Beyond Duluth: A Broad Spectrum of Treatment for a Broad Spectrum Domestic Violence

Johnna Rizza

University of Montana School of Law

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BEYOND DULUTH: A BROAD SPECTRUM OF TREATMENT FOR A BROAD SPECTRUM OF DOMESTIC VIOLENCE

Johnna Rizza*

I. INTRODUCTION

In 1985, Anywhere, Montana, a child calls 911. It’s 2:00 a.m. Her mother has just sprayed pesticide into her father’s face, and then smashed a cast iron bucket over his head. Seeking revenge, her father punches her mother repeatedly in the arms, back, and head. When the police arrive, they talk to her parents and offer her a sucker. They handcuff her father, and hand her mother a pamphlet detailing abusive relationships. The multi-colored flyer shows pictures of crying children, black-and-blue women, and a list of phone numbers for battered-women shelters. The mother notices a section entitled “Signs of Abuse: How to Know When to Leave.” The situation described in the pamphlet seems akin to an after-school special or a Lifetime movie: a tyrannical, controlling father locks his children in the closet and beats his wife for buying the wrong brand of mayonnaise. But this situation does not apply to her family. Mother, father, and child all dangerously conclude that their family is normal; they do not need a shelter, child protective services, or batterer’s treatment.

* Johnna Rizza, J.D. candidate 2009, The University of Montana School of Law; B.S. University of California at Davis, Agricultural Systems and Environment. I am grateful to my family for the personal experiences that have shaped my perspective on this issue. I also thank Andrew King-Ries for his thoughtful comments and encouragement; I appreciate his willingness to listen, to challenge my thoughts, and to help me navigate my legal journey. I also would like to thank the Montana Law Review staff for helping me publish my work. This project arose from attending the Missoula MAN program, and working closely with the Federal Defenders of Montana and the Montana Office of Public Defender.
The situation above illustrates the need for immediate intervention and services. Thankfully, many clinicians recognize the need for urgent action in order to halt and prevent violence;\(^1\) however, providing services without evaluating the potential harm, benefits, safety, and efficacy of the programs may not necessarily help those in violent situations.\(^2\) The National Academy of Science correctly concludes that the urgency and magnitude of domestic violence has encouraged policy makers, service providers, and advocates to act without scientific support.\(^3\)

Striving to help, practitioners have inadvertently attempted to categorize and label a complex problem that should be addressed on an individual basis, not with a blanket solution. Programs have been designed and implemented without the knowledge of whether they help or harm. Many practitioners blindly charge ahead, and generally label the woman as the victim and the man as the abuser. Advocates send women to shelters and men to jail, and then scratch their heads in confusion when she returns and he re-offends.

A large gap exists between the ideal world and reality, but science can help bridge this gap. The science of testing batterer intervention programs is still developing, but preliminary data suggests that a wide variety of intimate partner violence exists, not just the inimical male-perpetrator model addressed in the original Duluth Model. The Duluth Model, in its original, pure form, proves inadequate because it addresses only a single type of familial violence, while ignoring others such as the example outlined above.

Years of experience and a burgeoning interest in scientific study urge us to move past the original Duluth Model toward a broader spectrum of treatment. The scientific community has already moved toward a combination approach to treatment. The original Duluth Model has evolved into a combination of psycho-educational and cognitive-behavioral treatment (CBT) models, both of which are supported by science.\(^4\) The continued evolution of this model will be imperative to the future of batterer intervention treatment.

For batterer intervention programs to succeed, they must be broad and flexible enough to adapt to each individual situation, rather than try to apply a rigid treatment grid over a complex human problem. This article examines the history and evolution of the Duluth Model, focusing on the efficacy

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2. Id. at 257 (citation and internal quotation omitted).
3. Id. at 257–258 (citation and internal quotation omitted).
of the pure Duluth, pure CBT, and combination psycho-educational-CBT models. It will outline both the known benefits and the criticisms of the Duluth Model, and introduce inventive approaches to intervention programs. Domestic violence is fresh to the rigors of scientific study and plagued with an inherent political bias. Thus, while possible solutions may be proposed, the practicality of implementation is low, due to the fluidity of scientific theory, political forces, and social values.

II. The Duluth Model

A. History, Theory, and Curriculum

Historically, domestic violence has been largely ignored. Most people believed violence within the family was a private matter beyond government interference. During the rise of the feminist movement, society increased its attention to the devastating effects of familial violence, especially to its predominantly female victims. In the 1970s, the first battered women's shelters opened, offering a safe refuge for abused women and children. However, the response from law enforcement, courts, and human services to these types of domestic cases was "dismally inadequate." Batterer women's shelter volunteers began to notice that female victims routinely returned to their abusive partners. In response, the earliest batterer intervention programs emerged based on a feminist theory that a man needs to control a woman.

Later, in 1981, the Domestic Abuse Intervention Project (DAIP), in Duluth, Minnesota, created a more structured approach to batterer treatment, the Duluth Model. The Duluth Model reigns as the most commonly state-mandated model of intervention. In many states it is the only statutorily acceptable treatment model. This model, often credited for introducing domestic violence into society's mainstream conscience, takes a feminist psycho-educational approach. Practitioners using this model inform men that they most likely batter women to sustain a patriarchal society. The program promotes awareness of the vulnerability of women and children politically, economically, and socially. It seeks to ensure the safety of female victims by "holding the offenders accountable," particularly those

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6. Id.
7. Feder & Wilson, supra n. 1, at 240.
8. Id.
9. Id. at 241.
10. Id.
11. Id. at 240–241.
who would not serve jail time, and "by placing the onus of intervention on the community to ensure the women’s safety." 12

The program, born from the creative energies of battered women and feminist activists, included members of EMERGE, one of the first batterer intervention programs in the country. 13 Battered women from Duluth participated in creating the Duluth Model's Power and Control Wheel based on traits and behaviors specific to their own abusive husbands. 14 Later, scientists tested the program’s curriculum with a sample group of nine subjects, including five battered women and four abusive men, who had all participated in the program. 15 Based on the results of the test, the Duluth Model emerged as one of the nation’s most utilized models for batterer intervention programs.

The program’s famed Power and Control Wheel describes characteristics of battering men and centers the program’s philosophy on the idea that domestic violence stems from a male-specific form of power and control. 16 The curriculum is shaped by the theory that men are socialized to attain dominance, thus justifying battering. Many men vigorously defend these social messages with slogans such as "someone has to be in charge," and "God made man first, which means he is supposed to rule woman." 17

In essence, the program attempts to halt men’s violent behavior by focusing on the supposed reason they batter: to maintain individual and societal patriarchal dominance. The Duluth Model does not, however, address other possible reasons for violence, including substance abuse problems, psychological problems, violent backgrounds, or unhealthy relationship dynamics. Other common risk factors for violence, such as “stress on the perpetrator, impulse control problems, trait anger, communication skill deficits, couples’ negative interaction, or personality disturbance,” are systematically excluded as excuses. 18 Any violence perpetrated by a woman is dismissed as either non-existent, self-defensive, or insignificant.

As the Duluth Model took shape in the 1980s, cognitive-behavioral treatment methods also emerged. CBT programs approach domestic violence through a combination of using “the role of thoughts and attitudes influencing motivations and . . . behavioral emphasis on changing perform-

13. Id.
15. Dutton & Corvo, supra n. 12, at 460.
16. Id.
18. Id.
ance through modification of reinforcement contingencies." CBT models are popular with other genres of treatment programs, such as substance abuse and sex-offender treatment because they provide participants with tools to recognize and change their behavior. At least one study concluded that pure CBT programs, those completely devoid of traditional Duluth Model components, boasted most successful results for batterer treatment.

Today, many batterer treatment programs utilize a combination of the psycho-educational and cognitive-behavioral treatment approaches. Still, many states, including Montana, mandate exclusive use of psycho-educational treatment, the method that forms the basis of the pure Duluth Model. Generally, the psycho-educational, CBT, and Duluth models all have similar goals—to eliminate violence in the home—but the means used to achieve the end differ. The classification and scientific study of each program struggles in its infancy, resulting in significant disagreement as to the efficacy of batterer intervention programs, most of which follow some form of the Duluth Model.

B. Criticisms of the Duluth Model

Despite the widespread use of the Duluth Model, criticism abounds. The most common criticisms include complaints that the model is based on ideology, is unsupported by scientific and empirical evidence, ignores potential causes of intimate partner violence, dismisses female-perpetrated or mutual violence, and offers an inflexible approach to a complex social problem. In practice today, many batterer intervention programs employ a blend of psycho-educational and CBT methods; thus pure Duluth Models are increasingly difficult to find. Furthermore, data obtained from different pure Duluth programs contain significantly unreliable results. This section explores negative study results against a backdrop of popular Duluth Model criticisms. Later, the article will examine the Duluth Model's positive attributes, along with studies indicating the potential effectiveness of the program.

20. Feder & Wilson, supra n. 1, at 241.
22. Feder & Wilson, supra n. 1, at 241.
25. Feder & Wilson, supra n. 1, at 241.
26. See generally Dutton & Corvo, supra n. 12; Gondolf, supra n. 4.
1. The Original Duluth Model: Based on Ideology, Not Science

In the 1970s and early 1980s, the feminist movement brought the problem of domestic into mainstream thought. Duluth, Minnesota, like many American communities, responded by instituting more proactive arrest and prosecution policies in domestic violence cases. The courts were reluctant, however, to incarcerate men convicted of domestic violence. Since the courts refused to punish perpetrators, Duluth faced difficulty in holding men accountable for their actions. In this context, the Duluth Model batterer intervention program arose as the best way to simultaneously punish and rehabilitate men convicted of family assault.

Practitioners created the curriculum by focusing on questions from battered women:
- Why is she the target of his violence?
- How does his violence impact the balance of power in their relationship?
- What did he think he could accomplish by hitting her?
- Why does he assume he is entitled to have power in the relationship?
- How does the community support his use of violence against her?

At this time in the early 1980s, the concept of domestic violence as a crime first emerged. The Duluth group developed the most effective treatment program possible, given their limited resources of subjective accounts of victims and generalized ideas about the cause of domestic violence.

The educational aspect of the Duluth program confronts the male privilege that exists as a result of America’s patriarchal society. Every aspect of American culture, including school, church, military, and the government has socialized Americans to value power and dominance, particularly male dominance. The Duluth Model focuses on domestic violence as a “socialized option for men” to exert control over women. Essentially, the early Duluth Model theorized that men choose violence towards women as a way to establish power and dominance, in response to societal pressure and acceptance.

Unfortunately, it is dangerous to adhere to a treatment model based solely on ideology, because it dismisses other possible causes of familial violence, and thus excludes the possibility of more appropriate treatment options for some population segments. The Duluth Model narrows the purview of domestic violence and “limits other approaches to behavioral and psychological change and generates an atmosphere in the [treatment] group...”

28. Id.
29. Id.
30. Dutton & Corvo, supra n. 12, at 460.
32. Dutton & Corvo, supra n. 12, at 461 (emphasis added; citation omitted).
that cannot be conducive to honest exchange." 33 The continued adherence to the Duluth Model is likely the result of society's well-placed desire to treat domestic violence. However, while practitioners focus on the urgency of treating domestic violence, emerging science indicates that simply "doing something may not help." 34 Instead, the developing empirical evidence, which suggests varied causes for violence, should be utilized to expand the pure Duluth Model beyond its original format.

2. Empirical Research: Proof of Pure Duluth Model Inadequacies

In recent years, participant complaints about Duluth Model-based programs and high attrition rates prompted numerous studies of the program's effectiveness. The data have been mixed, but researchers generally conclude that Duluth Model-based programs experience dropout rates sometimes as high as 40% to 60%, despite program completion as a condition of probation. 35

Duluth Model batterer intervention programs are also plagued by high recidivism rates. One study revealed a 40% recidivism rate in a six-month follow-up of participants, a rate higher than most control group recidivism rates. 36 Similarly, another study conducted in 2004 found a 35% recidivism rate as reported by the victims and 21% as measured by arrest records. 37 In 2003, the United States Department of Justice's National Institute of Justice (NIJ) reviewed the efficacy of two batterer intervention programs in Broward County, Florida, and Brooklyn, New York. 38 The findings were discouraging: the programs had little to no effect. 39 While there are two possible explanations for these dismal findings—methodological flaws and program failure—the results have caused many to question whether these programs should be continued 40

The Broward County, Florida, evaluation found "no significant differences" in recidivism rates or attitudes about domestic violence between the treatment and control groups. 41 In this study, men convicted of domestic

33. Id.
34. Feder & Wilson, supra n. 1, at 257 (citation omitted).
36. Dutton & Corvo, supra n. 12, at 462.
37. Id.
38. Shelly Jackson et al., \(\text{Batterer Intervention Programs: Where Do We Go From Here?}\ iii (U.S. Dept. of Just. 2003) (available at http://www.ncjrs.gov/pdffiles1/nij/195079.pdf) [hereinafter Batterer Intervention Programs].
39. Id.
40. Id.
41. Id.
violence were randomly assigned either to a 26-week Duluth Model batterer intervention program with probation (experimental group) or to probation only (control group). The recidivism results were compiled based on victim surveys, offender surveys, and re-arrest rates. The results revealed that the Duluth Model-type counseling showed "no clear and demonstrable effect on offenders' attitudes, beliefs, or behavior." Even though monitoring was rigorous, the majority of male dropouts were re-arrested for probation violations. The men who attended all the sessions "were only slightly less likely to be re-arrested than similarly situated men in the control group" who attended none. In fact, similarly situated men in the control group were less likely than their counterparts in the experimental group to be rearrested. Sadly, the study found the existence of severe physical abuse, even as soon as six to 12 months after conviction.

The Brooklyn evaluation yielded similar results. However, unlike the Broward County evaluation, the Brooklyn men were randomly assigned to three subgroups of either 26-week treatment, eight-week treatment, or a control group assigned to community service unrelated to domestic violence. The treatment program, patterned after the Duluth Model, focused on domestic violence as "a byproduct of male and female roles that result in an imbalance of power." The curriculum, largely psycho-educational in format, informed the men of the historical, social, and cultural influences and encouraged the men to be responsible for their own actions. Both subgroups attended 39 hours of class: yet one group attended 1.5-hour weekly sessions for 26 weeks, while the other group attended 2.5-hour sessions twice a week for eight weeks. Men in the control group completed 39 hours of community service unrelated to domestic violence. In the end, only the men in the 26-week group had significantly lower recidivism at six- and 12-month intervals as compared to the control group—whose results were nearly identical to the eight-week group's results. Overall, the results of this study did not indicate the Duluth Model program led to any lasting changes in behavior.

42. Id. at 5.
43. Id.
44. Batterer Intervention Programs, supra n. 38, at 12.
45. Id. at 13.
46. Id.
47. Id. at 12.
48. Id. at 16.
49. Id.
50. Batterer Intervention Programs, supra n. 38, at 15.
51. Id. at 20.
3. **The Original Duluth Model Follows a One-Size-Fits-All Approach to Treatment**

The Duluth Model has been criticized for its oversimplified approach to all incidences of domestic violence. Its batterer intervention program fits only one type of domestic violence. Even when researchers and academics disagree over statistics of male- and female-perpetrated violence and mutual violence, most agree on a broad and varied range of domestic violence situations. Some research suggests that male-violence dominated couples constitute only 9.6% of all couples and that only about one-third of males in court-mandated treatment fit the stereotypical violence described in the Duluth Model. This does not mean that stereotypical violent men do not exist, or even that a significant amount of resources should not be focused on them. However, if these violent men do in fact “represent a small segment of the range and pattern of perpetration,” many other violent perpetrators are not being identified. Problematically, the Duluth Model views every man as equivalent to the lowest common denominator—the worst man convicted—while the majority of assaults are trivial. While no violence is trivial, it is important to recognize potential effects of building a model based on a small percentage of perpetrators. Many men will not identify with the characteristics on the Power and Control Wheel. If an offender cannot identify his behavior in the range of unacceptable behavior, he may dangerously conclude that he does not fit, is not a batterer, and, therefore, does not need to change his pattern of behavior. Without identifying as a batterer, a man will most likely dismiss the program, and, even if he attends to satisfy his probation requirements, will not be engaged and will certainly not realize the intended benefits. The overall goal of batterer intervention programs aspires to effect long-lasting change, so adhering to a model that inadvertently discourages a large segment of the population from changing makes little sense.

It is easy to recognize when men do not fit within the Power and Control Wheel. Perceptive group leaders should remind members that even though they do not exhibit the stereotypical tendencies on the Wheel, their violent behavior is still abnormal and unacceptable. Even so, if an of-

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52. Dutton & Corvo, *supra* n. 12, at 464.
53. *Id.*
54. *Id.*
55. *Id.*
56. *Id.*
57. Author's personal research as a participant in the Missoula, Montana Men Advocating Non-Violence Program (MAN) (Mar. 25–May 1, 2008).
58. *Id.*
59. *Id.*
fender does not equate himself with the perpetrator on the Wheel, he will not see his behavior as abusive and will be unlikely to change.60

4. The Pure Duluth Model Ignores Female-Perpetrated and Mutual Violence

The most common illustration of domestic violence depicts a male perpetrator demonstrating traits on the Power and Control Wheel and a female victim. In fact, some research suggests that women are six times as likely as men to be victims of domestic violence.61 However, data may contradict this illustration of unilateral violence.

Strong evidence exists to suggest that “bilateral violence is the most common form of [domestic violence] and the stereotypical form of male-perpetrator-woman-victim is the least common form.”62 In fact, the 1985 United States National Family Violence Resurvey found that, in a subset of 825 subjects experiencing partner assault, half of the incidents were reported as reciprocal violence, one-quarter were male-perpetrated, and one-quarter were female-perpetrated.63 Surprisingly, women admitted to throwing the first blow in 52.7% of the cases and reported their male partners striking first in only 42.6% of the cases.64 The study concluded that the “stereotypical pattern (male severe, female none or minor) [exists] in only 8% of married couples.”65

Recent research has uncovered staggering statistics indicating a higher level of female-perpetrated violence than originally accepted.66 Survey data suggest that “men and women are equally violent in intimate relationships.”67 Additionally, some of the most recent research indicates that “female perpetrated abuse in intimate relationships is at least as common as male abuse, often extends to the same degree of severity, can result in serious outcomes for male and female victims, and seems to reflect a common set of background causes.”68 Despite the common view that women only use violence in self-defense, data show that women also commit unilateral abuse.69

60. Id.
61. Gondolf, supra n. 4, at 646.
63. Id. at 460.
64. Id.
65. Id.
67. Id.
68. Id. at 113.
69. Id.
Some statistics directly contradict these findings, but it is important to recognize that if the data is so widely disparate, it is at least possible that an accurate picture of domestic violence falls somewhere in the middle. Therefore, the amount of mutual violence and female-perpetrated violence is most likely higher than commonly accepted. Thus both male and female perpetrators and male and female victims “require services that address the perpetration and victimization needs of both partners.”

This concept falls in line with the recent increase in female-focused batterer intervention programs. In Missoula, Montana, the recent development of the WAVE program, which treats violent female perpetrators, indicates an increased recognition of female-perpetrated domestic violence. This does not suggest that male-perpetrated violence should be ignored or its severity diminished, but to effect lasting change in familial violence, it is imperative to be receptive to the idea that domestic violence can be perpetrated by both males and females.

C. Positives of the Duluth Model

Despite increased criticism of the Duluth Model, positive feedback exists which warrants its continued use, albeit in an arguably modified form. The most obvious positive of the Duluth Model is its historical success in integrating domestic violence into the criminal justice system. Even avid Duluth Model critics recognize that “if not for the early groundbreaking work of victims’ rights advocates and feminist activists, it is not likely domestic violence would be so recognized as an important social welfare and public health issue.” Additionally, the Duluth Model has established some fundamental guidelines for batterer treatment, has begun to include more CBT components, and has made a strong case for a coordinated community response to domestic violence. There is also some research confirming the utility and effectiveness of the Duluth Model.

One of the more positive attributes of the Duluth Model is its coordinated community response component. Community coordination, including law enforcement, courts, and programs for both victims and offenders, is essential for effecting change. The Duluth Model continues its focus to include all levels of the community. Proponents claim that the damaging NIJ Brooklyn and Broward studies “clash[ed] with [a] much more comprehensive [seven]-year multi-site evaluation, [which] concluded that well-established batterer intervention programs with sufficient reinforcement from

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70. Id.
71. Dutton & Corvo, supra n. 12, at 478.
73. Id. at 652.
the courts do contribute to a substantial decline in re-assault.” 74 This shows that a collaborative social approach to treatment often more effectively treats perpetrators than operating batterer treatment in a vacuum.

Mounting empirical evidence suggests that the use of a balanced approach to treatment, focusing less on feminist theory and more on cognitive behavior change is appropriate. However, Duluth Model proponents remain firmly convinced that the use of feminist theory still outweighs other treatment programs. Unfortunately, these advocates refuse to recognize additional causes of intimate partner violence, and the efficacy of their model continues to dwindle, defeating the very purpose of the program.

III. MONTANA’S BATTERER TREATMENT MODEL

A. Montana Statutory Batterer Treatment Requirements

In Montana, Montana Code Annotated Section 45-5-206 outlines the elements of Partner Family Member Assault (PFMA) and the corresponding penalties for each conviction. While the fine and incarceration time increase with each conviction, Montana statutorily mandates batterer intervention programs for every person convicted of PFMA, even after the first offense. 75 The offender is “required to pay for and complete a counseling assessment with a focus on violence, controlling behavior, dangerousness, and chemical dependency.” 76 Additionally, a statutorily mandated criminal justice report is compiled and sent to the counselor to assist him in properly assessing the offender’s individual counseling needs. 77 The statute requires the offender to complete 40 hours of counseling including “psycho-educational group programs, [and] any indicated chemical dependency treatment made by the counseling provider.” 78 The Montana Code defines psycho-educational group as a “group discussion, with instructional content themes, that encourages sharing and feedback, increases self-awareness, and is aimed at facilitating change in group members’ daily lives.” 79 While the definition does not specifically mandate use of the Duluth Model, psycho-educational group programs are effectively Duluth Model programs. The language of the Montana statute seems to reference both psycho-educational and CBT concepts. Thus group leaders employ both strategies, intro-

76. Id. at § 45-5-206(4)(a).
77. Id.
78. Id.
79. Id. at § 45-5-231(8).
ducing the *Power and Control Wheel* and then focusing on the statutory requirement of "facilitating change in daily lives," a largely CBT concept.\footnote{80} 

**B. The MAN Program**

In Missoula, Montana, the state's statutory requirements are met through the Men Advocating Non-Violence (MAN) Program. When a man is convicted under the Montana PFMA statute, he is first required to complete a counseling assessment with MAN counselors. This assessment focuses on violence, controlling behavior, dangerousness, and chemical dependency, pursuant to the statute. The assessment may also include referrals for additional treatment at the discretion of the counselor. Once the offender completes the assessment, he must attend weekly group sessions for 26 weeks until the full 40 hours have been completed. The offenders are also responsible for the entire cost of the program, $800, in addition to any court fines assessed as part of the conviction.\footnote{81}

Theoretically, the program allows for three absences before the court is notified of the individual’s non-compliance. In practice, however, the court does not monitor the program. Thus the court is only notified of a violation if an offender’s probation officer learns about and reports absences or non-compliance to the court at the offender’s next hearing. The lack of court monitoring constrains the program’s success as it implies a failure of the Duluth Model’s coordinated community response.

A majority of the participants in the MAN program are court-mandated offenders.\footnote{82} Battering comes in varying degrees and participants’ characteristics vary tremendously. While occasionally a man fits neatly into the Duluth Model’s *Power and Control Wheel*, many offenders rarely exhibit even one characteristic on the *Wheel*. Still, the men in the program attend because they have exhibited violence against a family member, usually an intimate partner. Regardless of the level of applicability of the *Wheel* to MAN participants, the program still includes power and control concepts. However, it seems that more men are reached by discussing each participant’s specific actions and focusing on the inappropriateness of those actions, even if they failed to reach the level of violence on the *Wheel*.

Like many batterer intervention programs, in practice, the MAN program is a combination of psycho-educational and CBT, patterned after the Duluth Model.\footnote{83} While the program begins by introducing the *Power and

\footnotesize{81. Id.}
\footnotesize{82. Author’s personal research as a participant in the Missoula, Montana MAN Program (Mar. 25–May 1, 2008).}
\footnotesize{83. Id.}
Control Wheel, their curriculum focuses primarily on the “100% Responsibility Model.” This model rests on the idea that each relationship consists of two players, each contributing 100%, rather than 50%, to the relationship. This concept is consistent with both the Duluth Model and CBT programs. Whatever one’s theory regarding batterer treatment programs, most can agree on the sensibility of the 100% Responsibility Model.

Many unhealthy relationships more closely resemble the 50:50 Responsibility Model, best described as the pre-schooler’s “he/she started it” scenario. Under this theory, “50% of [one partner] is owned 50% by another.” For example:

- I did what I did because he/she/they did what they did.
- I said what I said because he/she said what he/she said.
- I could or would get help if he/she would stop harassing me.
- I could or would change but he/she keeps pushing me.
- I can’t control myself unless he/she stops complaining.
- I won’t stop yelling until he/she stops making me yell.

One who ascribes to this model believes that another’s behavior causes one’s anger, which justifies a violent reaction. Unfortunately, if that behavior continues into adulthood it can spiral into a cycle of violence and neither partner will hold herself accountable for her own actions; instead they will blame it on their partners. If partners never feel responsible for their own actions, then behavior change is impossible.

Alternatively, the MAN Program’s 100% Responsibility Model is based on these ideas:

- I own 100% of everything I do, say, think, and feel.
- They own 100% of everything they do, say, think, and feel.
- Therefore, no one else decides what I do, say, think, and feel.

Under this theory, no one else’s behavior causes a violent reaction because only the individual can control her reaction. Only when a person understands that she has a choice and responsibility in her reaction, can she change her behavior.

The 100% Responsibility Model seeks to re-define power and control from a hierarchical and victim power system to a shared power and personal power system. This concept combines the feminist psycho-educational Duluth Model concepts and the more cognitive-behavioral 100% Responsibility Model. This idea of hierarchical power refers to power over

84. Id.
85. Id. (citing worksheets provided as part of the program).
86. Id.
87. Id.
88. Author’s personal research as a participant in the Missoula, Montana MAN Program (Mar. 25–May 1, 2008).
89. Id.
others, most commonly perceived in our culture as the most powerful person or entity at the top, traditionally a white male. This is a deeply ingrained belief in our culture.

Victim power, when injured victims lack responsibility for their injury, limits victims to helplessness, dependence, and powerlessness. In this system, others are responsible for the injury and, therefore, curing the injury. While this type of power is often necessary, victims may use their status to “claim[ ] special privilege[s] and exemptions from the usual expectations of family, work, and other responsibilities.”

The 100% Responsibility Model attempts to stress shared power and personal power. Shared power is essentially power shared equally between parties. Personal power occurs when one’s power comes from an internal source, stemming from a “solid sense of self built on the awareness of innate worth . . . not at mercy of others . . . [and] is fueled by self-awareness, self-control, self-respect, self-confidence, and integrity.” While still recognizing the ideology behind the Duluth Model, this model places responsibility firmly in the lap of those involved. Both the victim and the offender have control over their own lives and decisions. Ideally, the victim can choose to leave the unhealthy, violent relationship and the offender can take responsibility for his violent behavior and choose to change.

IV. SOLUTIONS: BROADENING BATTERER TREATMENT OPTIONS TO REACH A BROADENING CLIENTELE

Domestic violence programs should cater to specific situations. Some situations involve extreme male-dominated violence, consistent with the Duluth Model’s Power and Control Wheel, while others are female-perpetrated or involve mutual violence where both partners choose to remain in the relationship. Some situations are precipitated by drugs and alcohol and others are the result of one partner suffering from psychological illness. A one-size-fits-all approach to treatment cannot work with such a multiform societal problem like domestic violence. Given the painful and sometimes horrifying stories that accompany many domestic violence cases, understandably, many advocates are blinded by a desire to help and fail to distinguish between different domestic violence situations. The professional, along with both parties, must make an educated and individualized treatment determination to address the particular dynamic. This does not excuse the offender’s criminal conduct, but instead considers the big picture to determine the proper treatment for a particular offender.
The best treatment model should include a framework of psychological, biological, social, and political factors. This framework should consider all levels of perpetrators, victims, and witnesses, and will be instrumental in the development of an effective model of intervention.

A. The Modern Duluth Model: A Combination of Psycho-Educational and Cognitive-Behavioral Treatment

Many recent studies focus on the efficacy of the Duluth Model as compared to combination models, such as MAN’s 100% Responsibility Model. Many programs claim to use the Duluth Model, as required by state statute, but in actuality “blend together aspects of psycho-educational and cognitive behavioral approaches within a feminist context in an attempt to reach a broader range of clientele.” In a 2004 comparison study between the CBT and Duluth models, the pure CBT had the best results. However, the study noted that it was difficult to find pure Duluth and pure CBT models as most modern batterer groups combine different theories, practice, and specific interventions such as anger control, stress management, and communication. Additionally, the American Psychological Association website recognizes that the most effective form of court-mandated batterer treatment combines psycho-educational and CBT models.

Although the Duluth Model has been criticized for its uniform, patriarchal, psycho-educational approach to batterer intervention programs, its modern version can be characterized as a combination of psycho-educational and CBT concepts. In practice, the Duluth Model curriculum has been modified from its original archetype and now includes more than a simple course in feminist abuse theory. The modern curriculum first exposes typical abusive behaviors in the Power and Control Wheel, challenges denial and minimization, and teaches alternative skills to avoid violence. This curriculum is ideally a part of a larger system of support which includes rigorous monitoring, sanctions for failure to attend group, support for the victim, and referrals to other types of counseling. Although the Duluth Model still leans against a feminist backdrop, the actualities of implementation have moved the curriculum towards a CBT prototype.

93. Dutton & Corvo, supra n. 12, at 461.
94. Id.
95. Feder & Wilson, supra n. 1, at 241.
96. Dutton & Corvo, supra n. 12, at 463.
97. Id. at 462 (quoting Babcock, Green & Robie, supra n. 35, at 1023–1053).
98. Id. at 463.
99. Gondolf, supra n. 4, at 645.
100. Id.
101. Id.
The Montana MAN Program implements the Duluth power and control dynamics in combination with cognitive-behavioral techniques. The program is divided into two components: (1) recognition of reasons behind violent behavior, and (2) behavior change. Information regarding the effect of violent childhoods, psychological illness, substance abuse problems, and feminist theory are all included to explain an individual’s violent behavior. Some offenders identify with the feminist theory, others identify with an explanation stemming from violent backgrounds, and still others identify with substance abuse or psychological problems. The mandatory group discussions identify each of these explanations. Instead of being labeled excuses or causes, these factors are labeled reasons, a term associated with both the Duluth Model and the 100% Responsibility Model. In fact, the men are usually quick to point out that a dysfunctional childhood does not excuse their own violent behavior.

Next, the “how” component is integrated. This is the most difficult part of the process, requiring self-reflection and practice. The men often begin by discussing a fact scenario and by identifying ways to deal with the situation without resorting to violence. For example, one man, “Pete,” explained that he hit his wife after he discovered her at a known meth house with his children. Participants are asked to put themselves in Pete’s position and consider a course of action. No one disputes the content of Pete’s response—nobody would want children at a meth house. Some men suggested that Pete should have taken the children and not “caused a scene.” However, the men were encouraged to consider the effectiveness of different communication techniques, different tones of voice, and different choices of words. As the discussion continued, the controlling and disrespectful behavior was highlighted and healthier communication techniques were encouraged.

Several men say the program has helped them understand why they resort to violence and the correct action they should take. However, the men stressed that when they are angry and “in the moment” they cannot just “pull the stop card.” This, it seems, is the roadblock for many men. Still, subjectively at least, the combined psycho-educational/CBT model employed by MAN seems to have at least some effect. Although recidivism rates have not been studied and the program receives much criticism for its lack of court monitoring, many are committed to the success of the program. If the program can reach one man, even to plant the seed for change,

102. Author’s personal research as a participant in the Missoula, Montana MAN Program (Mar. 25–May 1, 2008).
103. Id.
and reduce or eliminate violence in one family, it is worth it, regardless of its perceived shortcomings.\textsuperscript{104}

In practice, most programs simulate the CBT and Duluth Models; however Montana statutes still require a pure psycho-educational approach. Empirical research and subjective accounts suggest that the blended psycho-educational/CBT approach works best. Professional counselors are generally in the best position to determine the effectiveness of their community’s program and should have the power to make necessary adjustments to effectuate change in the greatest number of offenders.

\textbf{B. Treatment for All Players: Offenders, Victims, and Witnesses (Children)}

Research suggests that to effect significant change in domestic violence, many types of batterer intervention programs must exist to “consider all levels with perpetrators, victims and witnesses.”\textsuperscript{105} In other words, not only must the primary perpetrator be treated, but so must the victim and children. Aside from offering safety and support services to the victim, services generally offer little else. Typically, children involved in domestic violence situations, usually as witnesses, receive nothing. Instead the focus rests on the male perpetrator and his mandatory treatment. During treatment practitioners teach the perpetrators to recognize when they desire to use violence, and encourage them to use alternatives. However, the offender then returns home, and attempts to utilize his new skills in a status quo environment.

Clearly, a violent perpetrator must be completely responsible for his action, but often the other family members involved fall out of the loop and have no input or control. Any treatment model advocating personal or shared power and 100\% responsibility would benefit all involved—participants, offenders, victims, and children.

The MAN Program shares this view. However, the program recognizes that while treating the entire family in separate, equal programs would be ideal to effect long-lasting change in a family, it is unlikely to happen. First, there are insufficient resources to implement such a plan, especially considering most current research on batterer intervention programs demonstrates the little, if any, effect of such programs. The community is unlikely to approve more funding for an area in which research indicates limited or no success. Additionally, many would resist inviting the government into the family, regardless of the perceived benefit.

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\textsuperscript{104} & \text{\textit{Id.}} \\
\textsuperscript{105} & \text{Dutton & Corvo, \textit{supra n. 12, at 461.}}
\end{align*}
Still, separate but equal treatment for all involved should be considered for the future. As it stands, when the police report to a domestic violence call, the police usually incarcerate the man, label the woman as victim, and ignore the children. The end result leaves two out of the three parties involved without input, control, or power over the next stage of the family’s life. The effect is a feeling of powerlessness, the very effect advocates seek to prevent. Although many advocate for removal of children, incarceration of offenders, and shelters for women, this approach is simply not effective. Following arrest, men return home, the majority of couples do not separate, and most children remain in the home. Given this reality, it is essential to address issues as they are, not as they “should be.”

C. Appropriate Couples Counseling

The majority of men enrolled in court-mandated batterer intervention programs, including Montana’s MAN program, have intact families and children living in the home. These couples often exhibit mutual violence and usually insist on preserving the relationship. While advocates may disagree with this course of action, they cannot force a couple to divorce. In the past, couples counseling has been criticized and dismissed as “victim-blaming.” However, as academic and program leaders begin to recognize a need, couples counseling is being used more often.

Recently, Dr. Phil McGraw (Dr. Phil), in response to a couple engaged in mutual violence, recommended that each should participate in rigorous individual therapy and then, if an objective professional felt it was appropriate, couples counseling. Dr. Phil stressed the 100% Responsibility Model for each partner, regardless of who initiated the violence. For example, he is 100% responsible for physically abusing her, no matter what she did to him, and for choosing to remain in a clearly toxic relationship. Likewise, she is 100% responsible for physically abusing him and remaining in an abusive relationship. Dr. Phil noted that not only does a parent with children have a right to leave such a relationship, but he or she has a responsibility to do so. Although Dr. Phil recommended termination of their relationship, history showed the two would likely stay together. This reality prompted Dr. Phil’s qualified advice of couples counseling.

If a couple insists on staying in the relationship, there are certain circumstances when couples counseling will be appropriate. For example, couples counseling may be appropriate when a couple engages in mutual violence and has equal bargaining power. “Don’s” story, revealed during a

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106. Feder & Wilson, supra n. 1, at 241.
108. Id.
MAN program session, exemplifies this scenario. Don is a three-time MAN program participant who has remained with his wife and is determined to make the relationship work. Don has participated in the program extensively, his wife has received individual therapy, and both have concluded that couples counseling may be the next step. While it is rare to make such a recommendation, this situation demonstrates when couples counseling may be appropriate; their children live in the home, the couple insists on staying together, both have had intensive individual therapy, and both continue to use violence.

Even Lundy Bancroft, author of “Why Does He Do That?” and former co-director of EMERGE, recommends couples counseling in certain situations. Bancroft concedes that “couples therapy is designed to tackle issues that are mutual [and] can be effective for overcoming barriers to communication, for untangling the childhood issues that each partner brings to a relationship, or for building intimacy.”\(^{109}\) Bancroft cautions that these goals cannot be accomplished within a context of abuse.\(^{110}\) Bancroft acknowledges that each partner should be responsible for his or her 100% contribution to the relationship. However, Bancroft agrees that sometimes couples counseling is appropriate, and professionals should not be prohibited from making such a decision in appropriate circumstances.

Overall, couples counseling is rarely utilized in the United States.\(^{111}\) Most professionals in the field agree, however, that couples counseling may be appropriate in situations of mutual violence.\(^{112}\) Still, even in such scenarios, aggressive and consistent participation in a batterer intervention program or individual therapy must occur before any work can be done as a couple.

### D. A Case for Mediation

Finally, mediation may be appropriate in some family law situations where collaborative effort has agreed such action is appropriate.\(^{113}\) As domestic violence cases are so varied, an all-or-nothing approach in domestic violence family law issues is unsuitable. Mediation is one tool that could be used effectively if considered on a case-by-case basis.\(^{114}\)

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110. *Id.*
111. *Id.* at 354.
114. *Id.* at 279.
Research suggests that in some family law cases involving abusive spouses, the judges, psychologists, program leaders, and mediators should collaborate to make a recommendation to the victim. Parties should be allowed to make educated decisions about their own treatment, especially once professionals have adequately reviewed the case and determined mediation to be an appropriate option.115

Often, the same men return to the program, year after year. These men are unwilling to separate from their spouse for fear of negatively impacting the children. If couples choose to stay together “for the children,” the court cannot force them to separate. In these circumstances, when a couple insists on staying together for the children’s benefit, mediation may be recommended to explore alternatives such as shared parenting. The use of mediation within the domestic violence dynamic is rarely utilized, therefore, scant research exists as to its efficacy. However, like the other treatment alternatives, mediation should remain an option for the professional to recommend in appropriate situations.

V. CONCLUSION

Over the past 50 years, domestic violence has evolved from a private matter into a crime. In most jurisdictions in the United States, crimes of violence against a family member are punishable by incarceration, fines, mandatory batterer treatment, and negative social stigma. Effective offender treatment remains an enigma. As Duluth advocates recognized in the 1980s, incarceration alone fails to change behavior, especially considering that the roots of domestic violence lie deep in our patriarchal social structure. When attempting to treat an offender, practitioners must consider a laundry list of questions.

- What type of treatment should be employed?
- To whom: the offender, victim, and witnesses?
- How do we tailor each program to effect long-lasting change?
- How do we want offenders to change?
- How do we ultimately measure success?

The Duluth Model may, at best, end up a historical relic. Criticisms of this model notably question its efficacy. Scientists have little data to support the use of the pure Duluth Model and jurisdictions are increasingly using combination CBT/Duluth programs. While Duluth variations are helpful, the pure Model follows a one-size-fits-all approach that fails to recognize additional causes of domestic violence. Additionally, the Model roughly ignores female and bilateral violence. The feministic approach,

115. Id. at 280.
while historically significant, fails to address the variety of domestic violence situations.

Social scientists will continue to study and review treatment solutions for domestic violence offenders. As with most sociological issues, domestic violence remains politically charged and molded by changing societal views and values. However, scientific input adds at least some objectivity to an inherently subjective area. Unfortunately, the “science” of domestic violence still crawls in its infancy. Currently, the collective view of the causes of domestic violence is evolving, as is government intervention, privacy, autonomy, and conceptually, how these elements affect domestic violence treatment solutions.

The diversity of each offender, victim, and child must be met with an equally diverse set of treatment options. As the effectiveness of each treatment method continues to be evaluated, individuals and practitioners should not be limited to only one or two treatment options. Currently, many states mandate the use of a particular treatment design, usually a psycho-educational model such as Duluth, and likewise discourage and even prohibit mediation and couple counseling. As the knowledge of the efficacy of such programs expands, so should the availability of treatment options to meet the needs of each individual struggling with violence at home.

Most scientists, like lawyers, know that any attempt to draw a framework of lines over complex human activity is difficult, if not impossible. However, with a little optimism, practitioners will be able to flex those lines to meet the needs of individual offenders and their families, thus providing each with an effective, tailored intervention program.