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Combining Batterers Intervention with Alcoholics Anonymous: The Spiritual Defeat of Recidivism

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ABSTRACT

The effectiveness of Batter's Intervention Programs (BIPs) has captured the attention of researchers around the world. Results from some meta-analyses indicated that BIPs were effective in decreasing domestic violence-related recidivism and general offense recidivism when reported by the criminal legal system, but not when assessed by the survivor. Other assessments have focused mainly on whether there is an improvement in the psychological variables of abusers. More recently, researchers have examined motivational strategies as promising approaches to improve BIPs. Alcoholics Anonymous (AA) has been a widespread alcohol use disorder (AUD) recovery organization for more than 80 years. The current study seeks to explore the merits of introducing spiritual and religious elements into a standard batterer's intervention program. The policy implications are explored with a focus on creating more effective programs that meet the social, psychological, and spiritual needs of abusers in hopes of reducing domestic violence-related recidivism and other criminal offenses.

INTRODUCTION

The Centers for Disease Control (CDC) defines Intimate Partner Violence/Abuse (IPV/A) as "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner". Nearly one in three women and one in ten men in the United States have experienced physical assault, sexual assault, and/or stalking by an intimate partner [1]. Under Florida law, for example, defendants convicted of domestic violence must enroll in and complete a BIP as a mandatory condition of their probation. The program lasts between 26-29 weeks and is one of the most onerous of all misdemeanor probation conditions. Funded by user fees paid by the batterer, the program allows them to take responsibility for their acts of violence. Furthermore, Florida state statute 741.28(1) demonstrates that everyone convicted of domestic violence can also expect a sentence of probation. Furthermore, "the court must impose the condition of the batterers' intervention program for a defendant placed on probation unless the court determines that the person does not qualify for the batterers" intervention program under s. 741.325" [2].

A HISTORICAL OVERVIEW OF BATTERERS INTERVENTION PROGRAMS

The emergence of BIPs coincided with relationship violence intervention programs (RVIPs) in the late 1970s. These and similar programs resulted from several sources including men's consciousness-raising groups, social service organizations, and battered women's advocacy programs. Collectively, these programs emphasized sexism as the root cause of intimate partner violence, promoting personal accountability for violence, and broader social change in gender relations [3]. Once established, these programs grew at an exponential rate to help meet the demand of apprehending and managing suspected perpetrators. During the 1980s and 1990s, changes in policing and prosecution policies resulted in a large influx of court-mandated participants where BIPs proliferated from about 80 US programs in 1980 to over 2500 by the early 2000s [3]. However, as these programs gained legitimacy, concerns and conflicting views on safe and appropriate intervention also surfaced. Divergent approaches to ruminating about spouse or wife abuse resulted from different conceptualizations of the problem, illustrated by fundamental and enduring questions about the nature of battering, batterers, and

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preferred interventions [4-6].

BIPs vary, in part, by whether they are administered by counselors in private practice or as a sort of hybrid social service akin to a probation or parole program. Over time, the most well-known type of intervention with batterers is typically referred to as the Duluth Model. The Duluth Model or Domestic Abuse Intervention Project (DAIP) was a program developed to reduce domestic violence against women. It is named after Duluth, Minnesota, the city where it was developed in 1981 and largely spearheaded by Ellen Pence and Michael Paymar. Based on feminist theory, the Duluth Model posits that "domestic violence is the result of patriarchal ideology in which men are encouraged and expected to control their partners" [7]. The fundamental tool of the Duluth model is the Power and Control Wheel, which illustrates how men use intimidation, male privilege, isolation, emotional and economic abuse, and violence to control women.

Throughout weekly meetings, group facilitators introduce various cognitive-behavioral techniques that attempt to identify and interrupt the thinking that underlies undesirable behaviors-replacing these with more adaptive ones. Typically, these small group interventions, varying in length, aim to change attitudes about the use of power and control in relationships and seeks to end or reduce violent and threatening behavior by teaching new skills. Some programs, such as the DAIP, focus on the impact of exposure to violence on children and the development of non-violent parenting skills. Most programs, however, focus on helping batterers take responsibility for their abusive behavior, expand their understanding of what constitutes abuse, and help them to learn new skills to replace aggressive and controlling behaviors. What differs across programs is the emphasis placed on skills training, cognitive strategies, gender-role restructuring, power and control motives for abuse, patterns for family interaction, and the role of past personal trauma.

Sociologists Smith and Hattery [8] describe three models of batterers' intervention: (1) feminist models, (2) family systems-based models, and (3) counseling or psychological models. In their book, Social Dynamics of Family Violence (2012), they provide an outline of each model. The feminist model developed out of a feminist consciousness-raising movement that produced the shelter movement. With its focus on power and control as the cause of battering, it emphasizes equality as the goal of treatment and reeducation. The family systems model assumes that intimate partner violence is a result of a dysfunctional family. Moreover, violence escalates from social interaction with problem-solving as its main goal. In contrast, psychological models focus on individual problems (such as a history of abuse or drug and alcohol addictions). Based on defined causes of domestic violence, each BIP operates a bit differently throughout different jurisdiction. Because this article examines the role of alcohol use disorder as a correlate of a domestic battery incident, it explores the utility of combining BIP interventions with established programs like Alcoholics Anonymous (AA).

STANDARD BATTERER INTERVENTION PROGRAM (SBIP)

Various researchers have provided excellent overviews of how weekly group sessions of BIPs are structured and administered [9]. BIP's curricula are designed to promote and build trust, train in cognitive and emotional development, and develop an awareness of the consequences of violence on victims and loved ones. Several techniques are applied during a standard BIP (including group dynamics, role-playing, monitored exercises, and training in cognitive restructuring or emotion management skills). The advantages of group-based treatment are that it helps the perpetrator decrease feelings of isolation, encourages sharing and openness, and helps-seeking behaviors over individual or couple-based programs. A drawback to group-based interventions is its failure to address individual needs, peer contagion effects, and failure to reduce abusive behavior and recidivism [10]. Irregular attendance and failure to complete rates are also problematic for BIP participants. Having worked as a group facilitator for the DAIP program in Milwaukee, Wisconsin, some of the reasons why some offenders were lax in attendance reflect a sheer lack of interest in the curriculum, characterized by many as feminist-based and an exercise in weekly male bashing. Other reasons for poor attendance include a lack of transportation, an inability to hire babysitters, and a lack of finances to pay program fees. While reasons may vary, we must remember that batterers are not only intelligent but have reputations for being master manipulators. As program participants, they can easily discern what they can and cannot get away with based, in part, on learned observation and previous program exposure and participation.

EVALUATIONS OF BIP EFFECTIVENESS

Past evaluations of BIPs have yielded mixed results, ranging from variable at best to notoriously unsuccessful as many evaluations failed to capture sufficient detail to examine the influence of contextual factors [11-13]. Two meta-analyses of the more rigorous studies find the programs have, at best, a "modest" treatment effect, producing a minimal reduction in rearrests for domestic violence. However, other researchers also found a much stronger effect among some offenders, representing a reduction in recidivism from 13 to 20 percent. Surprisingly, and perhaps unexpectedly is that some studies found that BIPs either increased the likelihood of recidivism [14,15] or found no reduction in abuse at all [16,17]. Other reasons for the lack of effectiveness in BIPs include failure to prevent recidivism, attrition, and lack of support and confidence from the courts [18]. Ekhardt and colleagues (2013) previously examined 20 studies with

experimental or quasi-experimental designs and single-group, pretest-posttest studies only using multivariate statistical methods. Results indicated that interventions for IPV perpetrators showed mixed evidence of effectiveness regarding their ability to lower the risk of IPV.

Morrison [19] identified several themes related to challenges to promoting behavioral change among men who perpetrate violence. These include social acceptance of IPV, hypermasculine attitudes, and childhood exposure to violence, among other factors. Other researchers noted that BIP assessment focused mainly on evaluating whether there was an improvement in the psychological variables of abusers [20]. Santirso and colleagues [21] explored the effects of individualized motivational plans (IMP) on standard BIPs. They found that both general working alliance and agreement and bond were significantly higher in the standard BIP plus IMP intervention condition. Suffice it to say that studies have extensively examined the psychological profile of batterers, varying counseling formats (group or couples counseling), program length (shorter or long duration), treatment success based on completion rates, and more recently program mode, (e.g., self-help progress-psychodynamic educational). Yet furnishing convincing evidence about what works remains elusive and challenging [13].

It is important to acknowledge the positives and negatives of BIPs before combining them with other programs. It is the authors' position that many of the challenges to BIPs are possibly overcome when combined with a model social program, like Alcoholics Anonymous. Ideally, the program will cater to a certain profile of offenders whose domestic violence-related arrest was driven, in part, by alcoholism and substance abuse. A historical overview of Alcoholics Anonymous follows below.

ORIGINS OF ALCOHOLICS ANONYMOUS

On June 10, 1935, the Alcoholics Anonymous movement was officially founded. Its genesis is inextricably linked to two founding fathers, William (Bill) G. Wilson, author of almost all major theoretical texts on AA, and Dr. Robert (Bob) Smith. The Big Book, also known as Alcoholics Anonymous, reflects many of its trials and tribulations and ranks among its signature publications. Both men were former alcoholics who met and encouraged each other to become a part of the Oxford Group, founded by Dr. Frank Buchman, just before the beginning of World War II. This group promoted a formula for spiritual growth that was similar to the 12 steps in Alcoholics Anonymous. This includes taking a personal inventory, admitting mistakes, making amends, praying, meditating, and carrying the message to others. Some of the earliest meetings were between members of the Oxford Group and potential converts who engaged in a process of 'sharing.' Moreover, alcoholics would openly share the quality of their life experiences both before and after their spiritual conversions [22]. With hopes of restoration and promises of overcoming one's demons, spirituality and religious transformation became the central foci of Alcoholics Anonymous. However, some critics doubt the power and veracity of AA programs, arguing that AA is a cult that relies on God as the mechanism of action [23].

Through its 12-step approach, it has become one of the most effective ways of dealing with modern addictive behavior, especially in Western societies [24]. Amid innumerable testimonies, AA has been called "the most significant phenomenon in the history of twentieth-century ideas" [25]. As of 2022, the total membership in AA was estimated at over 2.1 million across 180 countries (www.aa.org). The program has gained so much success in its early years that other addiction support groups adapted the 12-step approach to their specific substance or addictive behavior. Moreover, AA has become the foundation of other individual-level twelve-step programs that support recovery from drug addiction. Included among these programs are Narcotics Anonymous (NA) and other addictions and compulsions, such as Overeaters Anonymous and Gamblers Anonymous (OA, GA). Sex and/or Love Anonymous (SA; SAA; SLAA) and Debtors Anonymous (DA) programs have adopted similar approaches. Support groups such as Al-Anon or Nar-Anon for friends and family members of alcoholics or drug addicts are part of the response to the treatment of addiction as a disease connected with family systems. Fellowships like Adult Children of Alcoholics (ACA or ACOA) deal with the effects of growing up in an alcoholic or otherwise dysfunctional family. Codependent Anonymous (CoDA) deals mainly with toxic relationships, commonly referred to as co-dependencies [24].

THE 12-STEP PROGRAM

Designed to treat recovering alcoholics, many of 'the steps' mention God or a higher power. Rather than promoting any single faith, the program applies to any deity, or in the case of agnostics, the universe as a whole. According to its website "12 Steppers", there are 12 Steps as defined by Alcoholics Anonymous (https://12steppers.org/12-steps/): The first three are foundational and recommended to practice daily.

1. We admit we were powerless over alcohol–that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Decided to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when doing so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs.

A closely related and equally vital component of the 12-step program is the 12 Traditions, which speak to the members of AA as a group, as defined in the Big Book and outlined below.

THE 12 TRADITIONS

Unlike the 12 Steps, which primarily guide individuals to sobriety, the 12 Traditions govern AA itself. These traditions detail how AA groups should operate and provide rules that they must follow. Most of these rules are designed to protect the independence and anonymity of AA and to ensure that members can receive the support and information needed to stop drinking. They also seek to ensure that AA remains open and welcoming to any who seeks help through the organization. Each of the 12 steps is available at https://www.aa.org/sites/default/files/2022-01/en_tt_contents.pdf.

RESEARCH FINDINGS ON THE EFFECTIVENESS OF ALCOHOLICS ANONYMOUS PROGRAMS

Scholars have been struggling with the problem of studying Alcoholics Anonymous scientifically since the 1960s and conclusions regarding its effectiveness are controversial and subject to widely divergent interpretations [26]. Because of methodological difficulties-such as a lack of true experimental designs and an overreliance on cross-sectional studies-definitive conclusions are difficult to substantiate. Ironically, some research studies concluded that attending AA led to worse outcomes than no treatment at all [27]. Nonetheless, other studies report AA is highly effective. For example, the research by Kaskutas [26] suggests that (1) rates of abstinence are about twice as high among those who attend AA. Several studies offer empirical support for these mechanisms. The positive relationship between AA involvement and abstinence is partially mediated (explained) by (a) psychological and spiritual mechanisms including finding meaning in life [28], greater motivation for abstinence [29], and changes in religious beliefs and spiritual experiences [30]. Research also suggests that long-term involvement results in more years of total abstinence [31]. Compared with professionally treated alcoholics, AA members seem to achieve abstinence at a higher rate.

In another study, AA and Twelve Step interventions performed at least as well as established active comparison treatments, like cognitive behavioral therapy (CBT), on all outcomes except for abstinence where it often outperformed other treatments. It also demonstrated higher health care cost savings than other alcohol use disorder treatments. Adelman-Mullally and colleagues [32] reviewed twenty articles that also reported several positive findings. They found that AA outcomes frequently cited are abstinence, improved self-efficacy, improved psychosocial well-being, and improved social networks. These positive outcomes are linked to attendance and participation in AA.

RECOMMENDATIONS FOR A MODEL PROGRAM

The spirit has been left out of many fields even though the role it plays in the clinical arena is significant [33,34]. The inverse relationship between faith and delinquent or criminal behavior has long been established and supported by many penal systems (i.e., an increase in faith is related to a decrease in crimes such as IPV). An evidence-based assessment of the effectiveness of faith-based programs reveals that they "work" in reducing recidivism [35]. One extensive systematic review of 272 faith and crime studies from 1944 to 2010 revealed that in 90% (i.e., 247 of 272) of the studies, more God means less crime and delinquency [36]. Subsequently, a meta-analysis of 62 studies was undertaken confirming that religious involvement reduces felonious and delinquent behaviors [37]. For many AA participants, it is comforting in knowing that "all have sinned and fall short of the glory of God," (Romans 3:23) and that there is "no condemnation to those who are in Christ Jesus" (Romans 8:1). Moreover, all Scripture is God-breathed and profitable for teaching, for conviction, for correction, for instruction in righteousness, That the man of God may be complete, fully equipped for every good work (2 Timothy 3:16-17).

The current study seeks to explore the merits of introducing spiritual and religious elements into a standard batterer's intervention program. It comes on the heels of new and emerging interventions that include motivational enhancement therapy [3,38]. Some researchers recommend that referral agencies should consider referring people to AA first, rather than to treatment [39]. This program shows promise as an alternative or supplement to traditional BIPs, which typically rely on clients being court-mandated to attend treatment. Given the widespread nature of IPV/A,

understanding the operation of potential community-based alternatives or supplements to BIPs is critical in widening access to treatment [9]. Ideally, the program should be voluntary, culturally sensitive, and religion-spiritually based. Despite populist and journalistic discourse, which tends cynically to cite opportunistic reasons for prisoners choosing to follow a religion, many have found power in their chosen God. Among Islamic inmates, for instance, prisoners are more likely to choose to follow Islam in prison for reasons of piety, as a mechanism for emotional coping, and for good company rather than for perks, protection, and privileges [40].

Past research has shown great support for the role of spirituality and religion in batterer's intervention programs. Nason-Clark [41] published the first empirical study documenting the characteristics of faith-based DAIP participants. The earlier faith-based program was voluntary and group facilitators did not impose religious values or proselytize on the group. Some theologians endorse religion and culture as useful tools for encouraging resistance to IPV/A because of the power it holds in guiding many people's lives [9]. In the proposed model program, eligibility requirements are provided below and incorporate some of the features promoted by Santiro and Garica [21].

MODEL PROGRAM ELIGIBILITY

1. First-time offenders
2. Offenders who have a history of alcohol use disorder while involved in an intimate relationship
3. Offenders had been sentenced to less than a two-year term in jail or prison
4. Offenders whose sentences were suspended on the condition that they attended the intervention
5. Offenders who demonstrated either interest and desire or involvement in the jail/prison ministry program (while incarcerated)
6. Offenders who expressed remorse toward their victim (including their partner and family)
7. Court-ordered offenders, either in place of probation or as part of a deferred sentence (i.e., adjudication withheld)

To ensure success, all participants need to complete the program as previous BIP evaluations have confirmed higher dropout rates among perpetrators with alcohol abuse problems. Finally, research also shows that, regardless of an alcohol use disorder, perpetrators who completed the batterer intervention program showed improvements in all intervention outcomes analyzed. Perpetrators both with and without alcohol abuse problems can show positive changes after completing an intervention program and, in this regard, the present study highlights the need to design more effective adherence strategies for intimate partner violence perpetrators, especially for those with alcohol abuse disorders.

CONCLUSION

This model program seeks transformation through the renewing work of religious faith. Theoretically, transformation is a deep inward process that, with time, can promote a complete shift in lifestyles, behaviors, and attitudes. For many of us, success is a matter of personal growth. Part of personal growth is overcoming an alcohol abuse disorder and other drug addictions. One way to accomplish this is to integrate the most promising and relevant features of existing programs. In doing so, future studies should seek to understand best practices for referrals and coordinated care for individuals suffering from alcoholism and who perpetrate abuse and ensure access to a broad range of services to help assist in reducing violent behaviors [19]. Having programs specifically tailored to the spiritual needs of certain domestic violence offenders can go a long way toward rehabilitation and the spiritual defeat of recidivism.

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