Male Domestic Violence Offenders' Experiences in a Batterer Intervention Program: A

Case Study of One Batterer Intervention Program in Central Indiana

Katrina Ann Thomas

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Approved by:

Name and degree, Committee Chair

LaRonda Starling, Ph.D.

Name and degree, Committee Member

Yulanda Tyre, Ph.D.

Abstract

Domestic violence is a significant concern in the United States. Twenty people per minute are physically abused by an intimate partner (National Coalition Against Domestic Violence, 2020b). In Indiana, 42.5% of women experience intimate partner physical or sexual violence or intimate partner stalking in their lifetimes (National Coalition Against Domestic Violence, 2020a). Perpetrators of domestic violence are often mandated to attend batterer intervention classes. Effective batterer intervention programs are essential to victim safety and decrease the likelihood that the perpetrator will engage in domestic violence behaviors in the future. However, the effectiveness of existing batterer intervention programs may not be enough. Most current batterer intervention programs focus on the batterers' abusive behaviors to gain power and control over the victim (Cannona et al., 2016; Mills et al., 2019). Furthermore, research indicates a lack of effectiveness in current batterer intervention programs (Ager, 2017; Ferrer-Perez & Bosch-Fiol, 2018; Mills et al., 2019). The purpose of this qualitative case study was to better understand the needed elements for effective batterer intervention programs for participants and facilitators in Central Indiana. This research was guided primarily by an ontological assumption due to the emphasis on the nature of the participants' reality (Creswell & Poth, 2018). Data was collected through one-on-one interviews to identify common themes in what batterer intervention participants and facilitators find essential in reducing domestic violence through batterer intervention programs.

Keywords: domestic violence, batterer intervention, batterer intervention programs, history of domestic violence, history of batterer intervention, accountability, the effectiveness of batterer interventions

Dedication

I am grateful for the prayers, support, and encouragement from family and friends throughout my academic journey. Without them, this journey would have been too treacherous for me to complete.

I am dedicating this research study to the following people:

First, I am dedicating this research study to my husband. He was my cheerleader, supporter, and encouragement. When I wanted to give up, he pushed me to keep going. After he passed away on July 17, 2021, it has been in his memory that I continued my journey to complete the doctorate program with this research study. I miss you, Aaron.

Second, I am dedicating this research study to my best friend. After my husband passed away, my best friend stepped up and would not allow me to quit this academic journey or give up on life. My gratitude and respect cannot be expressed in words. Thank you.

Third, I am dedicating this research study to my family who have been there for me even when I was not there for myself. Without the prayers, love, and encouragement from my family, I would not be where I am today. Being surrounded by family who are strong in their faith in God and in themselves has taught me how to stand up to life's challenges and keep pushing forward.

Lastly, I dedicate this research study to Dr. Eric Davis. He is not only my clinical director, I also consider him a mentor. His tireless work in addiction recovery and batterer intervention is testament to his passion for helping people find hope and positive life changes.

Acknowledgments

First and foremost, I must acknowledge God for His refusal to give up on me. It is through the strength, boundless grace, and all-consuming love God has provided to me that I have been able to push through the battles of life to win the victories. When I've lost a battle, He reminds me He has already won the war for me. The victory is mine to claim in His Name.

I would like to acknowledge my committee chair, Dr. LaRonda Starling and my reader, Dr. Yulanda Tyre. Dr. Starling graciously gave her time, support, guidance, and prayers throughout my dissertation process. Her support and guidance have been invaluable to me. Both Dr. Starling and Dr. Tyre have challenged me to rise up to the demands of my academic journey. Both have had a lasting impact on my life that has made me a better scholar and a better person.

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List of Abbreviations

Batterer Intervention Program (BIP)

Cognitive Behavior Therapy (CBT)

Domestic Violence (DV)

Indiana Coalition Against Domestic Violence (ICADV)

Interpersonal Violence (IPV)

National Coalition Against Domestic Violence (NCADV)

Chapter One: Introduction

This chapter provides an overview of the history of domestic violence, theories related to the phenomena of domestic violence, and theories driving the research discussed later in this proposal. Additionally, the problem of domestic violence and the purpose of this research is addressed. This discussion includes the purpose and significance of the study, specific research questions, key definitions, and a summary, as well as my motivation for the study.

Background

History of Domestic Violence

Domestic violence has a lengthy history in various societies, cultures, and ethnic groups and results in physical and mental harm to the victim and detrimental effects on society (Gokdemir et al., 2022). As described by Gokdemir et al. (2022), detrimental effects of domestic violence are seen not only in the lives of the victims but also in the dismantling of the family unit, tears in community systems, the economic strain on families and communities, and long-term mental and emotional effects in the lives of children who witness domestic violence. Contributing to the problem of domestic violence is the lack of training in recognizing domestic violence by medical personnel and child welfare workers (Ogbonnaya & Kohl, 2018). Perpetrators of domestic violence often only seek treatment interventions when ordered by the judicial system or child-welfare system. However, current interventions offered by most community agencies are ineffective in reducing instances of violence in the home (Karakurt et al., 2019).

Domestic violence dates back to the early Roman empire (Wright, 2015). Wright reported that ancient customs, beliefs, laws, and many early conventions of marriage allowed husbands to defend their male authority and rights through beatings. They even allowed killing wives for

serious challenges to their authority. Early American laws were based on Old-English common laws (Clark, 2011). One such law explicitly permitted men to correct their wives through wife-beating (Pennsylvania Child Welfare Resource Center, n.d.). In 1882 Maryland was the first state to pass laws making wife-beating a crime (Pennsylvania Child Welfare Resource Center, n.d.). In 1911 the first Family Court was created in New York and decided that family problems would best be settled through discussion and reconciliation, including social service intervention (Pennsylvania Child Welfare Resource Center, n.d.).

Domestic violence was not considered a criminal act or socially inappropriate until the 1960s (Wagers & Radatz, 2020). Then, in 1962, in what appeared to be a backward step in addressing domestic violence, New York domestic violence cases were moved from criminal court to civil court (Pennsylvania Child Welfare Resource Center, n.d.). This move to civil court meant that men who beat their wives would not suffer the consequences one would face in assaulting a stranger (Naqvi et al., 2016). In 1966 cruel treatment became grounds for divorce, however, the wife was responsible for establishing that a significant number of beatings had taken place to warrant such action (Pennsylvania Child Welfare Resource Center, n.d.).

In the 1970s, battered women who left their husbands were denied welfare or social services (Pennsylvania Child Welfare Resource Center, n.d.). In 1976, in Pennsylvania, there remained an old town ordinance on the books stating that husbands cannot beat their wives after ten o'clock at night or on Sundays. As late as 1979, only 14 states provided funds for battered women's shelters. It was not until 1990 that judges were required to consider a history of domestic violence when determining visitation or child custody cases (Pennsylvania Child Welfare Resource Center, n.d.).

Over the past 40 years, incidence rates for domestic violence have not declined (Wagers & Radatz, 2020). Mandatory arrest laws have been shown to have negative consequences for the victim, including loss of income and increased abuse when the batterer returns home. Batterer intervention programs emerged in the late 1970s. The Duluth Model of batterer intervention was developed in the early 1980s (Taylor & Sullivan, 2011) and, despite the lack of empirical evidence of effectiveness (Cannon et al., 2020), is still the most widely used intervention in the United States (Burelomova et al., 2018). The Duluth Model is based on the feminist theory of the man's desire for power and control and the cause of domestic violence (Taylor & Sullivan, 2011; Burelomova et al., 2018; Cannona et al., 2016).

Domestic Violence as a Social Concern

More than 10 million adults in the United States experience domestic violence each year (National Coalition Against Domestic Violence, 2020b). The United States has experienced a 42% increase in domestic violence incidents from 2016 through 2018 (National Coalition Against Domestic Violence, 2020b). Domestic violence accounted for 20% of all violent crimes in 2018 (National Coalition Against Domestic Violence, 2020a). In 2014 the Indiana Coalition Against Domestic Violence served 1,807 domestic violence victims daily (National Coalition Against Domestic Violence, 2020a). Sixty-five percent of all murder-suicides involve domestic violence; 96% of those victims are female (National Coalition Against Domestic Violence, 2020a).

Domestic violence exists in every community and affects every community member (National Coalition Against Domestic Violence, 2020b). The consequences of domestic violence cross generational and socioeconomic lines (National Coalition Against Domestic Violence,

2020b). Persistent physical and mental health concerns, loss of income, and even death are a few consequences of domestic violence (Wright, 2015).

Theoretical Concepts and Principles Driving This Research

Historical Theories

Several theories have been explored to explain the phenomena of domestic violence. One problem in determining a theoretical or conceptual framework is the lack of a universally accepted definition of domestic violence (Burelomova et al., 2018). Existing theories fall short in providing a basis for effective batterer intervention programs. Patriarchal societies, acceptance of domestic violence, gender inequality, poverty, and oppression are major contributing factors to domestic violence (Mshweshwe, 2020). Many theoretical perspectives attempt to explain the phenomena of domestic violence perpetration (Wagers, 2015). Wagers also reports that domestic violence has been explored through intraindividual, sociological, and sociopolitical levels. Power and control appear to be the common factor in all current theories. Major theoretical frameworks of domestic violence include sociological and feminist theories, cognitive-behavioral theory, trauma perspective theory, and neurobiological and neurochemical factors theory (Wagers, 2015).

Social Theories

Two prominent theories of domestic violence perpetration are the sociological and feminist perspectives (Lawson, 2012). Sociological perspectives of domestic violence include family violence, systems, ecological, social control, resource, and subculture-of-violence theories (Lawson, 2012). The lens of social exchange theory further attempts to explain domestic violence by assuming that behavior is directly influenced by rewards and consequences (Cavanaugh, 2012).

General sociological theories of domestic violence include strain theory, social disorganization theory, and benefit theory (Lawson, 2012). Lawson describes strain theory as frustrations within social structures and relationships cause violent behaviors. Lawson continues to discuss social disorganization theory as looking to factors in the physical environment that cause violence due to social conditions. Furthermore, Lawson states that benefit theory suggests the benefits of remaining in a relationship experiencing domestic violence outweigh the social costs for many battered women. Lawson goes on to support benefit theory as supporting the feminist perspective, which posits domestic violence as a means of power and control.

Feminist perspectives include gender asymmetry and power and control (Lawson, 2012). The feminist lens suggests men use violence to oppress and gain control over women (Farr, 2021). Farr explains that within patriarchal society, the feminist theory of domestic violence places the responsibility for domestic violence solely on the masculine gender and the male pursuit of total power and control. Holding the offender accountable for their abusive behavior is an integral view of the feminist perspective (Ager, 2017; Cox & Rivolta, 2021; Lawson, 2012; Mills et al., 2019; Taylor & Sullivan, 2011)

Sociological and feminist theories address outside correlations associated with domestic violence. However, neither the sociological nor feminist theory considers individual experiences, biological or psychological contributors to domestic violence, or the phenomena of the existence of domestic violence in higher socioeconomic groups.

Theory Driving this Research

This research has been guided primarily by an ontological assumption due to the emphasis on the nature of the participants' reality (Creswell & Poth, 2018). Understanding the participants' reality will lead to a better understanding as to what effective interventions should

include. The critical theory framework that shaped this study is based on the participants' reality

of inappropriate and abusive use of personal power and empowering participants to change

abusive behaviors (Creswell & Poth, 2018). The experienced reality of batterer intervention

program facilitators was also viewed as an integral part of the study. A multi-theoretical

approach was used to drive this research and included psychological (biological factors that may

increase the potential for violence), cognitive-behavioral, and trauma history theories.

Psychological theories posit that violence is used as a means to an end, in response to a

threat to the ego, as a misguided effort to do the right thing, and as a means for sadistic pleasure

(Cavanaugh, 2012). Cavanaugh states that psychological perspectives suggest that biological

factors increase the likelihood of violent behaviors. When biological factors intertwine with

social learning involving the benefits of violence, the individual likely commits violent acts,

including domestic violence. Psychological theories of violence tend to be more closely related

to the cognitive-behavioral approach (Corvo & Johnson, 2013). Additionally, male batterers may

be less able to effectively regulate emotions effectively (Marin-Morales et al., 2022).

The cognitive-behavioral theory toward domestic violence looks toward the perpetrator's

cognition, emotion regulation, and resulting behaviors (Ager, 2017). Ager reports cognitive

behavior theory explores the primary constructs and activities contributing to aggressive and

violent behavior as opposed to viewing domestic violence solely from the stance of power and

control. The cognitive-behavioral theory posits that by teaching domestic battery offenders to

change thought processes and learned core beliefs, the offender will be able to stop the abusive

behaviors (Ager, 2017). The cognitive-behavioral theory, like feminist theories, requires

accountability be placed on the perpetrator of domestic violence while allowing room for the

offender to examine underlying contributors of violent behavior and make positive changes in

thought processes and emotion regulation to elicit positive conflict resolution behaviors (Cotti et al., 2020).

Hyper-masculinized and traumatized males may perpetrate domestic violence as an outlet for aggression resulting from trauma and posttraumatic stress disorder (Travers et al., 2020). Travers et al. report exposure to trauma has shown significant increases in the risk of perpetrating domestic violence. Men who have experienced or witnessed family violence are more likely to exhibit violent behaviors, including domestic violence (Fowler et al., 2016). Unresolved trauma in the lives of offenders may diminish the positive effects of other interventions, including cognitive behavior therapy and the Duluth Model, the two most widely used batterer interventions (Voith, Logan-Greene, et al., 2020). Individuals who have experienced complex and cumulative trauma often experience changes in brain chemistry that can alter thought processes and behaviors (Fowler et al., 2016; Travers et al., 2020; Voith, 2017).

Previous Research Related to The Treatment Experiences of Male Domestic Violence Offenders

There is limited research exploring the experiences of men who attend batterer intervention programs (Portnoy & Murphy, 2020). One study by Portnoy and Murphy in 2020, using narrative accounts of 11 male participants in a Maryland batterer intervention program, found that treatment flexibility to meet specific participant needs, a safe group environment, and content including effective communication, emotion regulation, and cognitive restructuring were needed to increase the effectiveness of the program. Other studies have found that male batterers considered elements of treatment such as accountability and support from other group members, relationship dynamics, social constructs, self-esteem (McGinn et al., 2020), learning from other

group members, seeing others make changes, and gaining a different perspective (Morrison,

George, et al., 2019), were also important elements of treatment to address violent behaviors.

Situation to Self

My motivation in conducting a study of the treatment experiences of male domestic

violence offenders was to explore more effective means of decreasing instances of domestic

violence. Current research, as will be presented in Chapter Two, indicates that current, most

widely used interventions are ineffective in reducing domestic violence perpetration. As a

substance use and trauma therapist, I facilitate batterer intervention groups. As a life-long learner

with a passion for helping others improve their lives, I have a driving interest in exploring what

is effective for batterer interventions instead of continuing to provide interventions that have no

empirical or anecdotal evidence of effectiveness.

In addition to my personal experiences in working with perpetrators of domestic

violence, this research has been guided primarily by an ontological assumption with an emphasis

on the nature of the participants' and facilitators' reality (Creswell & Poth, 2018) as to what they

find helpful in assisting them in recognizing and stopping abusive behaviors. Open-ended

interviews with batterer intervention participants and facilitators have the potential to increase

the understanding of elements of programming needed to increase intervention effectiveness.

The critical theory framework that shaped this study is based on the participants' reality of

inappropriate and abusive use of personal power and empowering participants to recognize and

change abusive behaviors (Creswell & Poth, 2018). Critical theory in this study questioned what

is considered known mechanisms of change (Phillips & Lincoln, 2017) in men who batter. My

research was based on assumptions that men who batter experience difficulties in cognitive

processing and emotion regulation likely resulting from a history of negative social learning and experienced trauma.

Problem Statement

Domestic violence is a significant concern in the United States (Aaron & Beaulaurier, 2017). Twenty people per minute are physically abused by an intimate partner (National Coalition Against Domestic Violence, 2020b). In Indiana, 42.5% of women experience intimate partner violence (physical, sexual, or emotional) or intimate partner stalking in their lifetimes (National Coalition Against Domestic Violence, 2020a). Perpetrators of domestic violence are often mandated to attend batterer intervention classes (Wilson et al., 2021). However, the effectiveness of existing batterer intervention programs may not be enough (Tutty & Babins-Wagner, 2019).

Effective batterer intervention programs are essential in reducing domestic violence and increasing safety for victims of interpersonal violence (Aaron & Beaulaurier, 2017). Current research indicates that current batterer intervention programs, at best, show a negligible effect on decreasing domestic violence (Aaron & Beaulaurier, 2017; Morrison, Hawker, et al., 2021; Waller, 2016). Although there is a lack of empirical evidence supporting its effectiveness the Duluth Model of batterer intervention programming is the most widely used intervention in the United States (Cannon et al., 2020). There is a critical need for more research to find better, more effective batterer interventions to reduce domestic violence incidents and increase the safety of all members of our society.

Purpose Statement

The purpose of this qualitative case study was to address the lack of effectiveness in reducing domestic violence for male batterers at one agency in central Indiana. In this research,

domestic violence is defined as sexual, emotional, and physical abuse of an intimate partner. This research was guided primarily by an ontological assumption due to the emphasis on the nature of the participants' reality (Creswell & Poth, 2018). A better understanding of the participants' reality will lead to a better understanding of what effective interventions should include. The critical theory framework that shaped this study is based on the participants' reality of inappropriate and abusive use of personal power and empowering participants to change abusive behaviors (Creswell & Poth, 2018). The experienced reality of batterer intervention program facilitators and participants has the potential to increase understanding of vital elements of effective batterer intervention programs. Using a trauma-informed cognitive-behavior theoretical stance may be a key to creating more effective batterer intervention programs (Voith, Logan-Greene, et al., 2020). Voith, Logan-Green, et al. posit that trauma-informed cognitive behavior interventions will provide a shift from why men use violence as solely learned behavior and lack of emotion regulation to the recognition of unresolved trauma as a potential premise to abusive behavior(Voith, Logan-Greene, et al., 2020).

Significance of the Study

The significance of this study is the contribution of the perspectives of male participants and facilitators of a current batterer intervention program in providing insight for new, more effective interventions. Current research indicates that current widely used interventions for domestic batterers are ineffective in reducing batterer behavior (Arias et al., 2013; Babcock et al., 2004, 2016). There is little research addressing how to decrease domestic violence behavior through the lens of the batterer. This study sought to provide insight from the batterer to better understand elements of effective batterer intervention programs.

This study provided a unique perspective from other research, the perspective of the batterer. With a better understanding of the needs of the batterer, the research site will have the opportunity to improve its current programming for batterer intervention. More effective batterer intervention programs will improve the lives of the batterer, the victim, and the local community.

Research Questions

1. What is the experience of male perpetrators of domestic violence in the effectiveness of the batterer intervention program in Indiana to decrease domestic violence?

    Exploring the experiences and perceptions of male domestic violence offenders' while in a batterer intervention program has the potential to identify factors that may enhance the effectiveness of the program in reducing abusive behavior (Portnoy & Murphy, 2020). The creation of effective intervention requires an understanding of the mechanisms of change for domestic violence offenders (McGinn et al., 2020). One avenue toward a better understanding of what elicits change in this population is a view of the intervention from their perspective (Portnoy & Murphy, 2020). Men's understanding of change influences what may be effective in batterer intervention programs (Seymour et al., 2021). An understanding of the mechanisms of change for men who abuse women is best gained by looking through the eyes of the men themselves (McGinn et al., 2020; Portnoy & Murphy, 2020).

2. How do male participants of batterer intervention programs in Indiana describe the importance of the facilitator's ability to address aspects of domestic violence behaviors beyond the behavior (i.e., thought processes, societal views of domestic violence and the perpetrator, trauma, life experience, communication, conflict resolution, and the ability to break the cycle of violence)?

In the United States, minimal training is required for facilitators of batterer intervention programs (Hamer et al., 2021). Lack of training may decrease the facilitator's ability to address factors such as thought processes, trauma, communication, and conflict resolution in male participants of batterer intervention programs (McGinn et al., 2020). Facilitators for batterer intervention programs may also lack personal characteristics such as non-defensiveness, ability to engage group participants, empathy, and non-judgment may also affect the effectiveness of the batterer intervention program (Hamer et al., 2021). Client engagement is vital to the effectiveness of the batterer intervention program (Hamer et al., 2021) which indicates the importance of understanding what client views as important in the role of the facilitator.

3. How do male participants and facilitators in batterer intervention programs in Indiana describe what they view as crucial in interventions designed to decrease abusive behaviors?

There has been very little research focused on addressing perpetrators of domestic violence (Morrison et al., 2017). Addressing physical, emotional, psychological, sexual, and financial abuse is essential in addressing and decreasing abusive behavior (McGinn et al., 2020). Bringing together male participants and facilitators perceptions of what is crucial for the effectiveness of batterer intervention programs has the potential for increased therapeutic relationships (Boira et al., 2013).

Definitions

1. *Abusive behavior* – Abusive behavior in domestic violence includes physical abuse (e.g., punching, slapping, pushing, choking), psychological abuse (e.g., verbal assault, manipulation, humiliation, isolation), sexual abuse (e.g., coerced sex), and economic abuse (e.g., financial control or deprivation) (Bouchard & Wong, 2020).

2. *Batterer* – Batterer is used to refer to any person who commits any act of abuse on another person, particularly their intimate partner (Cosimo, 2015).

3. *Batterer intervention program* – Batterer intervention programs are the primary response to domestic violence. Batterer intervention programs primarily utilize a group format designed to hold batterers accountable for their violent behaviors toward their partner (Richards et al., 2021).

4. *Cognitive-behavior therapy batterer intervention* – Cognitive behavior therapy focuses on the perpetrator's background, social learning, and the ability to change thought processes and emotion regulation to change abusive behavior (Cotti et al., 2020).

5. *Cycle of violence* – Partner violence recurs in predictable cycles commonly referred to as the cycle of violence. The three phases of the cycle of violence are tension-building, explosions, and calm. The tension building phase includes verbal or minor physical abuse. As tension builds the cycle moves to the explosion phase during which the abuse becomes brutal. Following this explosion phase there is a calm respite during which the batterer often attempts to compensate for the abuse. As tension builds the cycle repeats (Burge et al., 2016)

6. *Domestic violence* – Domestic violence is any abusive behavior (physical, emotional, sexual, financial, or psychological) perpetrated by a family member or intimate partner, past or present, on another (Barocas et al., 2016).

7. *Duluth Model* – The Duluth Model of batterer intervention is a psychoeducational program founded on the feminist theory that domestic violence results from men's quest for power and control over women (Bohall et al., 2016).

8. *Facilitator* – A facilitator for a batterer intervention program is responsible for teaching the batterer intervention session. Qualifications for a batterer intervention facilitator are participation in at least 26 batterer intervention program sessions, co-facilitation with a certified senior facilitator of at least 26 batterer intervention program sessions, and 100 hours of training that includes training specific to domestic violence, specific batterer intervention group facilitation, cultural diversity, substance abuse, and mental health (Indiana Coalition Against Domestic Violence, 2015).

9. *Family violence* – Family violence includes any type of violence or abuse (e. g., physical, emotional, sexual, financial) by a current or former spouse, a family or household member both current or former, current or former cohabitant, current or former intimate partner (Barocas et al., 2016).

10. *Interpersonal violence* – Interpersonal violence is defined as any physical, emotional, or sexual violence or stalking by a current or past intimate partner (Bagwell-Gray et al., 2015; Rich et al., 2022).

11. *Intimate partner* – Intimate partner refers to current and past spouses and dating partners (Centers for Disease Control and Prevention, 2021).

12. *Perpetrator* – Perpetrator refers to any person committing a criminal offense (Bohall et al., 2016). Batterer and perpetrator are used interchangeably in this paper.

13. *Trauma* – Trauma is defined as any event that overwhelms one's coping skills and threatens one's well-being (Voith, Logan-Greene, et al., 2020).

14. *Victim* – A victim of domestic violence is defined as any person who is currently or has in the past been directly or indirectly, abused by a current or former spouse, a family or household member both current or former, current or former cohabitant, current or former

intimate partner (Barocas et al., 2016; Indiana Coalition Against Domestic Violence, 2015).

Summary

Domestic violence has a lengthy history in various societies, cultures, and ethnic groups and results in physical and mental harm to the victim and detrimental effects on society (Gokdemir et al., 2022). Existing theories fall short in providing a basis for effective batterer intervention programs. Patriarchal societies, acceptance of domestic violence, gender inequality, poverty, and oppression are viewed as major contributing factors to domestic violence (Mshweshwe, 2020). Current research indicates that current batterer intervention programs, at best, show a negligible effect on decreasing domestic violence (Aaron & Beaulaurier, 2017; Morrison, Hawker, et al., 2021; Waller, 2016). This study leads to a better understanding of the needs of perpetrators of domestic violence to recognize and eliminate abusive behaviors.

Chapter Two: Literature Review

Domestic violence is a significant concern in the United States (National Coalition Against Domestic Violence, 2020b). An intimate partner in Indiana physically abuses 20 people per minute, and 42.5% of women experience intimate partner physical or sexual violence or intimate partner stalking in their lifetimes (National Coalition Against Domestic Violence, 2020a). Perpetrators of domestic violence are often mandated to attend batterer intervention classes (Morrison et al., 2018). Effective batterer intervention programs are essential to victim safety and in decreasing the likelihood that the perpetrator will engage in domestic violence behaviors in the future (Indiana Coalition Against Domestic Violence, 2015). However, the effectiveness of existing batterer intervention programs may not be enough.

Some research indicates that 66% of those who completed a batterer intervention program re-assaulted their partner within the first six months following treatment completion (Aaron & Beaulaurier, 2017). Current batterer intervention programs fail to address batterers' needs, such as racism, social effects, and political and economic inequality (Waller, 2016), which may be a vital factor in the effectiveness of batterer intervention programs.

Effective batterer intervention programs are essential to victim safety and decrease the likelihood that the perpetrator will engage in domestic violence behaviors (National Coalition Against Domestic Violence, 2020a). However, the effectiveness of existing batterer intervention programs does not appear to be enough. The lack of research, including participant views of what would enhance the effectiveness of batterer intervention programs, may be a missing key to creating programs that increase victim safety and decrease domestic violence. This qualitative study explored, from two diverse views of domestic violence, whether participant and facilitator views can work together to form effective programs for reducing domestic violence.

Theoretical Framework

Theoretical Framework for the Study

This research was guided primarily by the ontological assumption based on the emphasis on the nature of the participants' reality (Creswell & Poth, 2018). A better understanding of the participants' reality leads to a better understanding of what effective interventions should include. The critical theory framework that shaped the study was based on the participants' reality of inappropriate and abusive use of personal power and empowering participants to change abusive behaviors. The experienced reality of batterer intervention program facilitators and participants has the potential to increase understanding of vital elements of effective batterer intervention programs. A trauma-informed cognitive-behavior theoretical stance may be key to creating more effective batterer intervention programs. Trauma-informed cognitive behavior interventions may provide a shift from why men use violence from solely learned behavior and lack of emotion regulation to the recognition of unresolved trauma as a potential premise to abusive behavior (Voith, Logan-Greene, et al., 2020).

Cognitive behavior theory was another driving theory of the research. Cognitive behavior theory focuses on the interaction between thought processes, emotion regulation, and behaviors (Wong & Bouchard, 2021). Through guided interviews with batterer intervention program clients and facilitators, this research looked for themes that participants and facilitators find may be more helpful in reducing abusive behaviors beyond the most common theory of power and control. Identifying what batterer intervention clients and facilitators believe to be essential elements of an effective batterer intervention program will help guide further research in determining if cognitive-behavioral approaches to treatment may be more effective than the most

currently used feminist approach of power, control, and patriarchal theories of abusive behavior (Wong & Bouchard, 2021).

Theoretical Frameworks for Domestic Violence and Batterer Intervention Programs

Several theories have been explored in attempts to explain the phenomena of domestic violence. One problem in determining a theoretical or conceptual framework is the lack of a universally accepted definition of domestic violence (Burelomova et al., 2018). Existing theories fall short in providing a basis for effective batterer intervention programs. Patriarchal societies, acceptance of domestic violence, gender inequality, poverty, and oppression are viewed as major contributing factors to domestic violence (Mshweshwe, 2020). Many theoretical perspectives attempt to explain the phenomena of domestic violence perpetration (Wagers, 2015). Domestic violence has been explored through intraindividual, sociological, and sociopolitical levels. Power and control appeared to be common factors in all current theories. Major theoretical frameworks of domestic violence include sociological and feminist theories, cognitive-behavioral theory, trauma perspective theory, and neurobiological and neurochemical factors theory.

Sociological and Feminist Theories of Domestic Violence

Two prominent theories of domestic violence perpetration are the sociological and feminist perspectives (Lawson, 2012). Sociological perspectives of domestic violence include family violence, systems theory, ecological factors, social control, resource, and subculture-of-violence theories. The lens of social exchange theory further attempts to explain domestic violence by assuming that behavior is directly influenced by rewards and consequences (Cavanaugh, 2012).

Broad sociological theories of domestic violence include strain theory, social disorganization theory, and benefit theory (Lawson, 2012). Strain theory posits frustrations within social

structures and relationships, including perceived injustices, cause violent behaviors (Liu et al., 2020). Social disorganization theory looks to factors in the physical environment that cause violence due to social conditions (Lawson, 2012). Lawson also discussed how benefit theory suggests the benefits of domestic violence outweigh the social costs. Lawson concludes that benefit theory supports the feminist perspective, which posits domestic violence as a means of power and control.

Feminist perspectives include gender asymmetry, power and control (Lawson, 2012). The feminist lens suggests men use violence to oppress and gain control over women (Farr, 2021). Within a patriarchal society, the feminist theory of domestic violence places the responsibility for domestic violence solely on the masculine gender and the male pursuit of total power and control. Holding the offender accountable for their abusive behavior is an integral view of the feminist perspective.(Ager, 2017; Cox & Rivolta, 2021; Lawson, 2012; Mills et al., 2019; Taylor & Sullivan, 2011). Feminist theories define domestic violence as a gender issue in which violence against women is solely an act to frighten, coerce, and intimidate a woman into submission to a man (Buchanan, 2013).

Sociological and feminist theories address outside correlations associated with domestic violence. However, neither the sociological nor feminist theory considers individual experiences, biological or psychological contributors to domestic violence, or the phenomena of the existence of domestic violence in higher socioeconomic status groups (Ager, 2017; Cox & Rivolta, 2021; Lawson, 2012; Mills et al., 2019; Taylor & Sullivan, 2011). In addition, feminist theories have done little to understand the phenomena of domestic violence while, in fact, increasing the incidents of interpersonal violence and increasing criminal and social problems resulting from domestic violence (Farr, 2021).

Psychological Theories of Domestic Violence

Psychological theories of violence posit that violence is used as a means to an end, in response to a threat to the ego, as a misguided effort to do the right thing, and as a means for sadistic pleasure (Cavanaugh, 2012). Cavanaugh suggests that psychological perspectives indicate that biological factors increase the likelihood of violent behaviors. Cavanaugh continues his discussion with the theory that when biological factors intertwine with social learning involving the benefits of violence, the individual is likelier to commit violent acts, including domestic violence. Men who perpetrate domestic violence tend to exhibit more psychological distress, have increased tendency for personality disorders, and experience more attachment problems (Corvo & Johnson, 2013). Psychological theories of violence tend to be more closely related to cognitive-behavioral theory (Cavanaugh, 2012).

Attachment Theory and Domestic Violence

Attachment theory posits that secure attachment styles are established in childhood through positive, nurturing relationships with caregivers providing a secure base for future relationships (Buchanan, 2013). Insecure and disorganized attachment styles are often rooted in caregivers who respond to the child with neglect, anger, or rejection (Corvo et al., 2018). Disorganized and insecure attachment styles are often related to domestic violence in that aggressive behaviors may be based on fears such as abandonment, separation anxiety, lack of trust, and low self-esteem (Corvo et al., 2018).

Cognitive Behavioral Theory and Domestic Violence

The cognitive-behavioral theory toward domestic violence looks toward the perpetrator's cognition, emotion regulation, and resulting behaviors (Ager, 2017). Rather than viewing domestic violence solely from the stance of power and control, cognitive behavior theory

explores primary constructs and activities contributing to aggressive and violent behavior (Nesset et al., 2019). The cognitive-behavioral theory posits that by teaching domestic battery offenders to change thought processes and learned core beliefs, the offender will be able to stop the abusive behaviors (Ager, 2017). Ager also discusses cognitive-behavioral theory, like feminist theories, places accountability on the perpetrator of domestic violence while allowing room for the offender to examine underlying contributors of violent behavior and make positive changes in thought processes and emotion regulation to elicit positive conflict resolution behaviors.

Trauma Perspective and Domestic Violence

Hyper-masculinized and traumatized males may perpetrate domestic violence as an outlet for aggression resulting from trauma and posttraumatic stress disorder (Travers et al., 2020). Exposure to trauma has shown significant increases in the risk of perpetrating domestic violence. Men who have experienced or witnessed family violence are more likely to exhibit violent behaviors, including domestic violence (Fowler et al., 2016). Unresolved trauma in the lives of offenders may diminish the positive effects of other interventions, including cognitive behavior therapy and the Duluth Model, the two most widely used batterer interventions (Voith, Logan-Greene, et al., 2020). Voith, Logan-Greene, et al. explain how individuals who have experienced complex and cumulative trauma often experience changes in brain chemistry that can alter thought processes and behaviors. Trauma often changes the hippocampus and amygdala functioning involving memory, learning, and differentiation of the past and present, and those changes in the hippocampus and amygdala decrease the survivor's ability for rational thinking when faced with situations that increase fear and arousal (Stark et al., 2015). Men with elevated Adverse Childhood Experiences scores doubled the domestic violence perpetration in adulthood.

Childhood trauma, especially being a victim of or witness to domestic and community violence, appear to be a contributing factor in men who perpetrate domestic violence (Voith, Topitzes, et al., 2020).

Neurotransmitter and Neurochemical Factors Associated with Domestic Violence

Neurotransmitter and neurochemical factors are associated with cognition, emotion regulation, and behaviors (Corvo & Dutton, 2015). Corvo and Dutton suggest that domestic violence may be better understood as maladaptive coping, impulsivity, emotional dysfunction, and neuropsychological impairment. About one dozen varying links between neurotransmitters and neuromodulators correlate with aggression and violence (Corvo & Johnson, 2013). Genetic, developmental, and environmental factors contribute to neurochemical changes significant enough to create an elevated risk for violent behavior (Corvo & Dutton, 2015). Applying neuropathology and psychopathology factors to existing theories may lead to a more accurate, integrated theory of domestic violence (Corvo & Johnson, 2013).

History of Domestic Violence and Batterer Intervention Programs

Old English common law explicitly permitted wife-beating (Pennsylvania Child Welfare Resource Center, n.d.). In the late 1800s, as Queen Elizabeth rose to the throne, lawmakers began enacting reforms for women. It was not until 1966 that beatings and inhumane treatment were considered grounds for divorce. In 1976 the Pennsylvania Coalition against Domestic Violence was formed, giving a voice to victims of domestic violence.

The term domestic violence was coined by feminist activists in the 1970s when violence against women was largely ignored by law enforcement agencies (Scott, 2014). The 1980s saw an increase in the number of batterers seen in criminal courts due to the establishment of policies for the arrest of perpetrators of domestic violence (Jackson et al., 2003). More than forty years

later, the effectiveness of batterer intervention programs in reducing domestic violence is still in

question (Ager, 2017; Mills et al., 2019; Santirso et al., 2020).

Interpersonal violence has continued to increase in recognition since the 1970s resulting

in increased criminal cases (Wagers et al., 2017). In the 1980s, an influx of advocates for

battered women led to increased legislation concerning domestic violence (Babcock et al., 2016).

In 1994 the Violence Against Women Act was signed into legislation. The Violence against

Women Act increased the federal government's role in efforts to stop domestic violence. The

federal government's increased role meant federal funding for legal responses to domestic

violence, including court-mandated batterer invention programs for perpetrators of domestic

violence.

Since the 1960s, when domestic violence began to be recognized as a social problem,

more attention has been given to the problem of domestic violence, yet there has been no

significant decline in incidence rates for interpersonal violence (Wagers & Radatz, 2020).

However, original batterer intervention programs focusing on only the concept of power and

control continue to be the focus of batterer intervention, despite the growing empirical evidence

that the programs are ineffective (Ager, 2017; Babcock et al., 2016; Jackson et al., 2003; Mills et

al., 2019; Santirso et al., 2020; Scott, 2014; Wagers et al., 2017). Interpersonal violence is

complex, including multiple types of violence, variations in offender characteristics, and

different motives (i.e., revenge, stress, jealousy, anger, miscommunication, and attempts to gain

attention) (Wagers & Radatz, 2020). It stands to reason that a one-size-fits-all batterer

intervention policy is ill-equipped to address the complexity of male violence against women.

State Standards for Batterer Intervention Programs

State regulatory standards for batterer intervention programs became widespread to bridge the gap between the two primary views of domestic violence: holding the batterer accountable for their actions and the clinical view of domestic violence as a more complex phenomenon requiring attention to social and individual issues (Babcock et al., 2016). Babcock et al. state that despite growing evidence that original theories and approaches to batterer intervention programs are ineffective in decreasing domestic violence, there has been little change over the decades to change current programs. Current state standards for batterer intervention programs neglect mental health and unresolved trauma in the lives of the perpetrators and primarily mandate psychoeducation using approaches that focus on power and control (Flasch et al., 2021). Over 75% of states do not include standards mandating the use of empirically supported interventions for domestic violence perpetrators (Babcock et al., 2016).

In the United States, each individual state sets the standard for batterer intervention programs (Wagers & Radatz, 2020). According to Wagers and Radatz, these standards include philosophical framework, program content, treatment delivery, training for facilitators, certifications of agency programs, duration of treatment, use of risk assessments, and program evaluations. Group psychoeducation using the Duluth/power and control model is the most common curriculum state mandated for batterer intervention programs indicating the one-size-fits-all model continues to be the go-to intervention for perpetrators of domestic violence (Flasch et al., 2021).

Additionally, Flasch et al. (2021) report more than 50% of states require minimal education and training for batterer intervention facilitators with minimal requirements for

continuing education and professional development. There appears to be no standard for the

maximum number of group participants to facilitators (Babcock et al., 2016).

Effectiveness of Batterer Intervention Programs

Batterer Intervention Programs in the United States

Batterer intervention programs began to emerge in the United States in the 1970s

(Holtrop et al., 2015). The majority of batterer intervention programs in the United States are

delivered in a group format (Bouchard & Wong, 2021; Cannona et al., 2016). Group sessions

typically include psychoeducation on identifying and managing emotions, conflict resolution

skills, changing thought patterns, self-awareness, and general coping skills. Most programs focus

on the use of power and control, as presented in the Duluth Model, as the primary means of

intervention (Bohall et al., 2016; Cannona et al., 2016; Mills et al., 2019). Current studies show

little to no positive effect of batterer intervention programs in reducing domestic violence

(Morrison, Goodkind, et al., 2021). Yet, there is little research exploring mechanisms of change

for men who commit domestic violence (Velonis et al., 2020).

One study, using a sample of male batterers in a large urban city in the Southeast United

States batterer intervention program, focused on the possible correlation between adverse

childhood experiences and dropout rates for mandated batterer intervention clients (Priester et

al., 2019). Priester et al. found that adverse childhood experiences involving household

dysfunction and experiences of childhood abuse and neglect or household dysfunction only were

strong predictors of noncompletion of the 26-week batterer intervention program. Additionally, a

study done using seven batterer intervention programs in a Mid-Atlantic state found that dropout

rates were higher among clients with substance use disorders (Richards et al., 2021). Richards et

al. also found that clients without a high school diploma or general educational development

certificate, who were unemployed, reported a mental health concern, and were not mandated by the courts were less likely to engage in batterer intervention programs following assessment and recommendation to attend the batterer intervention program.

A two-year ethnographic study of batterer intervention programs for male perpetrators of domestic violence in a large urban area of the United States found that factors in batterer intervention programs themselves may add to dropout rates and lack of effectiveness (Morrison, Hawker, et al., 2019). Through interviews with batterer intervention professionals (i.e., group facilitators, program administrators, members of the judicial system, and victim advocates), Morrison, Hawker, et al. uncovered several challenges in programming that were explored as deterrents in effective batterer invention programming. These challenges in programming included lack of collateral information to support client self-reports of decreased abusive behaviors, the safety challenges of not inadvertently putting victims at further risk, the safety of group facilitators, lack of program monitoring for fidelity, staffing issues resulting in a large number of group members decreasing the ability of the facilitator to work with group members effectively, lack of training for facilitators, and lack of funding to help cover client costs when needed and accountability of clients to pay for their classes (Morrison, Hawker, et al., 2019).

Factors of Effective Batterer Intervention Groups

Elements of an effective batterer intervention group include a check-in process, defined group goals, defined personal goals of group members, the facilitator as a positive role model, the facilitator's ability and willingness to listen to, attend to, and be respectful of group members, an environment of trust, avoidance of too much teaching, and assigning of homework (Stines, 2017). Stines continues to describe effective groups through group member participation and

discussion rather than instruction as building blocks for group cohesion, eliciting in-group growth for members, and helping to develop a healthy group environment.

Successful batterer intervention is a multidisciplinary approach with consistent and effective communication among treatment providers, legal components such as probation officers, and victim advocates (Richards et al., 2017). Over two-thirds of respondents to one study reported communication among agencies as the most problematic barrier to effective batterer intervention treatment. A disconnect in communication appears to result in less effective consequences for the batterers' actions and a decline in the effectiveness of batterer intervention. One key to effectively changing abusive behavior has been identified as ongoing support (Holtrop et al., 2015). Participants in the Holtrop et al. (2015) study identified continued support after the batterer intervention program in the lifelong process of behavioral change as an essential element of continued change.

Several factors may be responsible for the perceived effectiveness of any given batterer intervention group. These factors include client engagement, facilitators who are perceived as caring, committed, nonjudgmental, humble, authentic, and knowledgeable about the phenomena of domestic violence (Hamer et al., 2021). Additional factors include group size, length of the program, the ability of facilitators to challenge behaviors, adaptability of the program, and clients having a safe and open group environment (Morrison et al., 2017). Factors such as client engagement perceived caring, and non-judgment of the facilitator are significant factors in program completion offenders (Bouchard & Wong, 2021; Hamer et al., 2021).

The benefits of the group context include realizing the participant is not alone in his experience and that others face similar challenges and situations (Holtrop et al., 2015). Holtrop et al. additionally found that batterer intervention group members appear to benefit from learning

from the experiences of others, challenging each other in accountability for behaviors, gaining

motivation for change, benefitting from the perspectives of others, and challenging stereotypes.

Participants in the Holtrop et al. (2015) study identified continued support after the batterer

intervention program in the lifelong process of behavioral change as an essential element of

continued change. Additional support following formal batterer intervention programs may mean

drop-in programs, support groups, and maintaining contact with other group participants.

Perceived Effectiveness and Lack of Effectiveness of Current Batterer Interventions

One meta-analysis of studies on batterer intervention programs' effectiveness indicated

that long-term interventions' highest positive effects were long-term interventions (Arce et al.,

2020). The Arce et al. meta-analysis included elements of cognitive-behavior therapy and the

Duluth Model. The same meta-analysis indicated higher rates of recidivism reported by couples

than was indicated through official criminal justice reports. These mixed findings demonstrate

the difficulty in determining the effectiveness of current batterer interventions.

Motivational enhancement interviews appear to increase program compliance and

completion (Crane & Eckhardt, 2013). However, motivation enhancement did not appear to

reduce recidivism rates or subsequent instances of domestic violence. Motivational interviewing

techniques (Moyers et al., 2016) appear to increase motivation for change in batterer intervention

programs (Zalmanowitz et al., 2013). Zalmanowitz et al. found that using motivational

interviewing during a formal assessment before enrollment in a batterer intervention program

may be beneficial for the facilitator in creating an environment for positive change.

Specialized batterer intervention programs have been shown to decrease recidivism for

domestic violence crimes (Tutty & Babins-Wagner, 2019). Specialized programs are designed

for specific populations with specific needs. Specialized programs for court-mandated domestic violence offenders included judicial monitoring, accountability, and addressed victim safety.

The United Kingdom's National Institute for Health and Care Excellence report lacks evidence indicating that current batterer intervention programs effectively reduce domestic violence (Ferrer-Perez & Bosch-Fiol, 2018). The Ferrer-Perez and Bosch-Fiol review of 47 batterer intervention programs in Spain indicated high dropout rates, inconsistent programming, and lack of variability of program interventions make it difficult to determine best practices moving forward. Current literature and research findings indicate that current interventions used in batterer intervention programs are ineffective (Bohall et al., 2016; Morrison, Stewart, et al., 2021).

Evaluation of Batterer Intervention Programs

Batterer intervention programs are most often evaluated based on recidivism for domestic violence crimes (Arias et al., 2013; Velonis et al., 2020) and dropout rates (Priester et al., 2019). There are many limitations to examining the effectiveness of a batterer intervention program based solely on recidivism or dropout rates from treatment. Recidivism rates for perpetrators who have completed a batterer intervention program are often misinterpreted as new criminal charges for domestic violence offenses, which may be covered up by other criminal charges (Cantos et al., 2019). Cantos et al. discuss that the differences between characteristics of family-only offenders and general violence offenders are not considered in recidivism-based outcomes and often provide skewed research data. Additionally, revictimization often goes unreported by the victim due to fear of retaliation (Belknap & Grant, 2018) or a lack of understanding that physical abuse is not the only form of domestic violence (National Coalition Against Domestic Violence, 2020a). Research with outcomes based on program completion often ignores

contextual factors such as barriers to treatment, mental health concerns, and stages of change for participants (Priester et al., 2019).

The current study explored qualitative factors associated with a change in abusive behaviors from the experiences of abusers and group facilitators. Hearing directly from persons involved in the batterer intervention program, this study hopes to uncover factors of change that will aid in the creation of more effective interventions in reducing abusive behaviors and domestic violence.

Problems in Evaluating the Effectiveness of Batterer Intervention Programs

Research comparing batterer intervention treatment groups with groups receiving no batterer intervention treatment is limited (Cheng et al., 2019). Cheng et al. found that research and evaluation of batterer intervention programs are primarily based on specific programs and are evaluated based on recidivism for general criminal offenses. The available research comparing treatment and non-treatment groups in the Cheng et al. metanalysis found no significant effect of batterer intervention programs in reducing instances of interpersonal violence. One randomized controlled study comparing the use of individualized motivational interviewing with cognitive behavior therapy as opposed to cognitive behavior therapy without individualized motivational interviewing did find that the addition of motivational interviewing showed a more significant effect on reducing cognitive distortions than cognitive behavior therapy without motivational interviewing (Murphy et al., 2017). The Murphy et al. study, however, excluded participants who displayed current psychotic symptoms, lifetime history of one or more manic or mixed episodes, diagnosis of major depressive disorder, or current substance use disorder. As noted in this literature review, the exclusion criteria used in the Murphy et al. study are often seen as contributors to interpersonal violence.

Some research has found mixed results on the effectiveness of batterer intervention programs in reducing domestic violence. Based on police and partner reports, one study found no statistically significant difference in the reduction of domestic violence whether men receive batterer intervention treatment (Babcock et al., 2004). Rearrests for domestic violence are often inconsistent with charges (Morrison, Stewart, et al., 2021). Self-report of abusive behaviors is often understated and victim reports are often undocumented or not reported at all (Babcock et al., 2004; Morrison, Stewart, et al., 2021).

Randomized controlled research is difficult to obtain for batterer intervention programs due to variations in practices, standards, and interventions across programs, states, and jurisdictions (Wagers et al., 2017). The effectiveness of batterer intervention programs has been chiefly based on legal documents such as arrest reports and convictions as well as self-report and victim reports of continued abuse as significant sources of information for research. Based on one study (Bouchard & Wong, 2021), engaging domestic violence offenders in treatment requires understanding many factors, including individual, treatment-based, and treatment-process factors. Bouchard and Wong suggest that program effectiveness is strongly associated with client engagement and the best resource to find the key to client engagement is the client. Despite the widespread use of batterer intervention programs, there is a lack of consistent findings supporting their effectiveness (Holtrop et al., 2015).

Challenges in Effective Batterer Intervention Programming

Before effective batterer intervention programs can be created, there must be an agreement between service providers, advocates, policymakers, and communities regarding what domestic violence is (Barocas et al., 2016). Barocas et al. report that legal definitions often include only physical violence while treatment approaches emphasize using power and control

through physical, verbal, and non-verbal abusive behaviors. Creating effective batterer intervention programs requires an understanding of program-level challenges (Morrison, Hawker, et al., 2019). Morrison, Hawker, et al. indicate these program-level challenges include information barriers, safety issues, facilitator retention and training, the need for monitoring, and funding constraints.

High dropout rates are the main reason for the lack of effectiveness of batterer intervention programs (Lila et al., 2020). Predictors of dropout for batterer intervention clients include substance use (Lila et al., 2020), high scores on the Adverse Childhood Experiences screen (Priester et al., 2019), extensive criminal history, (especially for violent crimes), unemployment, lower level of education and mental health concerns (Richards et al., 2021). In efforts to create an effective batterer intervention program, it is vital that interventions include increasing program retention through intensive case management and communication between batterer intervention providers and referral sources as an integral part of the batterer intervention program (Richards et al., 2021).

The Importance of the Facilitator's Role in Batterer Intervention Programs

The Role of the Batterer Intervention Program Facilitator

The role of group facilitation is vital in promoting positive change in a batterer intervention program (Holtrop et al., 2015). Holtrop et al. indicated that facilitators of batterer intervention programs are, at times, perceived as harsh, uncaring, and judgmental. Although there are few studies on the role of facilitators in the effectiveness of batterer intervention programs, available studies indicate positive and encouraging involvement, empathic support, and being aware of personal attitudes toward clients can help minimize client resistance,

decrease dropout rates, and increase motivation for change in domestic battery offenders (Morrison, Cluss, et al., 2019).

Client engagement is considered a prominent factor in the effectiveness of batterer intervention programs (Bouchard & Wong, 2021). Bouchard and Wong found that participants of batterer intervention programs considered the facilitators' ability to provide straightforward guidance and create a nonjudgmental environment in which clients were able to express themselves and have their experiences validated as an essential element of engagement. How clients perceive and respond to the facilitator may substantially impact the client's engagement, compliance, and overall change during treatment (Morrison, Cluss, et al., 2019). Morrison et al. found that facilitators who were invested in the program and the client, nonjudgmental, engaging, honest, able to challenge clients and had experience in working with perpetrators of domestic violence were considered most effective in eliciting change.

Therapeutic Alliance in Batterer Intervention Programs

The therapeutic alliance between the group facilitator and men participating in a batterer intervention group may indicate the intervention's outcome and predict future violent behavior (Boira et al., 2013). Boira et al. make a note of how the therapist's knowledge, presentation, and preconceptions about intimate partner violence and the men in the group can hinder the effectiveness of the intervention. In fact, the working alliance between the group facilitator and the client is considered one of the critical processes in improving the batterer intervention effectiveness (Santirso et al., 2020).

Therapists who were able to explore the client's personal experience of domestic violence appeared to be able to form a more effective therapeutic alliance and enhance the client's expectations that the intervention could be helpful (Lomo et al., 2021). Lomo et al. found that

exploring the client's subjective experience led to the formulation of mutual goals of ending the violence. Additionally, Lomo et al. reported the therapist approach combining confrontation and support was most effective in forming the therapist-client working alliance.

The Role of Accountability in Batterer Intervention Programs

Accountability is imperative to efforts to decrease domestic violence (Farr, 2021; Mills et al., 2019; Pallatino et al., 2019). However, victims, policymakers, batterer intervention program facilitators, law enforcement, and communities must also be held accountable in efforts to decrease domestic violence (Pallatino et al., 2019). Perpetrators must own their behavior and recognize they alone are responsible for their behaviors. Those responsible for community responses to domestic violence, including prosecution, probation, and court-mandated counseling, must be held accountable for maintaining their role and consistency in actions. Domestic violence survivors must realize the extent to which they are responsible for their safety and be encouraged to take self-empowered action. Both perpetrator and victim must be educated on the effects of violence on children who witness domestic violence. Additionally, parents must be held accountable for teaching children healthy relationship skills.

Cycle of Violence

The cycle of violence is commonly used in power-and-control-focused batterer intervention programs (Nicolson, 2019). Nicolson describes the cycle of violence as a well-known three-stage mode including:

Stage One: The buildup, where there is a slow, steady increase in tension between partners.

Stage Two: The explosion when the tension reaches a breaking point, and the abuser uses the abused partner as an excuse to let go of self-control.

Stage Three: The honeymoon phase, during which the abuser expresses guilt and remorse and attempts to make up for his abusive behaviors(Nicolson, 2019).

There appear to be very few studies on the cycle of violence, particularly from the perpetrator's perspective. However, one qualitative study looked at the cycle of violence from the abuser's view. Instead of using the terms buildup, explosion, and honeymoon phases, the study concentrated on triggers before, during, and after the incidence of domestic violence (Ager, 2018). Ager reported triggers before the incident included shouting, cursing, nagging, and the victim blaming the abuser. Ager also reported problematic conditions reported by the perpetrator included mental instability of their partner, poor relationship dynamics, poor economic conditions, alcohol or drug use, and influence of outside parties. In the Ager study perpetrators reported intense feelings of fear, anger, guilt, frustration, and emotional injury were present during the incident and influenced the abusive behavior. Following the abusive incident, when the injuries of the victim were noticed, perpetrators reported feeling disappointment in self and guilt (Ager, 2018)

Current Batterer Interventions

Batterer Intervention Programs

Batterer intervention programs are the primary intervention for perpetrators of domestic violence (Morrison, George, et al., 2019). These programs, most commonly provided in a group format, focus on the offender taking responsibility for their abusive behavior. Group curriculum generally consists of psychoeducation on the concept of violence as a form of power and control (Boal & Mankowski, 2014). Although there are state standards for batterer intervention programs, these standards are primarily concerned with program length and requirements for completion (Boal & Mankowski, 2014). Since 2001 states are showing positive trends in

standards for batterer intervention programs, including more precise direction in the curriculum required intake and assessment, collection of data, and required education for providers (Flasch et al., 2021). Even with current state standards, there is a clear need for improvement in current batterer intervention programming. Challenges in batterer intervention programming, factors of effective batterer interventions, and perceived program effectiveness are addressed in the following sections of this paper.

Batterer Intervention Group Treatment

Group interventions are the most commonly used format for batterer intervention programs (Karakurt et al., 2019). Group interventions provide opportunities for clients to learn from each other, process emotions, and model appropriate interpersonal behavior (Gerhart et al., 2015). However, the group therapy format has potentially unwanted consequences, including antisocial peer influences and the normalization of aggressive behaviors (Karakurt et al., 2019). Previous studies indicate the most helpful aspects of group interventions for domestic violence perpetrators include learning from others, holding each other accountable, feeling less alone, and encouragement from seeing the progress of other group members (Morrison, George, et al., 2019). Research findings indicate group treatments for batterer intervention indicate better results in reducing domestic violence (Murphy et al., 2017).

Effective group interventions must include group cohesion in which group members work together in an open and trusting manner, a positive group environment, and the ability of the group as a whole to instill hope in individual group members (Taft et al., 2016). Taft et al. discuss additional areas of the group process, including group members learning from each other, accountability, developing effective communication skills, and the opportunity for group members to express their emotions without fear of judgment or retaliation.

Group interventions for perpetrators of domestic violence often overlook the importance of the therapeutic relationship, empathic listening, and the opportunity for a group member to express their emotions (Taft et al., 2016). According to Taft et al., in batterer intervention groups, confrontational tactics are often considered the focus of batterer interventions. Most batterer intervention curriculums were developed to challenge batterers' ideas of power and control, confront excuses and rationalization for abusive behaviors, and instruct batterers to simply change their patriarchal beliefs and male privilege attitudes (Wagers et al., 2017). Additionally, other factors that may increase confrontation tactics in batterer intervention groups include a lack of clear boundaries between treatment and punishment, provider biases in viewing male batterers as primitive and incapable of insight into positive change, and the inability or unwillingness of facilitators to show therapeutic empathy and concern for clients who batter for fear of being manipulated (Taft et al., 2016).

The Duluth Model of Batterer Intervention

Despite the lack of empirical evidence supporting its effectiveness, the Duluth Model of batterer intervention programs is the most widely used intervention in the United States (Bohall et al., 2016; Cannon et al., 2020). The Duluth Model is based solely on power and control theory and demands the program impose sanctions for the offender and offender accountability (Taylor & Sullivan, 2011). Victim safety is also a significant consideration in the Duluth Model. Studies on the effectiveness of the Duluth Model in reducing domestic violence incidents showed less than promising results (Herman et al., 2014). Limitations of the Duluth Model in effectively reducing domestic violence include a lack of consideration of offender needs, including socioeconomic resources, and addressing changes in thought processes and emotion regulation.

Furthermore, the Duluth Model was created by and is often facilitated by persons with no formal training in mental health or domestic violence (Bohall et al., 2016).

The Duluth Model coerces clients into believing the abusive behavior is a simple choice, and any deviation from the framework is viewed as resistance and not tolerated (LeBlanc & Mong, 2021). LeBlanc and Mong indicate that the Duluth Model uses the same power and coercion in teaching clients to stop the use of power and coercion.

Cognitive Behavior Therapy and Domestic Violence

Cognitive behavior therapy is the second most popular intervention for batterer intervention programs (Wong & Bouchard, 2021). Core factors of cognitive behavior therapy interventions in batterer intervention include cognitive distortions leading to violent behaviors, the connection between thoughts, feelings, and behaviors, emotion regulation, interpersonal skills, and goal setting. Cognitive behavior interventions address thought patterns and emotion regulation before, during, and after domestic violence behaviors (Ager, 2017). Non-aggression commitments, in conjunction with cognitive behavior therapy, have effectively reduced domestic violence incidents (Benegas et al., 2021). Cognitive behavior therapy has several limitations in the ability to decrease domestic violence in the more profound contributors of violence, specifically, unresolved trauma, which is often overlooked.

Mind-Body Bridging and Domestic Violence

Mind-body bridging is thought to improve emotion regulation (Extremera et al., 2020), a critical factor in batterer intervention. One study of 90 male participants of a batterer intervention program found that mind-body bridging showed a statistically significant increase in treatment retention. However, there was no statistically significant decrease in future offending (Tollefson & Phillips, 2015). Although treatment retention is a critical factor in the effectiveness of batterer

intervention programs, mind-body bridging does not appear to be effective in decreasing domestic violence or improving emotion regulation in violent offenders.

Individualized Motivational Plans and Domestic Violence

Adding individualized motivational plans to the batterer intervention curriculum shows promise in increasing retention rates in batterer intervention programs (Lila et al., 2018). The individualized motivational plan includes motivational interviewing, the use of the transtheoretical stages of change, and solution-focused therapy. Using individualized motivational plans in batterer intervention appears to positively affect the offender's motivation for change and program retention. However, there was no significant difference in recidivism rates for offenders who participate in individualized motivational plans in conjunction with cognitive behavior-based programs and those who participate in batterer intervention programs without individualized motivational plans.

EVOLVE

EVOLVE is a batterer intervention program for court-mandated male batterers (Cox & Rivolta, 2021). The program is based on cognitive-behavioral therapy centering on behavior change, communication skills, and interpersonal relationship skills. Measurement of the program's effectiveness was based on one-year arrest rates for any criminal offense and new family violence arrests over the 12 months following completion of the program. A comparison of one-year arrest rates showed a lower one-year arrest rate for any criminal offense in the EVOLVE group compared to a comparison group. However, new family violence arrests show no statistically significant difference between the EVOLVE and the comparison group. These results again raise the question of the effectiveness of EVOLVE in reducing domestic violence.

Restorative Justice

Restorative justice-informed interventions address the social harms of domestic violence. A restorative-justice-informed intervention includes family group counseling, peacemaking skills, support for the victim and the offender, and underlying factors of abusive behaviors such as the family history of violence, triggers, and events that led up to the domestic violence event (Mills et al., 2019). Mills recognizes critics of restorative justice-based interventions for domestic violence argue that including the victim in interventions with the offender places the victim at risk of further violence and that restorative justice-based interventions for domestic violence is the perpetuation of the state's and program agency's role in increasing the chance of violence against the victim. However, the study by Mills et al. (2019) showed a statistically significant and meaningful reduction in recidivism for all crimes, not just domestic violence offenses.

Substance Use, Trauma, and Domestic Violence

Treatment approaches that address substance use and trauma have shown better results in reducing domestic violence than those addressing the violence alone (Karakurt et al., 2019). Studies have indicated successfully reducing drug and alcohol use reduces acts of domestic violence (Cafferky et al., 2018). The tight connection between substance use disorders and trauma has been supported through years of research (Lawes, 2022). There is minimal but increasing evidence that integrated treatment for substance use and domestic violence is more effective in treating both concerns than separate treatments (Crane & Easton, 2017).

Previous Qualitative Research with Participants of Batterer Intervention Programs

Adverse Childhood Experiences and Domestic Violence

The experience of adverse childhood experiences does not always lead to abusive behavior or domestic violence; however, perpetrators of domestic violence tend to have higher scores on the Adverse Childhood Experiences questionnaire than the general public (Hoskins & Kunkel, 2020). Hoskins and Kunkel report a high frequency of co-occurring adverse childhood experiences, including negative messages of self-worth, beliefs about personal responsibility, and feelings of powerlessness. High Adverse Childhood Experiences scores tend to perpetrate not only physical abuse but are more likely to perpetrate psychological and emotional abuse (Voith, Russell, et al., 2020). Associations between domestic violence and trauma symptoms, including depression, isolation, and skewed gender roles, have been supported in research (Voith et al., 2022). The need for power and control, a component of domestic violence, has been positively associated with trauma exposure (Maldonado & Murphy, 2021).

Qualitative Studies with Men in Batterer Intervention Programs

Available qualitative research with men in batterer intervention programs has explored what men have found helpful in current programming. Effective elements of batterer intervention groups as identified by group members include flexible treatment approaches (group versus individual treatment, couples counseling), group treatment in an emotionally safe space, being able to relate to other group members, and learning from other group members (Portnoy & Murphy, 2020). The role of accountability between group members was also shown to be an important element in the group process (McGinn et al., 2020; Morrison, George, et al., 2019). Additionally, the facilitator's ability to be nonjudgmental and effectively facilitate the group was important to group members (Morrison, George, et al., 2019; Morrison, Goodkind, et al., 2021).

One qualitative study (Rollero, 2020) was found exploring the male perpetrators' experience and the social and cultural roles as seen by the perpetrators. The conception of domestic violence before and during treatment, the influence of gender stereotypes, the process of change during treatment, and the social and cultural views of the perpetrator were explored (Rollero, 2020). Rollero found that most men, before batterer interventions, did not realize behaviors other than physical were abusive. Key changes in men who engage in abusive behaviors were found by Rollero to be increased self-awareness and self-reflection, the awareness of abusive and controlling behaviors, and increased emotional intelligence.

Additionally, Rollero (2020) found that social and cultural representations of perpetrators of domestic violence as monsters or animals played a role in keeping abusers from seeking help. Several of the men who participated in Rollero's study indicated they knew they needed help and they wanted help to change but were stopped by the stigma of domestic violence perpetration and the fear of judgment from community agencies.

Facilitator knowledge, characteristics, and ability to facilitate effective batterer intervention groups were often found to be a major factor of effective intervention from the perpetrator's perspective (Hamer et al., 2021). The knowledge of domestic violence and contributing factors, the ability to maintain a safe group environment, and the ability to engage difficult clients have been found to be the main component of effective batterer intervention from the perspective of the batterer (Hamer et al., 2021; McGinn et al., 2020).

Few qualitative studies with men in batterer intervention programs were found for this literature review. Of the studies found, the focus of the studies was what participants found helpful in the existing program. This proposed study is designed to explore not only what

participants find helpful in their current batterer intervention program but also to explore what the target population may feel would be helpful to add to current programming.

Facilitators' Views on the Effectiveness of Batterer Intervention Programs in Reducing Abusive Behaviors

One problem contributing to the lack of effective interventions may be the lack of agreement between batterer intervention practitioners' views on domestic violence. Studies exploring practitioners' views of domestic violence and solutions to the problem of domestic violence have found a wide range of practitioner views on the subject. Not all practitioners view domestic violence as abusive behaviors beyond physical violence or that domestic violence should be considered a criminal act (Labarre et al., 2019). Through a review of literature, Labarre also found practitioners' views of domestic violence varied widely on causes of intimate partner violence, trauma, and mental health concerns as contributing factors of domestic violence and on whom the responsibility for acts of domestic violence should be placed.

Other studies with practitioners in the field of batterer intervention focus on barriers and challenges in eliciting change in men who batter. Social approval of violence, hypermasculinity, emotional dysregulation, history of exposure to violence, substance abuse, and minimization of abusive behaviors are common themes of contributors to domestic violence from the views of practitioners (Morrison, Hawker, et al., 2021). Practitioners also report challenges in providing effective batterer intervention programs as lack of communication with referral sources (i.e., courts, probation), lack of monitoring of programs to ensure facilitator adherence to programming,

A common concern facilitators of batterer intervention groups reported was a lack of training and monitoring (Hamer et al., 2021). Hamer found that most states in the United States

have minimal training requirements, most of which do not include requirements of anything

more than a high school diploma. Without proper training and education, it would be difficult for

facilitators to manage the many facets of working with perpetrators of domestic violence (Hamer

et al., 2021; Morrison, Hawker, et al., 2019). The concern for lack of training for batterer

intervention program facilitators is a significant concern for family violence courts, judges, and

other domestic violence professionals (Frieze et al., 2020). The personal characteristics of

batterer intervention facilitators have also been recognized as a potential determinant of a

program's effectiveness (Hamer et al., 2021). Hamer et al. describe essential characteristics of the

batterer intervention facilitator to include courage, goodwill, genuineness, caring, openness, non-

defensiveness, belief in the group process, self-awareness, and personal commitment to group

members.

Ethical Considerations for Facilitators of Batterer Intervention Programs

Whatever the theoretical approach, batterer intervention programs focus on the reduction

of domestic violence (Radatz & Wright, 2016). Despite evidence indicating the lack of efficacy

of current batterer interventions, specifically the Duluth Model (Ager, 2017; Babcock et al.,

2016; Jackson et al., 2003; Mills et al., 2019; Santirso et al., 2020; Scott, 2014; Wagers et al.,

2017), the ethical question of continuing to provide ineffective interventions to clients comes to

light. For professional counselors and therapists, ethical practice involves the use of evidence-

based interventions (LeBlanc & Mong, 2021). LeBlanc and Mong discuss potential ethical

concerns for practitioners and provider agencies as failure to consider and utilize research

evidence, failure to ensure treatment integrity, inadequate assessment and diagnosis, failure to

provide individual treatment based on client needs, and the use of a one-size-fits-all intervention

for a complex problem. Licensed and credentialed professionals should consider the ethical

responsibility of providing evidence-based services for perpetrators of domestic violence. The

implementation of treatment integrity would go a long way in raising the standards for batterer

intervention programs (LeBlanc & Mong, 2021).

Summary

Batterer intervention programs are crucial to victim safety and the reduction of domestic

violence (National Coalition Against Domestic Violence, 2020a). However, evidence suggests

that current batterer intervention programs are ineffective in reducing recidivism or decreasing

instances of domestic violence (Aaron & Beaulaurier, 2017). Finding solutions to create effective

batterer intervention programs must include examining the required elements of programming,

meeting the needs of both victims and offenders, solving funding issues to make batterer

intervention programs accessible, and addressing the fact that the one-size-fits-all model of

batterer intervention is not adequate or effective. A plethora of research attempts to determine

effective interventions for perpetrators of domestic violence. Research indicates a minimal to

zero effectiveness of interventions currently in use. There is a gap in current research to include

the participation of domestic violence offenders to assist in creating effective interventions.

In addition to individual batterer intervention program modalities, state standards for

batterer intervention programs are also a growing concern in the endeavor to reduce domestic

violence. As individual states continue to develop standards for batterer intervention programs,

those standards must include the use of evidence-based interventions and appropriate education

and training mandates for intervention facilitators (Flasch et al., 2021).

The study attempted to fill gaps in past and current literature by taking a closer look at

the needs of batterer intervention participants to decrease instances of domestic violence.

Looking through the lens of current participants and facilitators of a batterer intervention

program will provide a more accurate understanding of what is essential in helping men take responsibility for and change abusive behaviors. Current literature largely ignores the view of batterer intervention participants. Research including facilitators of batterer intervention programs primarily focuses on political and agency-based obstacles in providing effective programs in reducing abusive behavior. This study sought to explore elements of effective programs to reduce abusive behavior through the lens of those directly involved, specifically perpetrators of domestic violence and facilitators who seek to help perpetrators mitigate abusive behavior.

Limitations of this study include the small sample size and a focus on participants and facilitators of one specific agency's batterer intervention program. The study results, however, may be transferrable to similar programs and perpetrators of domestic violence. As discussed in this literature review, current research shows mixed results in the effectiveness of current batterer intervention programs, with most of the research showing less than adequate results. As efforts continue to mount on the creation of effective batterer intervention programs, this study may provide valuable information to help close the gaps in current literature.

Chapter Three: Methods

This qualitative case study explored the views of participants and facilitators of a single batterer intervention program regarding the effectiveness of the batterer intervention program and elements missing from the program that would enhance the program's effectiveness. Through guided interviews, the researcher elicited from each participant their views on improving the effectiveness of current batterer intervention programs to decrease domestic violence. This chapter will describe in detail the design of the study, data collection, and data analysis procedures.

Design

The study is a qualitative case study. Qualitative research seeks to gain more profound knowledge and understanding of a problem (Creswell & Baez, 2021; Hancock & Algozzine, 2017). The case study design of the research allowed for purposeful sampling, various forms of data collection, and embedded analysis (Creswell & Poth, 2018) of the specific experience of participants and the aspects of the intervention that help decrease instances of domestic violence. The researcher also had the opportunity to hear from program participants and facilitators about what changes to current programming may be beneficial in decreasing instances of domestic violence. The study's qualitative design provided a more in-depth understanding of the complexities of how change is experienced by study participants (Holtrop et al., 2015). As mentioned by Holtrop et al. (2015), research focused on the experiences of current participants of batterer intervention programs offer valuable perspectives and insight into potential improvements to the current program curriculum and facilitation.

Research Questions

1. What is the experience of male perpetrators of domestic violence in the effectiveness of the batterer intervention program in Indiana to decrease domestic violence?

2. How do male participants and facilitators of batterer intervention programs in Indiana describe the importance of the facilitator's ability to address aspects of domestic violence behaviors beyond the behavior (i.e., thought processes, societal views of domestic violence and the perpetrator, trauma, life experience, and the ability to break the cycle of violence)?

3. How do male participants and facilitators in batterer intervention programs in Indiana describe what they view as crucial in decreasing abusive behaviors?

Setting

The research was conducted at one specific agency in Central Indiana. The agency is a privately owned outpatient substance use treatment center that also offers a batterer intervention program. The agency is certified by the Indiana Coalition Against Domestic Violence to provide approved batterer intervention programming. The agency is also certified by the Commission on Accreditation of Rehabilitation Facilities and is approved as a criminal justice provider in Indiana. The majority of the clients served at the agency through the batterer intervention program are court-mandated to attend batterer intervention classes following at least one arrest for domestic violence. This setting was chosen due to the high number of batterer intervention clients served each year, the positive relationship between the agency and the Indiana Coalition Against Domestic Violence, and the diverse population of clients served by the agency. The owner and director of the agency display a passion for providing the best services for clients served and are open to the opportunity to be instrumental in the process of improving services.

Participants

The study sought to include 10 participants of the batterer intervention program. All participants chosen for the study have completed a minimum of 13 of the required 26 batterer intervention group meetings. A purposive sampling approach allowed for the selection of cases based on study participants having enough experience in the program to evaluate what they find helpful (Campbell et al., 2020; Creswell & Poth, 2018). Study participants chosen for the batterer intervention program were males with a history of at least one domestic violence offense who are currently engaged in the batterer intervention program at the selected site for a minimum of 13 weeks. A minimum of 13 weeks of participation in the program allowed the study participant to have experienced what is offered by the current intervention as well as an opportunity to recognize the significance of what is currently offered by the intervention and what may be missing from the program to enhance effectiveness. All study participants were male as current batterer intervention programs are homogenous at the chosen site. Age, race, or ethnicity were not considered as part of this particular study; however, data was collected for potential future use.

Additional participants recruited for this study included at least two of the three current certified batterer intervention program facilitators at the chosen site. The three present program facilitators have been certified through the Indiana Coalition Against Domestic Violence and have facilitated batterer intervention groups for a minimum of one year. The facilitators have been engaged with the program for a sufficient amount of time to see changes in group participants and provide insight into what may be missing from the current program to enhance its effectiveness.

Procedures

The research began with approval of the dissertation committee and the Institutional Review Board and permission was obtained to conduct the research at the chosen site. Acceptance of the Institutional Review Board included completing and submitting the application for approval. Site approval was obtained from the agency owner and executive director.

Participants of the batterer intervention program were invited to participate in the study through email. Participants were chosen based on inclusion criteria. Participants who were eligible and interested in participating in the study were placed in a pool, and 10 study participants were chosen randomly. Study participants were required to give informed consent. Informed consent included the recording of interviews, the intended use of the information collected, potential harm resulting from their participation in the research, and the researcher's process to maintain confidentiality. Informed consent also included the voluntary status of all participants and potential limits to confidentiality.

Data was gathered through semi-structured, guided interviews via Zoom. Interviews lasted 60 to 90 minutes. The interviewer used approved questions to collect data. Interviews were recorded with participant consent recorded at the beginning of the interview. All recordings were stored on a secure computer and encrypted to assist in maintaining confidentiality.

Interview recordings were transcribed, reviewed for transcription accuracy, and organized by common themes. A thematic analysis was conducted to identify and interpret common themes in respondent interviews. A coding system was developed based on initial general themes. Codes were then assigned to data to better organize the main themes identified. Once broad themes were identified and coded, each theme was further analyzed to determine

additional sub-themes to gain an in-depth understanding of the data. As new themes emerged from the data additional codes were developed to organize the data further.

The Researcher's Role

This researcher has worked in the field of addiction and trauma counseling for over 10 years. I have a passion for improving existing interventions to best help clients. I have been certified to facilitate batterer intervention groups for both men and women through the Indiana Coalition Against Domestic Violence. Through the certification process, it became clear that existing batterer intervention programs are less than effective in decreasing instances of domestic violence. Working with court-mandated clients, both in addiction and in my work with perpetrators of domestic violence, has led me to question the lived experience of batterer intervention program participants and facilitators. I have often asked both participants and other facilitators what they felt were the most and least helpful aspects of current programming in decreasing instances of domestic violence.

Although I currently facilitate batterer intervention groups at the chosen site for this research study, participants were selected from groups facilitated by other certified facilitators. This assisted in avoiding clients I directly work with feeling as if they are required to participate in the study or that specific answers are expected during the interview.

Biases and assumptions I may bring to the research are the problems of clients not being heard. I sometimes feel that perpetrators of domestic violence are treated differently than clients with non-domestic violence-related offenses. Batterer intervention programs and facilitators often ignore the presence of trauma and mental illness as contributors to domestic violence. While batterers must be held accountable I believe addressing underlying concerns batterers experience must also be acknowledged and addressed.

I have chosen a qualitative case study design for this research to hear from both batterer intervention clients and batterer intervention facilitators regarding the possibility of addressing client needs, rather than focusing solely on their crimes, to increase the effectiveness of current batterer intervention programs.

My role and the biases I bring to the research have the potential to guide interview questions and data analysis. I heavily relied on my dissertation committee for guidance to limit biases in the study. Other means of checking for bias in the research included study participant review and input on the final data analysis. Using both batterer intervention program participants and facilitators also provided insight into both sides of the program.

Data Collection

Data was gathered through 60-to-90-minute, semi-structured guided interviews via Zoom. The interviewer used approved questions to collect data. Interviews were recorded, and all recordings were stored on a secure computer and encrypted to assist in maintaining confidentiality.

In order to gain quality information from interviews, the interview protocol, including the interview questions, was fine-tuned. The fine-tuning process involved aligning interview questions with the research question, engaging in inquiry-based conversation, receiving feedback on the interview protocol, and, when possible, piloting the protocol with batterer intervention program participants and facilitators before the actual onset of the research (Yeong et al., 2018).

Interviews

Interview Questions for Batterer Intervention Group Members

1. Please introduce yourself to me just as you would introduce yourself to anyone else.

2. Please tell me why you have decided to participate in this study.

3. Please tell me anything you would like for me to know about you, for example, how you

    culture or background may be an important consideration in batterer intervention.

4. Please tell me what your experience has been so far in the batterer intervention program.

    Please include things like your experience with the facilitator, other group members,

    presentation of topics, the topics covered, group size, and any other experiences you

    would like to share with me.

5. What do you feel has helped you eliminate or reduce abusive behaviors? Please explain.

6. What do you feel has been unhelpful in eliminating or reducing your abusive behaviors?

    Please explain.

7. What would you include if you were designing a program to eliminate or reduce abusive

    behaviors? Please explain.

Questions one and two are designed to create a comfortable and conversational

environment for the interview process. Creating a comfortable and conversational environment

for the interviewee will likely result in more open and honest answers (Yeong et al., 2018). The

same rationale applies to questions one and two of the interview questions for group facilitators.

Questions four through seven are designed to elicit from the interviewee their personal

experience as a participant in the batterer intervention program. For batterer intervention

programs to be effective, some research suggests the necessity of group and personal goals for

group members, the facilitator as a positive role model, and an environment of trust (Stines,

2017). Additionally, factors such as group size, length of the group, and program length may be

elements of effective batterer intervention programming (Morrison et al., 2017).

Very few studies have explored the domestic violence offender's perspective on

mechanisms of change to decrease domestic violence (Morrison et al., 2018). Question seven

seeks to gain further insight into the needs a domestic violence perpetrator may have that are not currently being met in current batterer intervention programs.

Interview Questions for Batterer Intervention Group Facilitators

1. Please introduce yourself to me as if we have never met. Please include your title, additional responsibilities at your agency, your education pertinent to batterer intervention facilitation, how long you have been a facilitator for batterer intervention, and why you chose to become a batterer intervention program facilitator.

2. Please tell me what led you to participate in this study.

3. How would you describe the intervention used in the batterer intervention groups you facilitate? (helpfulness for clients, effectiveness of the program, length of each group, length of program, format, curriculum, etc.).

4. Please describe the group members in the groups you facilitate. (court-mandated or voluntary, group size, your experience with group members, etc.).

5. Please describe any changes you have observed in program participants during their time in the program.

6. To what would you attribute the success of attitudinal and behavioral changes in group members?

7. What would you change in the intervention format or curriculum?

8. Is there anything you would like to add to this interview?

9. What additional information would you like to provide regarding your experience as a batterer intervention program facilitator?

Questions three through seven are designed to elicit from the interviewee their personal experience as a facilitator of the batterer intervention program. A better understanding of the

challenges faced by batterer intervention facilitators, as well as the experience of the facilitator

as to what is effective in eliciting change in batterer intervention clients, may be one key to

creating more effective batterer intervention programs (Barocas et al., 2016; Hamer et al., 2021;

Morrison, Hawker, et al., 2019; Santirso et al., 2020; Stines, 2017). Questions eight through 10

are designed to elicit additional experiences from the facilitator as to what they feel may be a

missing piece to effective batterer intervention programs.

Data Analysis

Open coding was initially used to uncover themes evolving from interviews with

participants and facilitators. Open coding began with becoming familiar with the data collected

(Maguire & Delahunt, 2017). Initial codes were then generated, searching for, reviewing, and

defining themes. A thorough review of the interviews was conducted, including listening and

watching recordings to uncover unspoken communication (Maguire & Delahunt, 2017). Initial

codes were identified as general themes were identified in a review of the interviews. Working

with typed manuscripts of the interviews, notes were made indicating emerging themes. A

codebook with codes (articles) was created to ensure consistent coding.

Data continued to be explored, and emerging themes analyzed for relevance to the

research question. Final themes were then identified and mapped to assist in understanding the

research and providing results in a narrative dissemination. This process allowed the researcher

to compare and contrast themes emerging from interviews (Maguire & Delahunt, 2017).

Emerging themes were then further analyzed to compare and contrast participant and facilitator

themes.

Triangulation of the data was conducted to compare and contrast themes emerging from

the two information sources: participants and facilitators. Data obtained from the interviews was

coded for themes. The data was organized by themes within each group (participants and facilitators). Common links between the themes of each group, program participants and program facilitators, provided a better understanding of the research questions from two diverse types of sources. Common themes led to a better understanding of what kinds of experiences may be more effective in decreasing domestic violence (Farquhar et al., 2020). This process allowed the researcher to analyze data from three different points of view, leading to a more robust understanding of the data. This process also strengthened the study's validity, reliability, and trustworthiness by exploring the research questions through the lens of various data sources. Triangulation also worked to counter the researcher's bias (Farquhar et al., 2020).

Trustworthiness

Credibility and Validity

Interpretations of themes, analysis of data, and researcher conclusions were presented to participants for their judgment of the accuracy of the conclusions (Creswell & Poth, 2018). This process increased the credibility of the study because the preliminary conclusions of the researcher are validated through the lens of the informants.

Triangulation of the data in the analysis also lends credibility to the research results (Creswell & Poth, 2018). Using various sources of data, in this case, participant interviews and facilitator interviews allowed the researcher to identify common themes adding to the validity of the interpretation. This process increased the reliability of the study as various themes were explored through the lens of multiple sources (Creswell & Poth, 2018). Participants were given the opportunity to view their typed responses for accuracy.

Dependability and Confirmability

Peer review or peer debriefing is a review of the final research project by someone who is professionally familiar with the research topic or has extensive experience in the field (Creswell & Baez, 2021). A review of the research conclusions by a senior batterer intervention facilitator who is familiar with the field of study provided an informed, outside view of the researcher's conclusions. Involving other researchers and educators in the field allowed for critical data analysis. It enabled the researcher to be asked in-depth questions regarding the research methodology, meanings of the conclusions, and researcher bias in the interpretation of the data (Creswell & Poth, 2018).

Transferability

This study will be limited due to the small sample size and specific research site. However, transferability of the information gained may be valuable in creating new, more effective batterer intervention programs.

Ethical Considerations

Ethical considerations included the risk of psychological, physical, legal, social, or economic harm to participants (Faulkner & Faulkner, 2019). Although the study is at minimal risk for injury, precautions were taken to avoid mentioning identifiable information. Pseudonyms for all participants were used, and no identifiable information was used in the dissemination of the research findings.

Additionally, the risk of researcher bias was addressed through data triangulation and interviewing the interviewer. Triangulation of the data involved comparing and contrasting data from several sources (Creswell & Poth, 2018). Research participants were given the opportunity to review their typed answers for accuracy of data and interpretation of participant responses.

The interviewing the interviewer approach allowed the researcher to become the interviewee to identify personal feelings during the interview and identify pre-existing assumptions about the population being interviewed (Chenail, 2011). The researcher was interviewed by a trained batterer intervention program facilitator using the research interview protocol. The process of participating in the interview allowed the researcher to identify effective methods of interviewing participants to minimize any concerns the participant may have.

Finally, all data, audio, visual recordings, and written documents were protected through the use of secure data management computer systems. Written data was kept in a locked cabinet inside a locked room. Only persons directly involved in the research process were allowed access to the data. All available precautions were taken to protect study participant identification and the raw data including the use of participant identification numbers instead of names and removal of any other identifying information.

Summary

This qualitative case study was designed to explore the experience of both participants and facilitators of a single batterer intervention program in Central Indiana. The goal of the study was to explore, through the eyes of participants and facilitators, how to increase the effectiveness of batterer intervention programs. Data, collected through guided interviews with questions designed to elicit experiences and suggestions from study participants will lead to a better understanding of critical factors needed in batterer intervention programs to elicit positive change in domestic violence offenders.

Chapter Four: Findings

The purpose of this study was to gain a better understanding of what elements are needed for effective batterer intervention programs. Through the views of facilitators and group participants, the study explored elements of one batterer intervention program that were both effective and ineffective in recognizing and reducing abusive behaviors. Data was collected through one-on-one interviews via Zoom (Version 5.13.11). Overall, participants of the batterer intervention program described a positive experience in the program and found it effective in recognizing abusive behaviors. Both participants and facilitators described the importance of the facilitator's ability to work with group members with respect and knowledge of domestic abuse as a vital component of the program. Both facilitators and participants of the program describe crucial aspects of the program's effectiveness as facilitator-group relationship, group members being treated with respect, the flexibility of the facilitator to provide what the group needs, and knowledge of violence and abuse by the facilitator.

Participants

Participants for this study included one batterer intervention group facilitator and six batterer intervention group members.

Dr. B

Dr. B. is the senior facilitator of the batterer intervention group for this study. He is also the executive director and owner of the agency. Dr. B. has facilitated batterer intervention groups for over 15 years and is president of the board for the domestic violence coalition in Indiana.

Glen

Glen is a 50-year-old, European American, male, with a history of substance abuse, three convictions for domestic violence, and one charge for aggravated battery. Glen had completed 18 out of 26 groups at the time of his interview.

Nate

Nate is a 36-year-old European American, male with a history of substance abuse, as well as convictions for intimidation, domestic battery, invasion of privacy, and strangulation. Nate had completed 13 out of 26 groups at the time of his interview.

Tom

Tom is a 32-year-old African American male with a history of substance abuse, battery, intimidation, and domestic violence. Tom reported a history of gang affiliation and growing up with domestic violence in the home. Tom had completed 19 out of 26 groups at the time of his interview.

Bill

Bill is a 55-year-old African American male with no reported history of substance abuse and one conviction for domestic violence. Bill had completed 17 of 26 groups at the time of his interview.

Tim

Tim is a 41-year-old European American, male who is former military personnel. Tim has not reported a history of substance use and one conviction for domestic violence. Tim had completed 13 of 26 groups at the time of his interview.

Matt

Matt is a 55-year-old European American, male with no reported history of substance use and four convictions for domestic violence, including criminal confinement, strangulation, and intimidation. Matt had completed 25 of 26 groups at the time of his interview.

Results

Theme Development

Themes were developed by reviewing the interview recordings multiple times and analyzing for broad, overlying themes of each interview. Overlying themes were further broken down into more specific themes relating to the research questions. Major themes found through the interviews include knowledge of the facilitator about abusive behaviors and contributing factors of abusive behavior, ability to address issues outside of obvious abusive behavior, a nonjudgmental attitude of facilitator toward group members, ability to have open discussions between group members, accountability of group members, and ability to witness positive changes in other group members as motivational (Table 1). Themes identified as unhelpful for batterer intervention programs included facilitators' lack of knowledge of contributors to abusive behaviors, lack of space for open discussion, and lack of acknowledgment and validation of group members' emotions (Table 2).

Client Attitude When Starting the Batterer Intervention Program

All group member participants reported similar attitudes toward the group when starting the group during their interview. Glen stated, "When I first started this, I was totally against it. I didn't think I needed it." Nate put it like this, "I didn't want to do this class at all. And the first lady I had made it even worse. I had a bad attitude every week. Now, I'm actually going to miss this class when I'm done."

Tom reported, "I just came because I had to. I didn't like it, but it was better than going to jail." Bill was "…reluctant to do the class, but I knew I had to do it for probation." Tim reported his thoughts on starting the class were, "I was in the military. I was in Afghanistan, for God's sake. There is no way this class is gonna teach me anything." Matt echoed other participants' reports stating:

> I've been trying to get this done for two years. I kept missing classes and starting over because I had a really bad attitude toward the whole thing. I didn't think I needed to be here. I hated being here, and I blamed everyone else for my having to do these classes.

Table 1: Themes of Crucial Elements of Batterer Intervention Programs

Knowledge of the facilitator about abusive behaviors and contributing factors of abusive behavior.
Ability of the facilitator to address things beyond obvious abusive behaviors (e.g., thought processes and emotion regulation).
The nonjudgmental attitude of facilitators toward group members. This appeared to be essential in changing client attitudes toward the intervention group from an attitude of being closed off and unwilling to recognize behaviors to a positive attitude of openness and self-reflection.
Ability to have open discussions among group members.
The ability to have emotions acknowledged and validated.
Accountability for group members.
The ability to witness positive changes in other group members as motivational.

Nonjudgmental Approach of the Facilitator

One unanimous theme that ran through all interviews was the importance of the ability of the facilitator to listen to group members without judgment. One participant reported:

One facilitator I had just made me feel worse about my situation and myself. I

changed classes. The facilitator I have now takes time to listen to us. Instead of

telling us we are all bad people, this facilitator helps us understand ourselves. For

me, that helps me realize I need to think about how my actions affect other

people. (Nate)

Tom stated:

I feel really comfortable in the group I'm in because I feel like I talk about how I feel and

not just focus on things I've done wrong. I mean, I know what I did was wrong. But now

I can see that I felt like no one was hearing what I was saying, and that would get me

frustrated, and I didn't know how to handle that.

All seven study participants indicated the opportunity to have their feelings heard and

validated was a crucial factor in helping them recognize and change their abusive behavior. Dr.

B., during his interview with the researcher, mentioned several times the benefit of allowing

group members in batterer intervention groups space to discuss emotional experiences pertaining

to their abusive behaviors. Dr. B. stated:

Allowing group members an opportunity to be heard is a vital aspect of the

intervention process. Often it is when men feel like no one hears them that they

may turn to abusive behaviors feeling like that is the only way people will listen

to what they have to say.

Knowledge of the Facilitator

Another interesting theme discussed by all participants, including the group facilitator

interviewed, was the use of vignettes to examine abusive behaviors. The batterer intervention

program utilizes vignettes depicting abusive behaviors. Following the vignette, the facilitator

walks the group members through discussing abusive behaviors shown in the vignette, why the

male in the vignette used the abusive behaviors, and how the male in the vignette wanted to

make the female feel. This format is to be utilized for each batterer intervention group. When

discussing the vignettes, all group member participants of the study reported that "The vignettes

made me realize some things were abusive that I hadn't thought about before" and "Some of

those vignettes were pretty eye-opening for me". Participants further reported that although the

vignettes were helpful, using the vignettes for every group became detrimental.

> Watching the videos and talking about them is helpful, but if we did it every
>
> week, it would get old, the same thing over and over. That's what it was like in a
>
> group I was in before. It can only help so much. What I like about the group I'm
>
> in now is that the lady doing the group seems like she really cares about us, not
>
> just doing a job. She lets us talk about our stuff and doesn't shove those videos
>
> down our throats.

Additional comments supporting the knowledge and ability of the facilitator to address things

beyond abusive behavior include Nate's comment, "The videos are ok, but sometimes we just

need more than that to understand ourselves." Matt reported, "It really helped me when we went

beyond what happened in the videos and applied it to ourselves. The way the group leader went

beyond behavior to thoughts is great." Nate, Matt, and Glen referred to learning about how to

change thought processes and the "lizard brain" as the most helpful content of the class, even

though it is not part of the regular curriculum.

Ability to Have Open Discussions Among Group Members

Open discussion among group members was an important factor in the perceived

effectiveness of the batterer intervention group. Tim stated, "Listening to other people's stories

and how they handle things really made me stop and think about how I handle things." Bill

reported, "Knowing that other people are going through the same thing helped me make sense of

some things." Glen described the interaction with other group members as "…really helped me

rethink myself and realize I don't have it all figured out like I thought I did."

Accountability for Group Members

Accountability was referred to directly by three of the participants as an essential part of

the group experience. "Holding all of us accountable for what we do, including not letting people

come in late, was a big thing. Nobody learns anything without accountability" (Tim). For Bill,

keeping on topic was an important aspect of accountability, "I've had facilitators who just let

things go wherever and it feels like a waste of time. The facilitator that I have now has a way of

bringing things back to the topic. And she will kick you out if you keep being distracting."

Tom stated several areas of accountability that were important to him:

> Some of the guys, especially new guys, get really argumentative, like beat their
>
> chest kind of stuff. But the teacher in my class is really good about allowing them
>
> to be heard but shutting it down at the same time. Also, things like following the
>
> attendance policy and not letting us attend class if we don't pay. I get that a lot of
>
> guys get really mad about that stuff, but being quick to get mad and act out on it is
>
> why we are here. How else are we gonna learn if someone doesn't enforce the
>
> rules?

The Ability to Witness Positive Changes in Other Group Members as Motivational

All participants stated positive group interactions were a vital aspect of the batterer

intervention classes they attend. However, three participants expressly noted the ability to

witness the change in other group members was encouraging and motivational. "Hearing some of

the other guys' stories and seeing how other guys change for the better makes me think I can do

that too" (Bill). "What really resonated with me was seeing myself in some of the other people in

the group and then watching them change told me I could change. That was really good for me"

(Tom).

Glen spoke the most passionately about seeing the change in other group members:

> Some of the guys that started around the same time I did, man, I saw some real
>
> changes in them. That was really inspirational. It made me think that if I saw
>
> changes in them, maybe other people in my life are seeing changes in me, and that
>
> was really encouraging for me.

Table 2: Themes of Unhelpful Elements of Batterer Intervention Programs

Facilitators who are judgmental of group members.
Facilitators who do not allow for open discussions.
Facilitators who discredit group member emotions as a non-contributor to abusive behavior.

Research Question Responses

Research questions addressed in this study were:

1. What is the experience of male perpetrators of domestic violence in the effectiveness
   of the batterer intervention program in Indiana to decrease domestic violence?

2. How do male participants of batterer intervention programs in Indiana describe the
   importance of the facilitator's ability to address aspects of domestic violence beyond
   the behavior (i.e., thought processes, societal views of domestic violence, and the
   perpetrator, trauma, life experience, communication, conflict resolution, and the
   ability to break the cycle of violence)?

3. How do male participants and facilitators in batterer intervention programs in Indiana describe what they view as crucial in interventions designed to decrease abusive behaviors?

The first question regarding the experience of male perpetrators of domestic violence and the effectiveness of batterer intervention programs varied in response based on what appeared to be the experience with a specific facilitator. One example Nate gave indicates the facilitator's ability to show empathy and understanding to participants as well as knowledge of mental health issues was an essential part of his experience.

The first lady I was with was horrible. She was actually abusive by her own definition. She made me feel like a terrible person, and I know other people in the group felt the same way. I felt like she was abusing me but was supposed to be teaching me how not to abuse other people. I changed classes, and now the lady I have is great. She actually treats us like people. She has helped me realize a lot of things about myself I didn't realize before, and she is really helping me.

Other study participants echoed Nate's experience. Glen reported, "Learning things about myself helped me out the most. Not having my past thrown in my face. I know what I did was wrong. I needed to learn how to do things right." And Tom reported his experience as "…rewarding…", sometimes "…embarrassing when I see how abusive I've been sometimes…" and overall "…a positive experience I'm glad I have had the opportunity to have."

When asked how important the facilitator's knowledge and ability to address areas of domestic violence perpetration other than behavior, all participants, including the facilitator interviewed, reported this as an essential factor in the program's effectiveness. As Dr. B. put it,

I think it is vital for a batterer intervention facilitator to not only be trained in domestic

violence issues but also in mental health. Violent behavior starts somewhere, and these

facilitators need to be able to understand how trauma and other life experiences

contribute to behavior. That is one area I feel the batterer intervention field is missing.

It's not about correcting bad people. It's about bringing awareness to behaviors and

figuring out where it is coming from and fixing the real problems. Of course, we do not

condone abusive behavior at all, and we are strong on accountability. But that

accountability has to be for facilitators to the clients they serve as well.

When speaking to what participants, both group members and the facilitator, found

crucial in effective batterer intervention programming, the most stated factor was the knowledge

and characteristics of the facilitator. Dr. B. indicated, "It is impossible to use abusive measures to

correct abusive behavior. Facilitators have to understand that."

Summary

This study sought to provide insight into what makes an effective batterer intervention

program from the view of program participants. Six participants were interviewed. Five themes

were identified as crucial elements for an effective batterer intervention program. The themes

identified were knowledge of the facilitator about abusive behaviors and contributing factors of

abusive behavior and the ability of the facilitator to address things beyond obvious abusive

behavior, the nonjudgmental attitude of the facilitator toward group members, the ability for

group members to have open discussions, accountability for group members, and the ability to

witness positive changes in other group members as motivational.

Chapter Five: Conclusion

The purpose of this qualitative case study was to explore the lack of effectiveness of batterer intervention programs in reducing domestic violence. This study focused on one batterer intervention program in central Indiana. Interviews were conducted to discover themes of what batterer intervention program participants consider most effective in helping them reduce abusive behaviors. Chapter Five contains a summary of the study findings, discussion and implications of the study findings, delimitations and limitations, and recommendations for future research.

Summary of Findings

The overall findings of the research indicate the knowledge and characteristics of the facilitator play a significant role in the experience of the group members. A positive experience appears to foster a more effective batterer intervention program. The study participants indicated a positive experience when the group facilitator was nonjudgmental and allowed room for group members to express emotions and experiences in a safe environment. Participants also reported the ability of the facilitator to address contributors to abusive behavior outside of the behavior itself as helpful (i.e. thought processes, emotion regulation, self-awareness). The majority of study participants (90%) stated that thought processes and how to change the contributors to abusive behavior was the most helpful to address.

Research Questions and Summary of Responses

Research questions addressed in this study were:

4. What is the experience of male perpetrators of domestic violence in the effectiveness of the batterer intervention program in Indiana to decrease domestic violence?

5. How do male participants of batterer intervention programs in Indiana describe the importance of the facilitator's ability to address aspects of domestic violence behaviors beyond the behavior (i.e., thought processes, societal views of domestic violence, and the perpetrator, trauma, life experience, communication, conflict resolution, and the ability to break the cycle of violence)?

6. How do male participants and facilitators in batterer intervention programs in Indiana describe what they view as crucial in interventions designed to decrease abusive behaviors?

Participants of this study described their experience in the batterer intervention program as based on their experience with specific facilitators. Positive experiences were reported with facilitators who were nonjudgmental. Conversely, negative experiences were reported with facilitators who appeared "judgmental" and "overbearing". All study participants reported facilitator knowledge and ability to address domestic violence and abusive behavior through thought processes and emotion regulation. Group members and the facilitator interviewed for the study described crucial elements of effective interventions for batterers to be the positive characteristics (i.e. empathy, nonjudgmental) and knowledge of the facilitator.

Discussion

Findings from this study indicate that methods of batterer intervention programs that focus solely on behavior may not be enough to decrease abusive behavior and domestic violence. In addition to increasing awareness of abusive behaviors, it appears that batterers benefit from addressing thought processes and lack of emotion regulation that led to abusive behavior.

The most commonly used curriculum for batterer intervention programs in the United States is the Duluth Model (Bohall et al., 2016; Cannon et al., 2020) which focuses primarily on

behavior and does not address thought processes, trauma, core beliefs, or other contributors to abusive behavior. Based on the findings from this study, it is clear why current batterer intervention programs are less than effective (Morrison, Goodkind, et al., 2021).

Implications

Theoretical Implications

Existing theories of domestic violence and abusive behavior primarily focus on the feminist theory, which focuses on gender differences, power, and control (Lawson, 2012). The theoretical implications of this study indicate the need for a stronger focus on cognitive and emotional factors contributing to abusive behavior. Trauma-informed theories and social learning appear to be essential factors in abusive behavior. Interviews with study participants revealed a history of childhood trauma, including physical abuse, and witnessing domestic violence as a means to address family conflict. The ability to have emotions validated and to have their voices heard through open discussion was indicated to be a crucial factor for the effectiveness of the batterer intervention program used in the study. A new curriculum that is trauma-informed and metatheoretical is needed to reduce domestic violence and abusive behavior better.

Empirical Implications

While there is a plethora of research on the lack of effectiveness of current batterer intervention programs, the research is primarily based on various definitions of abuse and differing definitions of effectiveness (Babcock et al., 2004; Morrison, Stewart, et al., 2021), Wagers et al., 2017). There is a need for empirical research using control groups and consistent definitions of abuse and effectiveness. Without empirical evidence of what is and is not effective

in reducing abusive behavior, it is impossible to create an evidence-based curriculum for batterer intervention programs.

Practical Implications

Practical implications of this study include the need to effectively reduce domestic violence and abusive behaviors to protect the victims from further abuse. The goal of batterer intervention programs is to eliminate abusive behaviors to protect abuse victims from further abuse (National Coalition Against Domestic Violence, 2020a). With this goal in mind, it is apparent that more effective interventions for addressing domestic violence and abuse are needed. Effective interventions must address the needs of the batterer and engage the batterer in a manner that makes self-reflection possible.

Christian Worldview

One of the most helpful elements of batterer intervention, stated by study participants, was a nonjudgmental approach by the facilitator. Scripture warns against judging others (Matthew 7:1-5, Luke 6:37-42, John 8:1-8, Romans 2:1-3, and James 4:11-12). Facilitators of batterer intervention programs must be careful to avoid a judgmental stance toward the batterer client. Jesus did not come into the world to condemn; instead, He came to save (John 3:17). Just as Jesus did not come to condemn, neither should the batterer intervention program facilitator condemn clients for abusive behaviors. Maintaining client accountability must not be done through judgement and condemnation.

Proverbs 14:8a says "The wisdom of the wise keeps life on track… (The Message). Batterer intervention programs should be designed to provide the wisdom of self-awareness for the batterer. Helping the client recognize abusive behavior allows them to apply that wisdom to keep their life on track for healthier relationships. Additionally, batterer intervention programs

must provide guidance and encouragement to members of the program, providing them with the tools they need to improve not only their behaviors but also their lives as a whole. Ephesians 4:15-16 reminds us to "…speak the truth in love, growing in every way more and more like Christ" (New Living Translation). Engaging batterer intervention clients with the love of Christ will go a long way in making the "whole body fit together perfectly…so that the whole body is healthy and growing and full of love."

<div align="center">**Delimitations and Limitations**</div>

Delimitations of this case study included participant selection limited to male group members participating in a gender-specific batterer intervention program at a single agency. The decision to include only one agency was made as this was a preliminary study to explore the usefulness of the study design. Group members eligible for this study included those who had attended at least 13 of the required 26 batterer intervention classes. The time in the program was chosen so that participants had enough experience with the program to recognize program elements that were beneficial or detrimental for them.

This case study's limitations include the small participation size, the limitation to one agency, and the lack of ethnic diversity of study participants. Ethnic diversity was limited to four Caucasian Americans and two African American group member participants. Group members of other ethnic backgrounds did not volunteer for the study. The study was designed to include two batterer intervention group facilitators. Only one facilitator was available for the study, as the other facilitator left the agency before the study. The study was designed to include 10 group members. The agency has a total of 145 clients enrolled in the batterer intervention program at the time of the study. Of the clients enrolled, 42 current group members were eligible for the study based on eligibility criteria of having attended at least 13 batterer intervention classes. Of

the 42 group members invited to participate in the study, 11 volunteered to participate. Of the 11

who volunteered, six followed through with the interview process. One volunteer backed out of

the study due to time constraints. Four volunteers did not complete the informed consent and

broke contact with the researcher. The small participant size and lack of ethnic and geographic

diversity limit the generalization ability of the study results.

The decision to use clients currently in the batterer intervention program was made to

ensure clients were able to identify elements of the program that were effective in increasing

their awareness of abusive behaviors. Lack of follow-up with participants after completing the

batterer intervention program limits the ability to assess the program's effectiveness, including

the elements of the program study participants found to be most helpful or detrimental.

Recommendations for Future Research

In consideration of the findings of this study, the need for further research is indicated.

Future research is needed to include diverse geographical areas and more diverse populations to

increase the generalization ability of the study. Research studies, including follow-ups six

months and one year after completion of a batterer intervention program, will increase the

reliability of the effectiveness of programs in reducing domestic violence and abusive behavior.

Quantitative studies exploring the degree of effectiveness of themes identified in the

study are also recommended. Studies exploring the degree of effectiveness of the various themes

would help guide the design of new curricula for batterer intervention programs that focus on

essential elements of reducing abusive behavior.

Summary

The results of this study exploring the experiences of men in a batterer intervention

program indicate the need for new intervention paradigms in reducing abusive behavior and

domestic violence. Unlike a concentrated focus on behavior like the Duluth Model, interventions must be trauma-informed and include thought-changing and emotion regulation. Facilitators' attitudes toward domestic violence and men who use abusive behavior must change from an attitude of judgment to openness to addressing the perpetrators' psychological processes. Allowing men space to voice emotions and thoughts is a significant factor in their openness to behavior change.

       Dr. B. provided a good summary of the intent of this study when he said,

> It's important to keep the seriousness of it [why the clients are there] forefront of my mind, the psychoeducation we provide to the client is important. But I think there's a lot to be said for things such as human behavior in the social environment. What is most important is that clients are able to say what they think because then I can tailor my class to what my clients need.

       Like other psychoeducation and therapeutic groups, batterer intervention programs should provide clients with the tools they need to better their lives. To provide what the clients need, it is essential to listen to the client, an area in which many batterer intervention programs fall short (Stines, 2017).

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Appendix A: Site Permission Request

Date: 7/25/2022

Dr. Eric Davis
Life Recovery Center
███████████████████
███████████████

 Dear Dr. Davis:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education in Community Care and Traumatology. The title of my research project is *Male Domestic Violence Offenders' Experiences in a Batterer Invention Program: A Case Study of One Batterer Intervention Program in Central Indiana*. The purpose of my research is to explore and better understand how to increase the effectiveness of current batterer intervention programs.

I am writing to request your permission to conduct my research at Life Recovery Center by recruiting participants for my study from your batterer intervention program clients and facilitators.

Participants will be asked to participate in an individual interview via Zoom. The data will be used to explore elements of current programming that clients and facilitators find helpful and additional components they feel may be missing in learning to recognize and eliminate abusive behaviors. Participants will be presented with informed consent information before participating. Participation in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on approved letterhead indicating your approval or respond by email to

███████████████

Sincerely,

Katrina Thomas, MSW, LSW, LCAC-A, CADAC IV

Appendix B: Site Approval

Life Recovery Center

Find freedom in recovery.

Eric L. Davis, PhD, LCSW, LCAC, ICGC-II, BACC
Executive Director

Wednesday, July 27, 2022

Dear Ms. Thomas:

I am writing to approve your request for site dissertation research. Your topic is very interesting, and I am excited to learn about the results! Please let me know if I can be of assistance in any way.

Sincerely,

Dr. Eric L. Davis
Executive Director

Appendix C: Participant Recruitment Email for Group Members

Dear [Recipient]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctorate in education, a Community Care and Counseling degree The purpose of my research is to add to current research to create effective curriculum for batterer intervention programs and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and currently participating in a batterer intervention program at Life Recovery Center in Indianapolis, Indiana. Participants, if willing, will be asked to participate in a one-on-one, semi-structured, video recorded, interview via Zoom. It should take approximately one hour to complete the procedure listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at ▮▮▮▮▮▮▮ or by email at ▮▮▮▮▮▮▮▮▮▮ for more information or to schedule an interview.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me prior to the interview.

Sincerely,

Katrina Thomas

▮▮▮▮▮▮▮▮

Appendix D: Participant Recruitment Email for Group Facilitators

Dear [Recipient]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctorate in education, a Community Care and Counseling degree The purpose of my research is to add to current research to create effective curriculum for batterer intervention programs and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and currently facilitating a batterer intervention program at Life Recovery Center in Indianapolis, Indiana. Participants, if willing, will be asked to participate in a one-on-one, semi-structured, video recorded, interview via Zoom. It should take approximately one hour to complete the procedure listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at ▮▮▮▮▮▮▮ or by email at ▮▮▮▮▮▮▮▮▮▮ for more information or to schedule an interview.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me prior to the interview.

Sincerely,

Katrina Thomas

▮▮▮▮▮▮▮▮▮▮

Appendix E: Informed Consent for Group Members

Consent

Title of the Project: Male Domestic Violence Offenders' Experiences in a Batterer Invention Program: A Case Study of One Batterer Intervention Program in Central Indiana

Principal Investigator: Katrina Thomas, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older and currently facilitating a batterer intervention program at Life Recovery Center in Indianapolis, Indiana. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about, and why is it being done?

The purpose of the study is to add to current research to create effective curriculum for batterer intervention programs.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in a one-on-one, semi-structured, video recorded interview via Zoom. The interview should take approximately one hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of providing effective interventions to reduce instances of domestic violence.

What risks might you experience from being in this study?

The risks involved in this study include the researcher becoming aware of information that may trigger the mandatory reporting requirements for child abuse, child neglect, elder abuse, or intent to harm self or others.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in the event the researcher becomes aware of information that triggers mandated reporting laws. This includes information leading to suspicion of child abuse, child neglect, elder abuse, or intent to harm self or others.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Life Recovery Center. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Katrina Thomas. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ████████ or ████████████████ You may also contact the researcher's faculty sponsor, Dr. LaRonda Starling, at ████████████████

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

By signing below I acknowledge that I have read and understood the above information. If I had questions, I have asked them and have received answers. I consent to participate in the study.

☐ The researcher has my permission to video record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix F: Informed Consent for Group Facilitators

Consent

Title of the Project: Male Domestic Violence Offenders' Experiences in a Batterer Invention Program: A Case Study of One Batterer Intervention Program in Central Indiana

Principal Investigator: Katrina Thomas, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older and currently facilitating a batterer intervention program at Life Recovery Center in Indianapolis, Indiana. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about, and why is it being done?

The purpose of the study is to add to current research to create effective curriculum for batterer intervention programs.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:
1. Participate in a one-on-one, semi-structured, video recorded interview via Zoom. The interview should take approximately one hour.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of providing effective interventions to reduce instances of domestic violence.

What risks might you experience from being in this study?

The risks involved in this study include the researcher becoming aware of information that may trigger the mandatory reporting requirements for child abuse, child neglect, elder abuse, or intent to harm self or others.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

[Include the following in this section:
 • Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.

- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in the event the researcher becomes aware of information that triggers mandated reporting laws. This includes information leading to suspicion of child abuse, child neglect, elder abuse, or intent to harm self or others.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Life Recovery Center. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Katrina Thomas. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ███████████ or ███████████████████████. You may also contact the researcher's faculty sponsor, Dr. LaRonda Starling, at ████████████████.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

By signing below I acknowledge that I have read and understood the above information. If I had questions, I have asked them and have received answers. I consent to participate in the study.

☐ The researcher has my permission to video record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix G: Interview Protocol of Batterer Intervention Group Members

Interview Protocol

Interview Questions for Batterer Intervention Group Members

Interview Protocol Project:

Time of interview:

Date:

Place:

Interviewer:

Interviewee Study Identification:

Position of the Interviewee:

Interview Questions and Answers:

1. Please introduce yourself to me just as you would introduce yourself to anyone else.

2. Please tell me why you have decided to participate in this study.

3. Please tell me anything you would like for me to know about you, for example how you culture or background may be an important consideration in batterer intervention.

4. Please tell me what your experience has been so far in the batterer intervention program. Please include things like your experience with the facilitator, other group members, presentation of topics, the topics covered, group size, and any other experiences you would like to share with me.

5. What do you feel has helped you eliminate or reduce abusive behaviors? Please explain?

6. What do you feel has been unhelpful in eliminating or reducing your abusive behaviors? Please explain?

7. What would you include if you were designing a program to eliminate or reduce abusive

   behaviors? Please explain?

Appendix H: Interview Protocol for Batterer Intervention Group Facilitators

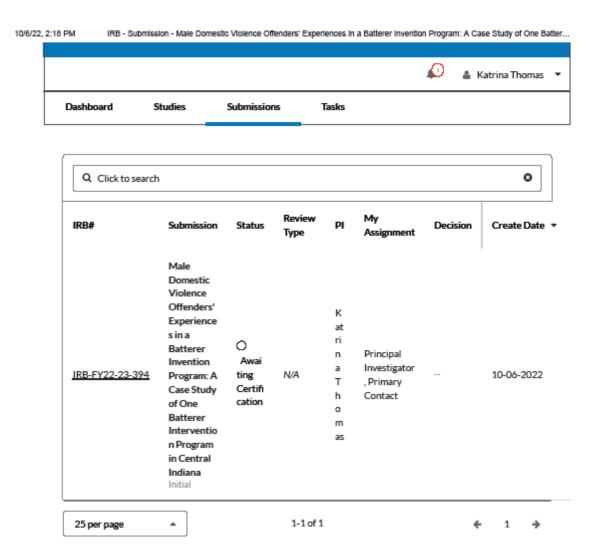**Interview Protocol**

Interview Questions for Batterer Intervention Group Facilitators

Interview Protocol Project:

Time of interview:

Date:

Place:

Interviewer:

Interviewee Study Identification:

Position of the Interviewee:

Interview Questions and Answers:

1. Please introduce yourself to me as if we have never met. Please include your title, additional responsibilities at your agency, your education pertinent to batterer intervention facilitation, how long you have been a facilitator for batterer intervention, and why you choose to become a batterer intervention program facilitator.

2. Please tell me what led you to participate in this study.

3. How would you describe the intervention used in the batterer intervention groups you facilitate? (helpfulness for clients, effectiveness of the program, length of each group, length of program, format, curriculum, etc.).

4. Please describe the group members in the groups you facilitate. (court-mandated or voluntary, group size, your experience with group members, etc.).

5. Please describe any changes you have observed in program participants during their time in the program.

6. To what would you attribute the success of attitudinal and behavioral changes in group members?

7. What would you change in the intervention format or curriculum?

8. Is there anything you would like to add to this interview?

9. What additional information would you like to provide regarding your experience as a batterer intervention program facilitator?

Appendix I: IRB Application

Katrina Thomas ▼

Dashboard   Studies   **Submissions**   Tasks

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IRB#	Submission	Status	Review Type	PI	My Assignment	Decision	Create Date ▼
IRB-FY22-23-394	Male Domestic Violence Offenders' Experiences in a Batterer Invention Program: A Case Study of One Batterer Intervention Program in Central Indiana *Initial*	⚪ Awaiting Certification	*N/A*	Katrina Thomas	Principal Investigator, Primary Contact	--	10-06-2022

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Appendix J: Power and Control Wheel

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Domestic Abuse Intervention Programs (https://www.theduluthmodel.org/wheel-gallery/)