer program participants (or violent men recruited from the general population) with a group of non-violent men. The researchers of these studies generally report that the findings are limited by small sample sizes, uncontrolled comparison groups, and non-causal associations (i.e., the relationship of the attachment to the violence is not clear) (Babcock, Jacobson, Gottman, & Yerington 2000; Buttell, Muldoon, & Carney 2005; Dutton, Bodnarchuk, Kropp, Hart, & Ogloff 1997; Kesner, Teresa, & McKenry 1997).

Attachment theory has also been used to propose a predominant personality type known as the "abusive personality" (Dutton 1998). Several parallels can be drawn between the abusive personality in the domestic violence field and the "addictive personality" in alcohol treatment (Nakken 1996). The "addictive personality" is a constellation of personality traits and behavioral tendencies that include many of the same traits as those in the "abusive personality": low self-esteem, fear of abandonment, anxiety, and shame that can be traced back to childhood experiences (Lang, 1993). Its proponents also urge that this personality construct needs to be considered in developing new and more effective treatments. One important implication of the addictive personality is that it implies that willpower – exerted in cognitive restructuring, social support, and behavioral alternatives – is not enough. Deeper therapy is needed. However, research support for these assertions is limited. According to an extensive research review, "Modern, well-organized studies do not support a role for personality in addiction. Most of the theories outlined above are not well supported by scientific evidence" (Mulholland 2005).

Attachment theory does offer useful insights into relationship dynamics and violent behaviors, and has been instructively applied to abused children and battered women, as well as batterers (Henderson, Bartholomew, & Dutton 1997). However, a recent review of the research literature on attachment theory in general submits a cautionary conclusion that reflects the even lesser studies on attachment and domestic violence: "It is incumbent on researchers and clinicians to recognize the serious limitations of the knowledge base for attachment theory" (Bolen 2000, p. 147).

Similar empirical debates loom over the contributions of neuroscience and diagnoses, like intermittent explosive disorder (IED) to batterer treatment and intervention (for a review, see Gondolf 2008). The majority of researchers acknowledge the plasticity of the brain and, in fact, recommend highly structured cognitive-behavioral approaches, much like that used in batterer programs, for treating brain trauma (Goldberg 2005). Brain scans have been the basis for the neuroscience claims, yet as researchers in that field point out, they are subject to variable interpretation and can be easily misunderstood (Wahlund & Kristiansson 2009). In response to the still developing research and potential misuse of neuroscience applications, the legal community tends to oppose using neuroscience in sentencing decisions or treatment recommendations (Eastman & Campbell 2006; Garland & Frankel 2004). Obviously, there are severely disabled individuals with brain disorders who generally do not make it into mainstream counseling programs.

3. Batterer types

Throughout the study of batterer characteristics there has been reference to different "types" of batterers that may warrant different kinds of treatment or programming approaches. With this differentiation of

batterers has come the charge against the apparent "one size fits all" characterization of conventional batterer programs. On the surface, this appealing notion represents a resolution to the divergent explanations of men's violence. Some men might be better served by psychodynamic approaches tailored to attachment issues; another subgroup appears more suited for cognitive-behavioral approaches focused on anti-social tendencies. Based on previous clinical observations and empirical research, Hotlzworth-Munroe and her colleagues have developed and tested a batterer typology that includes family-only, dysphoric/borderline, and generally violent/antisocial batterers (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart 2000; Holtzworth-Munroe & Stuart, 1994).

As Holtzworth-Munroe and Meehan (2004) concede, debate persists over several points. Rather than distinct types, the differences may be represented as dimensions among men who batterer. The differentiation is more of a continuum with men being more or less severely violent and showing a greater or lesser extent of psychopathology. If this is the case, then treatment groups tailored to "types" become more difficult to justify and to implement. The tendencies may, furthermore, vary over time rather than be stable or fixed at program intake. Most important to the question of batterer program approach, the types may not be substantially predictive; for instance, the anti-social type may not necessarily be more likely to drop out and reassault his partner than the other types. It is similarly unclear whether treatment tailored to the different types would substantially improve outcomes.

A study based on a small community sample (n = 102) offers some support for distinct and somewhat stable types (Holtzworth-Munroe & Meehan, 2004). Follow-up studies with a group of batterer program participants in Texas (Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill 2008; n = 199), and in an experimental evaluation of program approach in the Midwest (Saunders 1996; n = 136), also offer tentative evidence for tailored treatment. On the other hand, analysis of the data from our multi-site evaluation of batterer programs showed that personality types derived from the MCMI-III were not predictive of reassault outcomes, including different levels of violence and abuse (Heckert & Gondolf, 2005; n = 662). The batterer types could therefore be translated into the familiar idea that more disturbed men tend to be more violent (Gendreau, Little, & Goggin 1996), as the predictors of reassault in our multi-site study suggest (Jones et al., 2004, Jones & Gondolf 2001). Moreover, a study conforming more to the Holtzworth-Munroe typology found inconsistent results across batterer types in terms of batterer program completion, treatment response, and recidivism (n = 175; Huss & Ralston 2008). There have been some inconsistencies in the stability of types over time, as well (Holtzworth-Munroe et al., 2000; Jones, Heckert, Gondolf, & Zhang 2010).

The more difficult question to answer – and the most relevant one to program approach – is whether matching treatment to batterer type improves outcomes. So far the research has confirmed the obvious, that more problematic men are more likely to drop out and reoffend regardless of the counseling approach. The small clinical trial in the early-1990s is the only study comparing psychodynamic and cognitive-behavior approaches for batterers (Saunders 1996). As mentioned, it did find a significant interaction of dependency and anti-tendencies with program approach. However, the researcher cautions that this finding was based on personality traits rather than discrete batterer types. He explains further, "Dimensions have more variability than types and thus are likely to produce significant findings" (Saunders 2004, p. 1391).

The most impressive research regarding matching treatments comes from two extensive multi-site experimental evaluations — one with depression and the other with addiction treatments (Elkin, Shea, & Watkins, 1989; Project MATCH Research Group, 1997). These studies randomly assigned patients to a variety of treatment approaches and compared the outcomes of the behaviors of concern. In both of these extensive projects, similar outcomes appeared across treatment approaches, including cognitive-behavioral treatments, and treatment interactions with types were not substantiated. According to the NIAAA director (Gordis 1997), "Patient-treatment matching, as exemplified by the 16 combinations of patient characteristics and treatments studied in Project MATCH, adds little to enhance the outcome treatment." The only exception was for individuals with "severe psychiatric disorders" who did not perform well in any of the treatments (Project MATCH Research Group, 1997).

4. Stages of change

Another popularized approach is more about improving current batterer programs than replacing them. Stages of change (or "treatment readiness"), based on developmental theory, assume that clients move sequentially through four major stages from less to more "readiness" to change and responsiveness to treatment (Prochaska & DiClemente 1985). The stages are largely based on attitudes of resistance versus motivation, blame versus acceptance of responsibility, and unresponsiveness to treatment versus proactivity. Matching treatment for a client's readiness has been shown to improve treatment compliance and ultimately therapeutic outcomes (Wierzbicki & Pekarik, 1993). However, "readiness" tests do not appear to register distinct and discrete stages (Sutton 2001). In several analyses conducted with batterer program participants, different configuration of sub-stages have also been produced (see Murphy & Maiuro 2008). Researchers continue to debate whether this is the result of a measurement problem (we may need more fine-tuned instruments to identify stages), or merely a reflection of the more complex reality of change.

In three recently reported studies of program outcome, the change stage did not predict program completion contrary to the expectation that it would. The studies were conducted in very different settings: program intake at an urban batterer program in Canada (Brodeur, Rondeau, Brochu, Lindsay, & Phelps 2008, n = 302), initial contact at a suburban program in Maryland (Alexander & Morris 2008, n = 210), and an urban domestic violence court in Texas (Eckhardt et al. 2008, n = 199). A recent special issue of *Violence and Victims* devoted to this topic acknowledges the inconsistent and weak support of change stages at this point (Murphy & Maiuro 2009). An extensive review of stages of change of criminal offenders offers a more decisive conclusion: "We demonstrate the problems that the Stages of Change Model has with its predictive accuracy, internal coherence, and explanatory depth. Consequently the Stages of Change Model may not be an adequate model for measuring 'readiness to change' with offending behavior, and may not provide a useful basis for developing interventions to improve readiness to change" (Burrowes & Needs 2009, p. 42). This interpretation is echoed in a review of change stages applied to addiction treatment (Sutton 2001).

5. Culturally-oriented approaches

One more clear-cut differentiation is race and ethnicity. Research reviews and clinician recommendations uniformly acknowledge the different perspectives and social needs that African-American and Latino men bring to batterer counseling programs (e.g., Saunders 2008). In response, African-American researchers and practitioners working in domestic violence have argued that the conventional cognitive-behavioral approach, developed primarily with Caucasian men, needs to be revised in order to improve outcomes (e.g., Hampton, Carrillo, & Kim 1998; Oliver 1994; Williams 1998). Curricula might specifically address such topics as black male identity, racial discrimination, the criminal justice system, and neighborhood resources, as well as the spiritual strength and heritage of the African-American community.

Despite the endorsement for culturally-sensitive or focused approaches, there is relatively little evaluation research of specialized counseling for African-American men, or other ethnic groups for that

matter. The most current overview of cultural approaches for psychotherapy cites two meta-analyses of a variety of outcome studies that included some cultural or racial component (Sue, Zane, Hall, & Berger 2009). One identifies a "modest" effect size overall for the cultural approaches (Griner & Smith 2006), but with extensive qualifications. The research overall is very weak, scientifically speaking. A more selective review of culturally-competent counseling for adolescents reached a blatantly negative conclusion: "There is no compelling evidence as yet that these adaptations actually promote better clinical outcomes for ethnic minority youth" (Huey & Polo 2008, p. 292). The contradictory findings, and debate over the reasons for them, extend over issues of matching clients and clinicians (Shin et al., 2005) and over acculturation and racial identity (Coleman, Wampold, & Casalie 1995).

Only a few outcome studies of conventional batterer counseling and one preliminary study of culturally-focused counseling have been conducted prior to 2000. In our multi-site evaluation of batterer intervention systems (Gondolf 2002), the African-American men were more than twice as likely to be rearrested for domestic violence during a 15-month follow-up period (13% versus 5% at the Pittsburgh site; n = 210). The rate of reassault reported by their female partners was, however, similar to the Caucasians throughout the full four-year follow-up. An additional study compared the pre-test and post-test results on the Domestic Violence Inventory (DVI) of African-American men and Caucasian men in a conventional 12-week batterer program in the deep South (n = 90; Buttell & Pike 2003). There was no difference in score changes across the scales of the Domestic Violence Inventory, leading the researchers to conclude that "the standardized cognitive-behavioral treatment program works equally well for African-American and Caucasian batterers" (Buttell & Pike 2003, p. 690).

On the other hand, a preliminary study of culturally-focused batterer counseling revealed some positive results (Williams 1995). African-American men in culturally-focused counseling reported feeling more comfortable talking to other men in the group, and were more likely to develop friendships that continued outside of the group, according to in-depth interviews with the program completers (N = 41). In our experimental study of specialized batterer counseling, we found equivalent outcomes for a culturally-focused approach in an all-African-American group, compared with conventional cognitive-behavioral counseling in both all African-American and racially-mixed groups (n = 501; Gondolf 2007). Several qualifications and limitations with this study, however successful in its experimental randomization, open the door to several interpretations (Gondolf 2010a).

6. Couples counseling

There has been a growing promotion of couples counseling for domestic violence against longstanding opposition from battered women's advocates (Adams 1988; Bograd 1984). Interestingly, the few evaluations of couples counseling rest largely on couples' programs that have 1) extensive screening to include couples with only "low levels" of violence, 2) individual sessions for further support and debriefing, and 3) cognitive-behavioral skill-building for the couples (Brannen & Rubin 1996; O'Leary, Heyman, & Neidig 2002; Stith, Rosen, McCollum, & Thomsen 2004). In other words, the tested couples' counseling accommodates many of the features developed and promoted in conventional batterer programs. The small samples in the couples counseling evaluations are all highly selective as a result of the extensive screening, and not representative of court-mandated cases in general (see Gondolf 1998). In the most recent experimental study only 6% of the 700 recruitment calls were included in the final analysis (n = 39 of 700). Similarly, in a study we did of a couples education option for court cases (Gondolf 1998), and in the Navy experimental study of batterer treatment options (Dunford 2000), the refusal or dropout of female partners was extremely high. The samples in the three major couples studies is therefore composed of couples with low levels of violence, but also of "intact," "committed," "stable" and "voluntary" relationships. Men in these sorts of relationships have very positive outcomes in the batterer programs we have evaluated (Jones et al. 2010). Batterer programs appear suitable for this very select subgroup without the extra training, heavy screening, and safety monitoring that couples counseling would entail—and the risks that remain (see Almeida & Hudak 2002; Rivett & Rees, 2004).

The main concern is how to implement couples counseling safely. Stith et al. (2004, p. 316) acknowledge this issue in their couples counseling study: "We do not mean to minimize the risks that are inherent in working with violent couples, nor the need for victims to be protected from their abusive partners." They, in fact, conducted a 2-hour individual interview with each partner along with other screening devices to ensure that the couples were suited for the counseling. It seems highly impractical to devote so much energy and so many resources into recruiting and identifying such an exceptional group. Moreover, getting reliable information about the men's violence at program intake, as well as from women in crisis or under threat, can be problematic (see Heckert & Gondolf, 2000a, 2000b).

A further argument in support of couples counseling is that batterer programs are failing to impact at least some men because their partners are also violent. According to our multi-site study, the "unresponsive" men in the batterer programs are not the men eligible for the couples counseling studies (Gondolf & White 2001). They are the most violent and dangerous men who tend to be in very "un-intact" relationships. The violence among female partners of batterer program participants tends to be in response to the most violent and volatile men—again totally outside of the studies' parameters (n = 563; Gondolf 2010b). Approximately 20% of the women physically struck their partner (or used a more severe tactic) prior to the program; the vast majority of these women indicated their action was in self-defense or out of fear for themselves or the children. During a 15-month follow-up, less than a fifth of the women reported using any form of physical aggression (including a slap or push) towards their male partners, and over three-quarters of these women were with men who physically attacked them during that period. The program outcomes were not influenced by the women who reportedly used less severe tactics (i.e., a push or a slap). The women who used more severe tactics were partnered with the most violent and abusive men. They also were much more likely to have contacted a variety of other help-sources; therefore, the tactics of these women appear more as "violence resistance" rather than "situational couple violence" according to Johnson's (2008) categories. These women are generally referred to specialized women's programs for additional help (see Larance 2006).

7. Discussion

The specific research on the alternative approaches applied to batterers shows some encouraging signs. However, a more critical review suggests that the evidence, on the whole, is not as strong as some proponents might suggest. In fact, the few controlled outcome studies and the generic evidence from other fields offer some discouraging results—or at least cautions about the broad scale application of these alternatives. The review of alternatives is, admittedly, somewhat cursory due to space limitations. The citations suggest, in fact, that whole articles or even books have been written about one alternative or the other. The main contribution here is the critical look at the specific research that has sometimes been slighted in the promotion of one approach over another.

The review also considers the generic research on the alternatives drawn from other more developed fields. Other counseling techniques or issues have, however, been overlooked. A few that appears to hold

some promise for improving outcomes of existing programs include motivational interviewing, treatment alliance, and counseling styles (Murphy & Ting 2010). This research summary is not, therefore, meant to dismiss the many initiatives emerging in batterer programming, or counter the evolution of batterer programs that are integrating aspects of the alternatives considered here (Mederos 2002). Further research may add weight to the encouraging signs.

This review intends, in the meantime, to help broaden the discussion of the evidence and raise cautions about "bottom-line" assertions in the field—namely, that this or that approach must be the way to go The alternative approaches do not appear to be any more justified as "evidence-based practice," than the gender-based, cognitive-behavioral batterer programs.. The findings of this review, on the other hand, do not mean to imply that "anything goes." One could, in fact, make the case that the predominant approach should continue as the basis of batterer intervention. While there is debate over the effectiveness of gender-based, cognitive-behavioral batterer programs, methodological and conceptual issues of the current evaluations preclude an outright rejection of such programs (Murphy & Ting 2010; Smedslund, Dalsbo, Steiro, Winsvold, & Clench-Aas 2007). Moreover, "generic" evidence from the criminal justice research appears to support this sort of approach with other violent offenders, including sex offenders and alcoholics (Wilson, Bouffard, & MacKenzie, 2005). The meta-analyses of these studies are not only much more extensive than those of b0atterer programs, but also draw on "higher quality" experiments. A variety of cognitive–behavioral approaches appear to "work" (Landenberger & Lipsey, 2005).

The practicality of some of the alternatives is, furthermore, in question, especially amidst increasing fiscal constraints. Most of the alternatives require extensive screening and individual assessment, or separate specialized groups or options. The extra layer of assessment and additional groups is beyond what understaffed programs can manage. Also, how to implement such approaches has not been fully established. Who is best to make the needed assessments, what instruments should be used, and what training and supervision are required? These sorts of issues have surfaced in conducting the more straightforward risk assessments developed for domestic violence cases (see Campbell 2005). In addition to the question about efficiency of the alternatives is whether a combination of approaches might increase effectiveness: Would a culturally-focused group with readiness counseling and some supplemental couples work have a synergetic effect? Or is there one alternative approach more effective than the others?

Unfortunately, there are no experimental clinical trials that compare the variety of alternatives to one another, or test combinations of the different approaches. The likelihood of elaborate trials, like those conducted for alcohol treatments and mental health therapies, is low given their high costs. There are various criteria being developed to sort through a broader range of specific and generic research on program approaches and identify evidence-based practices. Different devices to collect and weigh interpretations of the evidence are also being sought (e.g., Moher, Schulz, & Altman 2001). With regard to batterer program studies, a series of audio-conferences has matched researchers and practitioners to discuss specific studies, a conference of practitioners involved in a multi-site of community coordinated response recently convened to counter the researchers' interpretations, and panels of researchers and practitioners have met on state and regional bases to review and discuss research.

One implication throughout the batterer program alternatives is that there is a category of batterers who are less responsive to the current counseling. In our previous research of the men who drop out and repeatedly reassault their partners, no one psychological or relational profile stood out, and they didn't appear to fit into any of the prescribed categories of the alternative approaches (Gondolf & White 2001). The increasing effort to identify and contain these men through risk assessment is one major way to improve batterer program outcomes, as well as criminal justice interventions in general (Hanson 2005; Kropp 2008). Domestic violence research has examined a number of means to respond to high-risk men: multi-level programming (Coulter & VandeWeerd 2009), supplemental referrals and treatments (Gondolf 2009a, 2009b), and court-oversight and enhanced supervision of high-risk cases (Visher, Harrell, & Yahner, 2008a, 2008b, Visher, Newmark, & Harrell 2008).

This broader criminal justice perspective sees batterer programs as part of a system intervention, rather than a bio-medical treatment that can be accessed from an isolated experimental evaluation (Gondolf, 2002). More research on the impact of program context, such as what is done with program dropouts, might therefore prove instructive. Specifically, "accountability" exercised by the courts is, thus far, inadequate in many jurisdictions and may account for the apparent ineffectiveness of some programs, according to several recent studies (California State Auditor 2006; Gondolf, 2009a; Labriola, Rempel, O'Sullivian, & Frank, 2007; Visher, Newmark, & Harrell 2008b). It would appear at a minimum that more attention needs to be devoted to program implementation before the prevailing approach of batterer programs is dismissed or overhauled. The most pressing "alternative" may be to find ways that better protect battered women from the "system failures."

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