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RE: *Assessing the Cognitive Accountability Training (CAT) Batterers Intervention Program Model as implemented by Nonviolent Alternatives.*

This report focuses on assessment of the Cognitive Accountability Training (CAT) Batterers Intervention Program Model, as implemented by Nonviolent Alternatives, as an innovative evidence based educational and treatment program for domestic violence offenders.

The specific aims of this report are: (1) providing an overview of the major accomplishments in the field of domestic violence in the past two decades; (2) highlighting the differences among the various treatment programs employed to rehabilitate offenders and prevent recidivism; (3) introducing Cognitive Accountability Training (CAT) as an innovative evidence based solution utilized by Nonviolent Alternatives and adopted in several Indiana counties, and certifying that the procedures adopted by the Nonviolent Alternatives' director and his staff are in compliance with the guidelines of the evidence-based Cognitive Behavioral Therapy (CBT) model; (4) certify that procedures followed by Nonviolent Alternatives' director and staff are in compliance with the Indiana Coalition Against Domestic Violence Batterers' Intervention Program Standards; (5) summarizing the key elements of the Cognitive Accountability Training (CAT) evaluation research study.

### ***1. Background of the problem and major accomplishment in the Criminal Justice System***

A huge body of literature has been developed on the issue of domestic violence offending, prevention, treatment, and intervention. Scholars, researchers and practitioners all agree that domestic violence is one of the most widespread and devastating problems in our society. Although domestic violence is common among all social and economic layers of society, it tends to be most prevalent among the least affluent couples and families in our communities. It seems intuitive that a tendency to perpetrate abuse might be exacerbated by the presence of stressors associated to an unequal economic and political social structure that denies power to the least affluent. It is devastating because it affects individuals in all aspects of their lives (emotionally and physically) and prevents them from having healthy and productive lives. It affects individuals regardless of their genders, sexual orientations, races, ethnic groups, and ages

In the 1970s, as a result of awareness created by grass-root movements, activists, and think-tank organizations, domestic violence began to be recognized as a problem of public concern because it affects society as a whole. Consequently, domestic violence became the primary target of a number of policies that aimed at buffering the consequences of abuse within intimate relationships and the family. With the Violence Against Women Act (1994, 2005) allocating federal funds to create a new layer of social services became a priority. Ever since domestic violence was recognized as a crime in the mid-1990s, a number of criminal justice strategies have been employed in an attempt to find the most effective solutions for this devastating problem. Mandatory arrest policies and dual-arrest policies have contributed to reinforce the idea that

hurting intimates is against the law; however, when employed in the absence of treatment programs, these policies have not been successful in educating and rehabilitating abusers. On the other hand, criminal justice research in general shows that mass incarceration strategies have proven ineffective and are unable to prevent recidivism (Austin & Irwin, 2012). The tendency to opt for incarceration is particularly worrisome for domestic violence offending because it denies the very nature of domestic violence as a two-party problem rather than an individual based one (Straus, 2011; Winstok & Straus, 2011). For this reason, in the last decade, judges across North America have begun adopting more complex solutions for domestic violence offending, by combining multiple social control strategies aimed at punishing on the one hand (intermediate sanctions) and rehabilitating/reeducating offenders on the other (Syers & Edleson, 1992).

## ***2. Domestic Violence Batterers Intervention Programs: Differences and Similarities***

Following the pioneering work of Pence and Paymar (1993) with the Duluth model, treatment programs in the US have proliferated throughout the last twenty years.

Three main groups of treatment programs are available in our communities: (1) Cognitive-Behavioral Programs (CBT), (2) Anger Management, and (3) Duluth model-based programs. In addition, a number of minor programs fall in between these three main categories; these programs tend to present features of either one of the three approaches, but they also incorporate components of the alcoholics and/or narcotics anonymous treatment programs or components of religious/faith-based programs. Unfortunately, regardless of the benign intentions behind the design of these programs, these intermediate models (often identified as “moms and pap’s programs”) do not comply with the (State) Coalition Against Domestic Violence standards for Batterers’ Intervention Programs. This constitutes a serious limitation because, the standards for Batterers’ Intervention Programs put major emphasis on the victims’ safety and posit that the safety of the victims (and that of family members) must become the number one priority of any domestic violence rehabilitation program that is either group or individual based (Austin & Dankwort, 1998).

Throughout the 90s several CBT based programs were developed. The CBT approach, initially identified as psycho-behavioral treatment for patients affected by social anxiety disorders, addiction problems, and depression, targets the individual’s ability to critically assess his/her own behaviors. When the CBT approach is applied to domestic violence, the treatment targets domestic violence as an unhealthy behavior that is the result of poor socialization skills, inability to control negative emotions, and tendency to shift the blame and responsibility on others (Landenberger & Lipsey, 2005).

In domestic violence research, the Anger Management approach has been categorized as either a component of the CBT model (especially in the UK and Australia) or as a category by itself (most often in the US). The main limitation of all the anger management based programs is that they emphasize domestic violence as the result of an uncontrollable manifestation of anger. This tendency to isolate anger as a feeling that develops irrationally and becomes unmanageable might actually contribute to an already well-established tendency to self-justify abusive behavior that characterizes abusers. If anger is the result of a chemical imbalance in the brain or a natural instinct that characterizes some but not all individuals, any attempt to rationalize this feeling through CBT seems to be rather weak. Furthermore, the anger management approach to domestic violence denies that abuse is most often the result of a tendency to exercise power and control over others (either conscious or unconscious) and materializes as an attempt to manipulate the victim’s will. Unfortunately, this tendency to isolate anger as a feeling that causes abuse can be easily seen in contradiction with the main principles of the CBT approach in what concerns the

offender's tendency to shift the blame on "entities" outside his/her own control. In addition, while most programs that fall under the broad constellation of the CBT draw upon both psychotherapeutic and socio-behavioral theories, the anger management approach mostly relies on psychological theories of conduct disorders.

A successful example of CBT program used with offenders (both incarcerated offenders and offenders assigned to extra-institutional programs) is the Thinking for a Change model (Bush, Glick & Taymans, 2002). The main objective of the Thinking for a Change model is to re-socialize offenders. With the Thinking for a Change model, offenders are trained to self-evaluate their behaviors, learn to take responsibility for their own actions, and change the course of events by developing a stake in a normative social structure that is more likely to grant them law-abiding and productive futures.

A major limitation of the CBT approach is that it does not differentiate clients' gender/sexual orientation based needs creating a "one-size fits all" type of approach. Women, men, heterosexuals, and homosexuals are all capable of perpetrating violence in intimate relationships and against family members, however, their understanding of abuse and victimization is characterized by the very nature of the processes of socialization that contribute to the construction of their identities as men, women, heterosexuals, or homosexuals. Conversely, Duluth model-based programs are exclusively grounded in sociological feminist theories. The feminist paradigm posits that domestic violence is the result of the power struggle that originates within an unequal distribution of resources and expectations in society where men tend to dominate women and women are expected (and learn) to be subordinate to men.

In summary, one of the main limitations of the vast majority of domestic violence treatment programs is that they tend to compartmentalize explanations of abuse rather than providing a more comprehensive approach.

More recently, a number of researchers have expressed concerns about the effectiveness of domestic violence programs in general and their inability to prevent reoffending (Gondolf, 2011; Babcock, Green, & Robie, 2004). One of the major limitations of most of the existing BIPs is that, due to lack of resources, they do not offer individual counseling. By relying solely on group therapy strategies, these programs have very limited opportunities to identify client-based needs. In addition, courts vary in the amount of monitoring that they use to control offenders referred to treatment programs. This is often a consequence of the overload that most probation and parole officers are currently experiencing (Mays & Winfree, 2009). The lack of monitoring often results in a client's withdrawal from the treatment program, which most often results in a complete failure of the attempt to rehabilitate the offender.

A critical analysis of the reasons behind this suspected ineffectiveness of treatment programs is morally imperative. During times of economic restrictions that justify austerity measures, social programs are constantly under scrutiny. Too often we witness policy makers applying cuts to social programs that are considered ineffective in complete disconnect from all other criminal justice strategies. Unfortunately, domestic violence treatment agencies are not islands and their success is influenced by all the other social control strategies adopted by the criminal justice system.

### ***3. Cognitive Accountability Training (CAT) Batterers Intervention Program: An Innovative Approach***

Nonviolent Alternatives is a Batterers Intervention Program that serves clients from five Indiana counties. Nonviolent Alternatives uses an evidence based CBT program model; Cognitive Accountability Training (CAT). It falls under the constellation of CBT based programs that are evidence based in two ways: (1) it presents all the characteristics of the evidence based CBT model; (2) it undertakes and ongoing research effort to assess the effectiveness of the CAT model program with both male and female clients. In addition, the Nonviolent Alternatives program compensates for the limitations of the CBT model highlighted earlier in this document in two ways: (1) it provides an opportunity to address issues that are individual based rather than group based. At each intake/orientation session, program staff members conduct an in depth interview with each client. The interview includes examination of the client's criminal records, court referrals, and personal needs. Standardized instruments are utilized to screen for mental health problems, special needs, and/or substance abuse problems. In the event that a client scores positive to any of the problems highlighted by the screening instruments, the director of the program – as the designated counselor - consults with the criminal justice system referral source to refer the client to programs that address the client's specific needs. The main purpose of the referral is to make sure that all the areas in which the client is dysfunctional are covered. Hence, the client is more likely to succeed in completing the program and his family members/intimates are safer in result. (2) Differently from other CBT based programs, Nonviolent Alternatives provides a gendered response to domestic violence in what it differentiates between male and women offenders' needs. However, regardless of the client's gender, sexual orientation, or experience of victimization, the program's main training (CAT) is based on teaching clients to avoid blame shifting thinking habits (justification, minimization, and excuses) enabling them to take responsibility for their own actions. This is certainly another evidence based feature of CAT. An assessment of clients' changes in criminal thinking is included in the longitudinal research study embedded in the program (see more details about the longitudinal research study below – point 5 of this document). Furthermore, the CAT approach guides clients to understand abuse, its implications, and consequences by targeting the client's deficiency in moral judgment. As addressed in recent studies, domestic violence offenders are most commonly affected by the inability to rationally distinguish right from wrong (Buttelle, 2001). An assessment of the effectiveness of CAT in this regard is also included in the longitudinal research study (see below in point 5). Finally, Nonviolent Alternatives is an Indiana Coalition Against Domestic Violence certified program and aims at ensuring that the victims and the client's family members are safe (ICADV).

#### *4. Nonviolent Alternatives' procedures*

Client Records: Client records are maintained digitally. All documents are scanned and uploaded to the Nonviolent Alternatives database. The database is backed up automatically once each day of the calendar year for security purposes. An additional backup copy of the database is downloaded onto a water/fire proof external drive.

Staff training and professional development: All staff members are trained in accordance with the ICADV BIP standards and the Nonviolent Alternatives' procedure manual (available upon request). All staff members are required to achieve ICADV certification. They must: (1) complete the program as “undercover clients” (i.e., it is imperative that other clients are unable to recognize them as staff in training). As the director of the program Terry Moore points out, “it is important that staff members in training have a client type of experience and that they learn about their own power and control issues”; (2) co-facilitate a minimum of 26 sessions; (3) facilitate a minimum of 26 sessions under the supervision of a certified staff member. Whenever there is some doubt that the staff member is not ready to deliver the curriculum without supervision, the director imposes

that more sessions be facilitated under the supervision of a fully trained and experienced staff member; (4) complete all the Continuing Education credit required by ICADV.

External Monitor: As per ICADV BIP standards, all the certified treatment program providers (directors, facilitators/instructors) are required to be monitored at least once every 4 months by a domestic violence victim advocate recognized by ICADV. Nonviolent Alternatives' director and staff members are in compliance with this requirement. The designated monitor assesses whether the program is effectively holding clients' accountable through regular daily teaching practices and that the victim's safety is taken into account.

Program Length: BIP standards mandate that court mandated clients attend a minimum of 26 weeks. Research shows that longer programs (see California) present higher potential for effectively rehabilitate offenders. Although most Nonviolent Alternatives' clients attend for only 26 weeks, any time a client violates the enrollment agreement, he/she is required to attend for an extended period.

### ***5. The Nonviolent Alternatives longitudinal research study***

The director of Nonviolent Alternatives has recently undertaken a research initiative that aims at assessing the effectiveness of their program and the CAT model in several ways: (1) identifying risk and protective factors for subsequent offending; (2) ascertaining clients' understanding of concepts presented and taught in the program especially concepts that define abuse; (3) identifying changes in the clients' ability to distinguish right from wrong; (4) ascertaining changes in clients' ability to take responsibility for their own actions; (5) identifying most effective court monitoring strategies in combination with participation in the program; (6) investigating differences in effectiveness based on program length (i.e., assessing how many weeks of program attendance are most effective); (7) investigating gender and sexual orientation based needs to improve the quality of the program itself.

As a volunteer for Nonviolent Alternatives, I have contributed to the design of the data collection that began in the summer 2010 with a pilot project. I have also personally trained the interviewers for the data collection and provided the guidelines for a rigorous data entry. In addition, I have designed the written informed consent in compliance with the guidelines of the Belmont Report, 1974. The research project is ongoing and the first preliminary findings will be made available only after the approval of the Human Subject Committee at Indiana University Northwest, in compliance with Indiana University regulations. (More detailed information about the research project's design, data collection, and data analysis is available upon request).

Author's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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