

CONCLUSIONS

This descriptive study demonstrates that batterer intervention programmes exist in developing and developed nations alike. New programmes are being established and existing programmes are expanding. Given that this area of intervention appears to be on the brink of rapid growth, it is critical to quickly set in place process and outcome evaluations that will elucidate how programmes function effectively and in what ways they fall short of expectations. To prevent extenuating harm to victims, and minimize potential waste of financial and human resources, expertly-designed, independently-conducted programme evaluations are essential.

Several recommendations are put forth for consideration:

1) **Work towards the development of international best practices guidelines on batterer intervention.** A process for developing international best practices guidelines should be envisioned. This process should be informed by the results of programme evaluations and by batterer intervention practitioners who represent a wide range of philosophical standpoints and geographical experience. Those with the skills to critically evaluate

scientific literature and programme practice should play key roles in the guidelines development process. Once established, best practices guidelines could facilitate the funding process by highlighting areas of need among developing programmes and simultaneously providing baseline measures by which funding agencies could evaluate prospective grantees.

2) **The participation of battered women's and victims' rights organizations in the development of the batterer intervention field should be ensured.** The multiple benefits of cooperating with women's and victims' rights organizations, and the necessity of including women's and victims' advocates in the process of developing batterer intervention programmes, should be stressed to the international community of batterer intervention practitioners. Programmes that have not yet established productive relationships with local battered women's or victims' rights groups should be provided with the additional training, resources and incentive needed in order to foster solid, cooperative relationships.

- 3) **Assess the potential merits and burdens of introducing batterer intervention programmes to communities where violence prevention programmes exist.** In some communities, batterer intervention programmes may enhance existing violence prevention programming. In others, there may be insufficient resources or community capital to sustain two types of programmes with similar goals. Needs assessments that will articulate whether batterer intervention and violence prevention programmes will complement or hinder each other's efforts should be conducted in a variety of settings.
- 4) **Provide batterer intervention practitioners with simply written, translated syntheses of the empirical research on intimate partner violence causes and consequences.** Providers of batterer intervention services should be equipped with up-to-date and easily-understood summaries of the most current research on intimate partner violence.
- 5) **Model batterer intervention programmes based in the USA should be provided with the contact information of their international colleagues, so that they can collaborate to improve service for immigrant and refugee abusers.** The Duluth, Emerge, Manalive and other USA-based batterer intervention programmes that regularly train new providers should be linked with the international network of batterer intervention programme providers in order to develop new, effective materials and techniques for use with foreign abusers who attend programmes in the USA.
- 6) **Investigate informal social controls that inhibit intimate violence perpetration.** In some regions, no structured batterer intervention programmes exist. It is assumed that in these regions, as well as in some areas where formal programmes have been established, informal community-enacted interventions with abusers occur. Qualitative, descriptive investigation into the type, nature and efficacy of these social controls may enrich structured programmes, or may provide a basis upon which to develop effective, formal interventions where there are currently none.
- 7) **Enhance partnerships between sexual health and intimate partner violence perpetration programmes.** There is a clear need to foster linkages between sexual health programmes and the practitioners who are working with perpetrators of intimate partner violence. Models for creating and sustaining partnerships should be evaluated and disseminated.