

DOMESTIC VIOLENCE - GOVER ET AL. 2011 ARTICLE 2

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Finally, we will shift our attention to domestic violence treatment and domestic violence treatment completion specifically. This discussion board based on the results provided by Gover et al. 2011 in an article entitled "Factors Related to the Completion of Domestic Violence Offender Treatment-- The Colorado Experience."

Domestic violence comprise about 15% of total US crime costs. Domestic violence offender treatment programs have been created in an attempt to combat partner violence, but high rates and attrition in these programs makes them inefficient responses to costly problems in domestic violence. Therefore, the current study provided an examination of demographic offender characteristics, risk and protective factors, and treatment level variables that potentially distinguished domestic violence offender treatment completers from noncompleters. As well as it provided a comparison of male and female offenders regarding factor related to treatment completion.

Identifying the predictors of massive domestic violence offender treatment completion is important on many levels. First, the identification of such factors is an important safety consideration for victims. Providing victims with information about safety risks will contribute to safety planning and may influence a victim's decisions about whether to remain in an abusive relationship. Identifying predictors of treatment completion also has implications for treatment program by allowing for more individualized treatment to increase retention. Program evaluation studies would also be greatly impacted by the implication of factors affecting treatment completion, as most evaluations are presently based on treatment completers only, prohibiting the findings from being generalized to all [INAUDIBLE].

A review of the literature on "Factors Related to Domestic Violence Treatment Completion" revealed that some variables, specifically age, race, and childhood maltreatment, are inconsistent predictors of treatment completion. Where the education level, employment, and relationship status appear as predictors of treatment completion across the host of studies. The data for this current study were collected by the Colorado Domestic Violence Offender Management Board.

All management board approved treatment providers were asked to participate in the research by completing data collection forms for every offender in their program at the time of the offender's discharge. The sample used in this study reflected only those cases in which the offenders were court-ordered to participate in treatment and began treatment during the data collection period, which was between September 2004 and April 2006. The overall goal of the data collection was to obtain baseline information about domestic violence offenders in Colorado.

The final sample using the study consisted of 4,095 domestic violence offenders who have completed responses to the Colorado domestic violence offender management board client data collection form. The results from various analyses highlighted the differences between treatment

completers and noncompleters. For instance, the noncompletion group had significantly more males, nonwhites, and younger offenders than the completion group. Comparatively in the completion group, a higher proportion of offenders were employed and living with a spouse or a partner at the time of the offense as well as when discharged.

The completion group also had a higher proportion of first time domestic violence offenders who spent longer time in treatment. Conversely, a higher proportion of offenders in the noncompletion group did not have prior success of domestic violence treatments and had higher rates of participation in group counseling.

Various factors were identified as predictors of treatment completion. Gender, race, and age or demographic offender characteristics found to be significantly related to treatment completion. Similarly, the protective factors significantly related to treatment completion included being sober at the time of the arrest, being employed, and living with a spouse or partner at the time of discharge. Finally, being a first time offender increased the odds of treatment completion, and not having prior success of domestic violence treatment decreased the odds of treatment completion.

This study found that for men and women, age, employment, being sober at the time of the offense, and living with a spouse or partner at the time of discharge all increase the likelihood of treatment completion. For males, four additional variables were a significant predictor of the treatment completion, and these were being white, living with a spouse or partner at the time of the offense, being a first time offender, and not having prior success in domestic violence treatment. These four variables were not important predictors for females, however.

Some limitations of this study have been identified, starting with the possibility that other relevant variables that may have been shown to differentiate completers from noncompleters were not available for analysis. Treatment fidelity is another limitation of this study, implying that group counseling and levels of treatment exposure may vary across providers. Another limitation of these data is that they only reflect cases in which offenders were court-ordered to attend treatment and actually began treatment. Finally, the findings are representative of domestic violence offender treatment in Colorado, but may not necessarily be generalizable beyond this state.

There are a number of important implications for policy stemming from this study, such as suggesting that policy should incorporate a mechanism to monitor the factors that were identified as being related to treatment noncompletion as both offender intake as well as during treatment. In addition, knowing the characteristics of offenders who are at higher risk for not completing treatment could be beneficial to both probation and parole officers and treatment providers. Finally, judges, victims, attorneys, professionals involved in management and containment of offenders, victim services personnel, and many others may also benefit from such knowledge.