Can Interventions Reduce Recidivism and Revictimization Following Adult Intimate Partner Violence Incidents?

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Overview

1. What are the recent trends and patterns in Intimate Partner Violence [IPV]?

2. What impact have IPV focused interventions had on reducing IPV?
Part 1

What are the recent trends in IPV rates in the US and UK?

Figure 1.
U.S. & U.K. Intimate Partner Homicide Counts

Figure 2.
U.S. Female Intimate Partner Violence Rates by Age Groups, 1993-2010

Figure 3.
Reducing IPV: Individual, longitudinal

- Desistance from IPV is more prevalent than recidivism even *without* formal intervention; this desistance rate is natural and correlates with age.
- Can we use interventions to accelerate the rate of *natural desistance* among active IPV offenders?
  - Some evidence suggests that the rate of desistance could be enhanced with either informal or formal interventions that produce consequences.
Part 2

What impact have IPV focused interventions had on IPV?
Understanding IPV Interventions

• May target the **offender**, with the aim of reducing their recidivism
• May focus on the **victim**, with the aim of reducing their revictimization
• Understanding the impact of IPV interventions on declining rates of IPV in the US and UK requires research on **both** offender and victim-focused interventions
• However they are not mirror opposites and may produce none, similar, opposite, or variable effects on IPV rates
Understanding IPV Interventions

• Adding to this complexity is that IPV interventions are located across multiple domains
  ➢ NGOs / Criminal Justice / Health

• Which may fit into partnerships between agencies and settings
  ➢ Coordinated Community Response (CCR) models
  ➢ Multi-Agency Risk Assessment Conferences (MARACs)

• The path to safety or desistance may well involve multiple exposures to many interventions over time

• Taking stock of the evidence to say ‘what may work’ or ‘what isn’t working’ is complex for these reasons!
IPV Interventions - NGOs

Shelter / Refuge / Emergency Accommodation

• No systematic review of shelter evaluations;
• Identified one study testing shelter stay affects on subsequent IPV rates.
  ➢ Berk, et al. (1986) report that shelter stays may increase revictimization, however revictimization rates decline for each additional help-seeking activity by the victim.
• Three macro studies correlating the quantity of an area’s shelter services with aggregated IPV rates found no significant relationship.
IPV Interventions - NGOs

- One 2009 systematic review of Victim Advocacy Programs (included 10 RCT with 1,527 subjects)
  - Programs designed to empower women by helping them to achieve their goals
  - The interventions last from 30 minutes to 80 hours
- The evidence is equivocal that advocacy produces benefits for victims’ physical and psychosocial wellbeing
  - Evidence from two studies show significantly less violence after one year,
  - But the one study with longer data shows no difference beyond 2 years.
  - Brief advocacy may increase the use of safety behaviors
CJS: Police Arresting IPV Perpetrators

• Initial randomized experiment testing arrest vs. traditional approaches took place in 1981-82; became known as the “Minneapolis Domestic Violence Experiment”.
  ➢ This study found that arrest reduced the recidivism rate by half against the same victim within the following 6 months.
• The U.S. Dept. of Justice sponsored six “replication” studies.
  ➢ The 5 completed replications produced inconclusive results.
• Two studies later pooled either the published findings or the raw case data
  ➢ Both studies report that arrest produced less revictimization on average; one found as much as a 25% reduction in revictimization
CJS: Prosecution and Conviction

- A review of 135 studies (included US, AUS, CAN & UK) found that prosecution for IPV offenses occurred in 33% of reported offenses, and 60% of arrests that resulted in the filing of criminal charges.

- About 50% of all prosecutions for IPV resulted in a conviction.

- A review of 32 studies found that 65% of the comparison tests produced no statistically significant differences in the rates of recidivism between types of criminal sanctions; although:
  - None of these 32 studies were RCT; and,
  - All suffered from multiple internal and external validity issues, including sample selection bias.
CJS: Court Issued Restraining Orders (RO)

• No known systematic synthesis, but identified 21 studies reporting a relationship between the presence of an RO and IPV recidivism and/or revictimization rates.

• None of the 21 studies employed a RCT design; but 13 included a post-test comparison group, and 4 used a pre-RO rate as its comparison group.

• Mixed results: 43 comparison tests produced
  - 15 (35%) statistically significant results
  - all of these significant tests produced a negative correlation, and no other comparison produced a positive correlation.

• The prevailing finding is that violence is less for everyone after RO is sought, but when compared to those without an RO there is no difference in the rate of IPV.
CJS: Court-mandated batterer’s therapeutic programs

• A 2005 review of 10 studies that tested psycho-educational or cognitive behavioral approaches

• Judges typically assign defendants to attend a program that has a consequence if there is a failure

• 4 RCT found:
  ➢ The average effect for officially recorded recidivism modestly decreases for the treatment group;
  ➢ The effect on reported revictimization was zero.

• 6 quasi-experimental studies using a treatment dropout design found large, positive correlations with the rate of revictimization and/or recidivism
Controlling IPV via Health Care Settings

• Is screening identifying victims?
  - Four published systematic reviews covering more than 30 studies
  - Generally, instruments equally identify women experiencing IPV
  - *No significant adverse effects on most women.*

• Does screening reduce morbidity?
  - Two ER based RCT studies; neither found significant, negative relationships between screening & IPV victimization rates
  - One primary care based RCT study; found no negative relationship between screening & IPV victimization rates

• Can screening, when combined with other interventions, reduce revictimization?
  - Six post-screening intervention tests; one of six found a significant reduction in IPV victimization rates
Partnerships: Police-Social Service Crisis Intervention Team Programs

- 2008 systematic review of 10 evaluations of “2nd Responder Programs”
  - 5 RCT; All located the US: 3 in NYC & 3 New Haven, CT.
- The intervention slightly increased the odds that a household reported another incident to the police.
- The intervention was not effective at reducing revictimization based on victim surveys.
- Davis, et al. (2008) believe that “while programs may increase victims’ confidence in the police to report abuse, they do not reduce the likelihood of repeat violence.”
Partnerships: U.S. Research

- **Coordinated Community Responses (CCR)**
  - Various versions have been implemented across the U.S. and in the U.K. since the start of the 20th century. The modern version has become known as the “Duluth Model.”
  - Early evaluations produced positive conclusions; though none were controlled studies.
  - Only 1 of 5 recent demonstration programs have provided data on repeat victimization or recidivism.
  - This study found no evidence that 3 CCRs produced less violence than the comparison site over time; consistent with another 10-site primary prevention evaluation of CCRs.
Partnerships: U.K. Research

- Multi-agency Risk Assessment Conferences (MARACs)
- Cardiff evaluation found reductions in revictimization
  - 40% revictimized within 6-months
  - 60% revictimized within 12-months
- Effectively addressing costly high-risk cases produces substantial cost-benefits: invest £1 to get £6 back
- Despite the widespread proliferation of MARACs in the UK, there is only a weak evidence base
  - A Home Office (2011) review of MARACs found just the Cardiff University evaluation of the Cardiff MARAC.
  - A more robust evaluation is required to strengthen these findings.
Summary of Intervention Effects

• Widespread proliferation of all types of IPV interventions across the US and the UK
  ➢ Single and multi-agency approaches
  ➢ Victim and offender-focused interventions

• Yet evidence base for IPV interventions is relatively weak
  ➢ Small proportion of interventions subjected to research
  ➢ Little research evidence meets ‘gold standard’

• Strongest evidence for:
  ➢ Police response that results in an arrest
  ➢ Intervention programs involving safety planning with victims and intense, long-term victim advocacy
I have not failed 700 times. I have not failed once. I have succeeded in proving that those 700 ways will not work. When I have eliminated the ways that will not work, I will find the way that will work. – Thomas Edison

Thank you!

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