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Batterer intervention program facilitators' perceptions of the efficacy of current behavior intervention models

Maura A. Shader-Morrissey

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Maura Shader
Batterer Intervention Program
Facilitators' Perceptions of the
Efficacy of Current Behavior
Intervention Models

ABSTRACT

This qualitative study explored the question: Is the extensive use of the Duluth Model in the treatment of perpetrators of domestic violence and its derivatives based on perceived efficacy among the facilitators of these programs, or is there a more effective model that is suggested based upon their experiences? A flexible research design was utilized in order to explore the experience of 12 Batterer Intervention Program (BIP) facilitators through the process of in depth, individual interviews. The major themes identified were the facilitators' need for change in the interventions utilized, their experience of powerlessness within their field, and their desire for greater community support to hold perpetrators accountable and affect change in their behavior. Among the facilitators interviewed, there was a predominant opinion that an intervention which expands upon existing Duluth based BIP methodology would be more successful in changing batterer behaviors.

**BATTERER INTERVENTION PROGRAM FACILITATORS' PERCEPTIONS OF THE
EFFICACY OF CURRENT BEHAVIOR INTERVENTION MODELS**

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Maura Shader

Smith College School for Social Work
Northampton, Massachusetts 01063

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CHAPTER I

Introduction

The purpose of this qualitative study was to identify how the Duluth Model, a multi-system approach to address domestic violence, is perceived and utilized by facilitators of batterer intervention programs. As yet, there are few qualitative or quantitative studies which explore this issue through the experience of people who are trained to facilitate the intervention programs (BIPs) (Silvergleid & Mankowski, 2006, p.142). This study sought to explore why the Duluth Model is used so extensively, whether it is judged to be effective, and to explore what other interventions facilitators use in their work with batterers. Through this research, I hope to ascertain what aspects of the model are effective, and which need to change.

Each year, an estimated 6 million women in America are pushed, grabbed, or slapped by their intimate partners (Babcock, Canady, Graham, & Schart, 2007, p. 215). The prevalence of domestic violence (DV) and intimate partner abuse begs the question of how to modify this behavior in perpetrators of these crimes, and thereby reduce the number of incidents and victims. As the following analysis of the literature demonstrates, there is significant uncertainty in the efficacy of Batterer Intervention Programs (BIPs). There appears to be evidence that suggests a large percentage of perpetrators of DV reoffend, despite participation in BIPs (Babcock, Green, and Robie's, 2004 & Sullivan, 2006). There also appears to be little diversity in the types of treatment models utilized in these programs, the format of intervention (individual verses group and mandatory verses voluntary), and the gender of those participating. Many studies (Maxwell-

Robert, Davis-Bruce & Tylor, 2010; Tollefson & Gross, 2006; Sullivan, 2006; Babcock, Green & Robie, 2004; Dutton & Corvo, 2007) have concluded that BIPs which commonly utilize the Duluth Model (Dutton & Corvo, 2007) have little to no impact on recidivism rates among perpetrators of DV.

Much money, time, and person-power is needed in both institutional and community settings to conduct these programs for perpetrators of DV. Within these settings the Duluth Model is predominantly endorsed by government and state agencies, and utilized by BIPs as a primary approach to reform perpetrator behavior (Babcock, et al. 2004; Sullivan, 2006).

This project sought participation from qualified facilitators of BIPs in two New England states; Vermont and Massachusetts. The question explored was: Is the extensive use of the Duluth Model and its derivatives based on perceived efficacy among the facilitators of these programs, or is there a more effective model that is suggested based upon their experiences? The intended audience of the study is social workers, domestic violence program personnel, facilitators of BIPs, and researchers who are investigating the effectiveness of BIPs for legislative support. The experiences of these facilitators forms a framework for future investigations into BIPs, and alternative BIP approaches. Everything can be improved upon, and the hope is that this research will assist future researchers in evolving an intervention for perpetrators of DV and intimate partner violence (IPV).

CHAPTER II

Literature Review

A full understanding of this issue requires a review of the formation of Batterer Intervention Programs (BIPs). This Chapter will analyze the key empirical studies that have been conducted, describe what is known about this issue to date, and will address the current literature on batterer intervention programs to build a basis for the investigation into the use of the Duluth Model and its derivatives.

Rosenbaum and Kunkel (2009) concisely review the creation and evolution of BIPs in the U.S. They base a majority of their findings on existing research and on studies that explore the implementation, practice, and effectiveness of BIPs. During the early 1980's the battered womens' movement began to have an effect on the criminalization of domestic violence (DV). Through the creation of policies, laws, and an increasing number of convictions of crimes related to heterosexual partner violence, a need for an intervention to rehabilitate offenders was identified. Out of this need came the Duluth Model (Rosenbaum & Kunkel, 2009). This model was officially developed in 1995 when the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota received a grant from the Centers for Disease Control and Prevention to address domestic violence, gender dynamics, victim safety, batterer accountability, issues of power and control, and community coordination; all aspects which now encompass the Duluth Model. The 1995 grant allowed DAIP to implement a larger piece of the existing model, which included re-training and organizing professionals in the Duluth community to comprise a

coordinated community response (CCR). Roughly ten years before receiving this grant DAIP had been implementing and studying various aspects of this model, such as the batterer curriculum.

In 1985 Melanie Shepard conducted a study to explore the physically abusive behavior of DV perpetrators by surveying perpetrators and victims separately, over the course of an intervention provided through DAIP. The intervention utilized counseling and education groups for perpetrators. Ninety-two perpetrators and 77 victims made up the sample for this study, and were contacted four times: three months prior to receiving an intervention, during the 12 week counseling phase, during the subsequent 12 week education phase, and again three months after completing the intervention (Shepard, 1987). As predicted, the incidence of physical abuse, as reported from the victims, slowly decreased over the course of the intervention. However the most significant reduction in incidence of physical violence occurred while the perpetrators were participating in the education phase of the intervention. Seven percent of victims reported no physical abuse prior to the intervention, 61% of victims reported no physical abuse during the counseling phase, and 69% reported no abuse during the education phase. Sixty-one percent of victims reported no abuse three months after completion of the program (Shepard, 1987). This initial study indicates that the education phase of the intervention had a greater impact on reducing abusiveness of perpetrators during the intervention. This contributed to DAIP's implementation of an education curriculum for men who batter. The batterer education piece of the Duluth Model is perhaps the most widely implemented and utilized aspect of the model in addressing the behavior of perpetrators currently attending BIPs. While many BIPs may not strictly follow the Duluth Model, a majority acknowledge that it has influenced their interventions (Rosenbaum & Kunkel, 2009, p. 194). The Duluth Model and other similar

interventions commonly utilize feminist theory, and cognitive behavioral approaches (CBT), with special attention to education and accountability.

According to Paymar and Barnes (n.d.) the Duluth Model encompasses a multi-system, community-coordinated approach which keeps victims safe and treats the batterers' behavior. This involves fast action on the part of first responders (ambulance, police, and neighbors), enforced consequences from judicial and police representatives, an emphasis on intervention, and approaches which do not collude with the batterer: victim empowerment, counseling centered on violent behavior, and greater accountability for perpetrators of these crimes (p.8).

A majority of state standards for BIPs require that interventions be co-facilitated by male and female facilitators, that they be held in a group-setting, and have anywhere between 12 and 15 participants. Programs can last anywhere between 12 and 52 sessions, and be 1.5 to 2 hours in length (Rosenbaum & Kunkel, 2009, p. 195-196). In the 1990's, states began to adopt legislation to reinforce the existence of BIPs to coordinate with probation or be a viable alternative to incarceration. BIPs began to be treated as mandatory alternatives to incarceration or other punitive action. A 2007 survey found a total of 1,750 registered and certified BIPs operating in the U.S (Rosenbaum & Kunkel, 2009, p. 193). This number does not account for all the non-registered programs which also exist in the U.S.

Pence and Paymar (1993) outline the history and implementation of the Duluth Model as a training guide for those who wish to become BIP facilitators. In this context they do not make claims to base their intervention on feminist theory or CBT, but rather state "The curriculum described in this book is based on the theory that violence is used to control people's behavior" (p.1). The *Power and Control Wheel* and *Equality Wheel* (p. 3-8), developed by DAIP (see Appendix A & B) frame the theory and approach within this model. Their program was

designed to last 26 weeks and relied heavily on community involvement (police, legal, neighbors, hospitals) to increase the efficacy of BIPs through more widely enforced accountability for the perpetrators of these crimes (p.17). Although DAIP does not claim to model their approach on CBT or feminist theory, these themes can be easily identified in this context despite the fact that they are not labeled as such. The teaching tools and educational framework of the model is quite similar to a feminist theory informed CBT approach. More recent analysis and discussion of the model have noted that the Duluth Model is a CBT informed approach for perpetrators of DV and IPV (Paymar & Barnes, n.d.; Gondolf, 2007).

While BIPs and the Duluth Model are not synonymous, it appears that they are closely related. The Duluth Model was created out of a need for standardized intervention for batterer programs. Dutton and Corvo (2007) critique this model for not addressing this need, and for being created as a cognitive behavioral intervention by people with immense experience with domestic violence, but little experience in mental health and recovery (p.659). They argue that due to this, the model fails to take an appropriate approach to addressing the issue of men who batter women. Those who support the use of the Duluth Model (Shepard, 1992; Paymar & Barnes n.d) argue that men who batter women are not conceptualized to have a problem related to mental health, but rather their behavior is based in power and control, and thus requires an educational approach to adequately address this issue. This is the premise for the Duluth Model's creation and implementation. Despite such critique, the scope of influence of the Duluth Model is widespread (Rosenbaum & Kunkel, 2009), and well integrated into the legal system. This leads to questions about the efficacy of the Duluth Model, and success in its implementation.

Key Empirical Findings

Babcock, et al. (2004), conducted an expansive review of 22 studies which evaluated the efficacy of treatment for male perpetrators of DV. Multiple models were utilized, including the Duluth Model and cognitive behavioral therapy (CBT), to study subsequent recidivism rates. The researchers discovered overall minimal effects due to treatment (p.1044). Using PsycInfo, a database containing theoretical and empirical studies, they conducted a search of existing qualitative research using terms such as; “batterers,” “domestic,” “violence,” “treatment,” and “interventions” (p.1027). Published material, manuscripts from the press, and data presented at national conferences were retrieved, reviewed, and examined (p.1027). As a result, 44 studies including empirical, pre-post test, quasi-experimental, and true experimental models made up the sample. These were coded and classified according to the type of report based on recidivism rates, treatment type, treatment duration, follow-up time, and rates of attrition (p.1035-1036).

Their meta-analysis encompasses a vast overview of many studies. However in considering the micro level variables in each study reviewed, there are many which impacted the meta-analysis. These include consistency of operational definitions such as “successful completion of a program,” and use of studies which relied on police reports to measure recidivism. The latter is especially problematic because an estimated 1 in 5 assaults are never reported (Babcock, et al. 2004, p.1047). This meta-analysis suggests that BIPs have minimal if any effect on changing behavior. A closer look at the particular studies and the particular interventions is required to verify these findings and gain a better assessment of why the data point to these findings.

Sullivan (2006) explored the efficacy of widely utilized domestic violence interventions in the U.S. for both victims and batterers. The relevant aspects of this discussion are located in

the “Overview of interventions for batterers” within that study. Sullivan notes that although BIPs have been operating since the 1980’s, there have been few studies and even fewer findings that these interventions work. The two most expansive studies he reviewed found that there was no difference in the subsequent abusiveness of men who completed BIPs and men who received probation or community service as punishment (p. 204)

The first of these two qualitative studies (Dunford, 2000) utilized three different 12 month interventions to explore the efficacy of treatment for men in the Navy with a confirmed history of assault against their partner. A total of 861 couples were randomly assigned to four separate groups: a men’s, conjoint, monitored, and control group. Two of the groups (men’s and conjoint), utilized cognitive behavior intervention, influenced by the Duluth Model. Over the course of 18 months, data were collected at six month intervals (p. 468). The men’s group met weekly for six months and then monthly for the remaining six months. Perpetrators’ attitudes towards women, values, and accountability were addressed and used for skill building within the group. The conjoint groups (couples) involved the same intervals and treatment interventions as the men’s group, however the dynamics of the group allowed for more accurate “modeling” and “confrontation” (p. 469). The monitored group had a more involved intervention. Perpetrators met monthly with a case manager for individual counseling. Their partners were contacted monthly about their partners’ compliance, and records of assaults were checked every six weeks for incidence of re-offense. The men in the control group received no group intervention, however their wives received assistance in “stabilization and safety planning” (Dunford, 2000, p.469). They found the group which received a form of intervention (mens', conjoint, and monitored) had little effect on changing the behavior of these perpetrators. There was no

difference between the control group's rates of recidivism as compared to the mens' conjoint and monitored groups (Dunford, 2000, p.475).

Although recidivism rates were the same between all the groups, they were also lower than in other previously studied, civilian BIP groups. The researchers account for this by stating the military setting and threat of discharge from the service if perpetrators re-offended likely influenced the lower numbers of re-offence in the Navy. It should be noted that the length of intervals at which the groups receiving an intervention met was minimal compared to current BIPs. Additionally, the training and experience of the facilitators of these interventions is not well established in the study. Despite this, the interventions focus was in CBT, and themes were related to the Duluth Model.

Another significant qualitative study Sullivan cited was Feder and Forde (2000). These researchers conducted the Broward Experiment and had similar findings. However they surveyed the general male perpetrator population. In 1997, during a five month period in Broward County Florida, all men convicted of a domestic violence at a misdemeanor level were randomly assigned to the qualitative study. A total of 216 men in the experimental group, and 188 men in the control group were studied. A majority of participants were Caucasian (57%) or African-American (36%) (Feder & Forde, 2000, p. 5). Perpetrators in the control group were sentenced to one year of probation. Those in the experimental group were also sentenced to one year of probation, but also 26 weeks of a BIP. The Duluth Model and its curriculum was the only intervention used (p. 2-3).

Feder and Forde found no difference in recidivism rates between the control and experimental groups; both had a twenty-four percent re-arrest rate for re-offense within twelve months of the program completion (p. 13). An implication arose when the judge overrode some

of the “random assignments” and purposefully placed perceived dangerous offenders in the experimental group, which accounts for the difference in size between the two groups. One wonders about the minority status of those placed in the experiment group and if that had any influence on the judge’s decision to override certain placements which would affect the validity of their findings. The assertions in these two studies are controversial because they argue that there are few positive outcomes for BIP participants (Sullivan, 2006).

In response to growing criticism of the Duluth Model, DAIP has posted a handful of resources on their website (www.theduluthmodel.org) which support the model’s continued use and professed efficacy. Melanie Shepard is a researcher often referenced by DAIP. She has conducted multiple studies, and produced many articles in support of the Duluth Model. One such study commonly referenced was conducted by Shepard (1992), and was a continuation of her afore mentioned 1987 study. However in this study she attempted to explore batterer recidivism rates five years after perpetrators participated in the DAIP intervention. The sample was comprised of one hundred male perpetrators who had participated in both the DAIP 1985 intervention, and Shepard’s subsequent 1987 study. Both samples in these studies were predominantly comprised of white male participants (85%), while a much smaller percentage of minority groups were represented in this study; 6% American-Indian, and 4% identifying as black (1992, p. 170). The racial identity of the remaining 5% is not clearly defined in this study.

Rates of recidivism were determined through court documents and police records. This included arrest records, convictions for partner assault, police reports where abuse had been highly suspected, and orders of protection. From this they were able to extrapolate that 40% of the sample re-offended over the course of five years (Shepard, 1992, p. 173). The study cites a limitation in relying on court documents and police records due to the high estimation of

domestic assaults which go unreported each year. Shepard comments that the rate of recidivism was likely higher than what their study determined, however the study was not intended to explore the efficacy of interventions but rather to identify characteristics of batterers in order to help predict recidivism (p.175). The identified characteristics related to recidivism included history and type of abusive behavior, duration of program, and alcohol and drug dependency (p.175). Shepard concludes her study by stating that severe offenders of DV should be screened out from participating in community interventions, and that “chemical dependency treatment should place a stronger emphasis on addressing violent behavior” (p.175-176). Perhaps without intention, Shepard brings up the debate surrounding the Duluth Model with regards to addressing the intersectionality of issues related to characteristics of batterers, like history and cycle of abuse, substance dependency, and mental health issues.

Tollefson and Gross (2006) explored recidivism rates among 197 participants of a BIP in order to identify common factors which influenced post-intervention recidivism rates. They identified four common themes: psychopathology, psychiatric history, substance abuse, and child abuse in family of origin (p. 55-56). They suggest their findings support theories that DV is multigenerational. They assert high incidence of Axis II diagnoses among batterers, and substance use as contributing factors to abusiveness. Although these factors may be common denominators among participants in BIPs observed by Tollefson and Gross, does this mean that they are directly related to DV?

Initial exploration of how the intersection of DV, substance abuse, and mental illness is perceived yielded few conclusions. National organizations such as the Substance Abuse and Mental Health Services Administration (SAMSHA), the National Alliance on Mental Illness (NAMI), and the National Association of Social Workers (NASW) host little information about

how these issues affect and are effected by one another. Additionally, they do not appear to address whether the Duluth Model adequately addresses these issues. Paymar and Barnes (n.d.) agree with the existence of these issues and note a preference to screen out potential participants of BIPs who have a serious mental illness so that a more appropriate treatment can be applied. However they contend that screening for mental illness is both time consuming, costly, and not ideal (p.3). They go further to argue that mental illness is common in our society and does not negate accountability when crimes are committed. Although they feel the Duluth Model is not “designed to deal with personality disorders” (p.9-10), they argue the model is flexible enough to be applied to treatment for perpetrators with mental health problems such as attachment disorders, depression, antisocial behaviors, and chemical dependencies (p.10). In addition, they assert that no evidence exists to suggest that the Duluth based curriculum has negatively impacted individuals diagnosed with mental health disorders (p.10). Upon review of the Duluth website and Pence and Paymar’s 1993 Duluth curriculum, perceptions of substance abuse influencing violent behavior appear to be more of a subtext within the model, and less of a focus. Given the high incidence of the intersection of DV, substance abuse, and mental health, further analysis will be integral to understanding batterer treatment and what effect these variables have on recidivism rates.

In addition to these queries, Tollefson and Gross’s 2006 study also raised questions about the gender dynamics of BIPs. In their study, 89% of the participants were Caucasian and 84% were male (p. 51), which leads us to question the study’s external validity and attempts to extrapolate the findings to a larger population. How would these findings be different, or would they vary, among female perpetrators of violence and female BIPs? A majority of the studies have focused on men. Although female batterers are believed to be far fewer in number, one

wonders if recidivism rates would be the same among female batterers. Are rates of recidivism the same for both genders?

Discussion of Gender Dynamics

In response to recent shifts in research from focusing on male perpetrators to include female perpetrators, Reed, Raj, Miller, and Silverman (2010) conducted a literature review to explore the implications of a more gender neutral framework. They argue that this issue cannot be gender neutral because of the “well-accepted historical and political realities” that overwhelmingly men perpetrate violence against women (p.350). The shift away from women as the predominant victim is projected to influence and misguide future research, funding, and intervention programs which are needed to address issues of male violence. Despite this argument, separately measuring the difference in effectiveness among male and female perpetrator populations may be helpful in determining possible reasons for conflicting and sometimes low rates of success for men who have completed a BIP.

Carney and Buttell (2004) explore and evaluate a pilot treatment program for women court mandated to BIPs. A total of 139 women were involuntarily referred into the program, however 77 participants dropped out before completion, and 36 participants were still in the program at time of evaluation, leaving their sample size at 26 members. They noted that 50% of participants were Caucasian, and 50% were African-American (p.252). Using a pre and post-test, they attempted to evaluate the effectiveness of a BIP intervention based on the Duluth Model (p.252). The intervention lasted 16 weeks. One year after completion, the arrest records of participants were reviewed to identify recidivism rates. At that time only one participant out of the 26 had reoffended, or 3.4% (p.256).

They conclude that the intervention utilized was effective in reducing the aggression and physical assertiveness of the women who batter (p.256). The high attrition rate does bring into question the internal validity of the study. Specifically, does the experiment study what it was intended to study? Is it possible that only those invested in treatment and change stayed in the program until completion? Did others (a majority) drop-out, and skew higher numbers of effectiveness, distorting their outcomes and results? It is also interesting to note that BIPs have traditionally been modeled and designed for male participants (Rosenbaum & Kunkel, 2009). This leaves questions about how they adapted the intervention to meet the needs of women. If few changes were made, this may speak to possible gender neutral benefits of BIPs. More importantly, given the success of the small sample size, this may indicate that women experience better success through smaller BIPs than do men.

Discussion of “Success”

A more recent study conducted by Maxwell, Davis, and Taylor (2010) explored the use of Randomized Clinical Trials (RCT's) to measure success of BIPs. A common finding in these studies was that there were no positive findings for the efficacy of BIPs. The authors used different techniques to reanalyze the original data from one of these studies and arrived at a slightly different conclusion. They attempted to measure the effects of 40-hours of batterer education program (experimental group) to 40-hours of community service (control group) among men convicted of domestic violence against their partner (p.479) for a total of 376 participants. At sentencing the judge randomly assigned individuals to each group. Interviews with both the perpetrator and victim were conducted at sentencing, six months after sentencing and one year after sentencing (p.480). An intervention based on the Duluth Model was utilized for the experimental group (p.480). The diversity of race in this study attempted to address the

cultural competency of the Duluth Model and batterer programs. Unlike previous studies, a majority of the participants were African-American (36%), Hispanic (28%), West Indian (20%), and the Caucasian and Asian demographics were combined for a total of 15%.

While previous studies have focused on re-offense after completion of a program, Maxwell-Robert, et al. (2010) discovered that batterers, for the most part, did not reoffend while receiving the intervention, regardless of race (p. 492). However the recidivism rates remained the same post-treatment. The findings of this study seem to indicate that gains made through this BIP intervention were temporarily achieved, and had little lasting influence after treatment had ended.

Scott (2004) examined studies which do not operationally define success of an intervention program as reduced rates of recidivism among perpetrators of DV. It is argued that defining success solely on diminished recidivism rates is problematic and unrealistic (p.261). With the intention of developing a more complex assessment of success among various interventions, they utilize feminist, family, individual, and typology theories to explore the research (p.266). They cite a study which found two thirds of male perpetrators of DV do not re-assault for a substantial period of time (p.262). This is a significant assertion given that other studies have cited a much lower success rate (Babcock, et al., 2004). However these studies defined success based on the absence of re-offense, whereas Scott is attempting to highlight and explore other possible successes. In doing so, Scott draws attention to how success is conceptualized and measured in a balanced and accurate manner, in consideration of other studies have narrowly focused on recidivism rates and not considered other factors.

Discussion of the Criticism

In their article, Paymar and Barnes (n.d) respond to a multitude of criticisms directed at the Duluth Model including but not limited to: conflicting recidivism rates, the gender component of focusing on men as perpetrators and women as victims, the lack of cultural diversity within the studies, the intersection of domestic violence with mental health, and anger management.

In addressing recidivism rates, Paymar and Barnes (n.d.) cite a study conducted by the National Institute of Justice (NIJ), also known as the Broward Experiment, reviewed earlier in this chapter. The experiment attempted to assess recidivism rates by comparing batterer groups which received the Duluth intervention with a control group, which received supervised probation with no counseling. Paymar and Barnes point out that only one aspect of the Duluth Model, the batterer curriculum, was implemented and evaluated in this study, and it was not therefore a “strict application” of the model. Other aspects of the model such as the coordinated community response (CCR) were not included or evaluated. As previously discussed, the Broward Experiment found little difference in rates of recidivism between the control group and the group which received the Duluth intervention.

Paymar and Barnes’s (n.d.) essay does not seek to provide any supporting empirical evidence, but instead evaluate the Broward Experiment findings and highlight the ways in which the Duluth Model was not implemented properly, such as the afore-mentioned CCR, and the 26 week time frame outlined in the model which was not adhered to in the experiment and was substituted for an eight week accelerated intervention. They conclude their criticism of this study by stating, “while it is a goal to change the attitudes of men who batter, the ultimate goal of the Duluth Model has always been to ensure that victims are safer” (p.2). In short, the authors

conclude that the Duluth Model was not implemented properly in the study, which accounts for the minimal difference between the two experiment groups. In addition, they state that the ultimate goal of the model is not to change batterer attitudes, a surprising assertion given that the batterer curriculum has been endorsed by DAIP to be implemented on a national level in order to address batterer behavior. While it would appear that one cannot be achieved without the other, changing batterer behavior to achieve victim safety, this certainly influences the design, focus, and implementation of a program intended to address victim safety as opposed to an intervention whose goal is to change batterer behavior. This highlights a perhaps larger ongoing discussion about how the Duluth Model was created, its intended purpose, and how it is being interpreted and implemented by separate states, programs and organizations adopting its use for implementation in BIPs.

Discussion of the Absence of Facilitator Opinion

Despite the data which exists, there are few qualitative or quantitative studies exploring recidivism rates through the experience of the BIP facilitators (Silvergleid & Mankowski, 2006, p.142). BIP facilitators are a valuable source of data as they are responsible for intervening, educating and ultimately having a positive effect on DV perpetrator behavior. Because they implement the intervention, they are able to observe what works and what does not work within these treatment settings.

One such qualitative study (Silvergleid & Mankowski, 2006) which seeks to explore the influence of facilitators on BIP participants, identifies areas in which BIPs can be improved. To do this, they conducted interviews with nine BIP participants who had completed the program, and ten facilitators. All of the perpetrator participants were white (100%) and male (100%), whereas a majority of the facilitator participants also identified as white (90%) and male (80%)

(p.143). Perpetrators were selected to participate in the study based on the referral of the facilitator. Perpetrators needed to meet three criteria; have at least two weeks from graduation, be successful in the aspects of the program they had completed, and have demonstrated positive change (p.144). They found that all participants highlighted four similar aspects of their BIPs which heavily influenced a change in perpetrator behavior. These were as follows: wanting to change, community accountability, respect and safety within the group, and group dynamics (p.154-157). While the study accomplished what it set out to do, it is difficult to consider these results as meaningful because the perpetrators were selected based on perceived success within the program. In addition, no steps were taken to measure these participants' incidence of recidivism either through post-survey or police records, after program completion. This is problematic in trying to identify what is effective in the program, because the participants could feel really helped or changed by the program, but still re-offend after completing it, which would leave the question of efficacy still unanswered.

Conclusion

In discussing Babcock, Green, and Robie's (2004) meta-analyses of domestic violence treatment, Paymar and Barnes (n.d.) argue that Shepard's 1992 study conducted at DAIP demonstrated the efficacy of the Duluth Model. However, they do not cite empirical evidence to support these claims, which brings the validity of their argument into question. In addition to this, Shepard clearly states in her 1992 article that the intention of the study was to identify characteristics of why batterers re-offend, and not to measure the efficacy of the intervention utilized. They also reference a study conducted in Scotland as evidence that the batterer curriculum is successful and internationally applicable, if implemented correctly. They do not support this claim with discussion of how the curriculum was followed and implemented, how

they defined success, or citations of empirical data to demonstrate their point. Paymar and Baner (n.d.) also did not address cultural dynamics, or differences specific to this study. While they clearly address many of the criticisms, they appear to take a “hands-off” approach in defense of the model and neither accepts responsibility for agreed-upon shortcomings, or adequately addresses the criticism with which they disagree. They defend the Duluth Model as the most effective approach which exists to address DV and IPV, and simultaneously refute poor results in the implementations of the model for incorrect implementation, or for not strictly following the model. While this is a worthy criticism, they base their argument on studies which have positive results but which also utilized only aspects of the Duluth Model such as the batterer curriculum, and also strayed from the established outline. If their claims are true, and positive results are only achieved when the model is implemented in full, and as a multi-system approach to domestic violence, the question must then be: Why has the batterer curriculum aspect of the model been endorsed and implemented nationally as an effective approach to address and change the behavior of men who batter?

Two separate, but important areas of possible exploration arise from this literature. The first being the difference in male and female recidivism rates post BIP. What accounts for this difference and is this difference measurable? A quantitative study comparing the two populations could yield powerful and important data for both victims and perpetrators of DV, domestic violence projects, and state funded BIPs.

Question

Another consideration, and the focus of the proposed study, is to explore the continued use of BIPs through the experience of the facilitators. The research seems to indicate that BIPs have questionable success rates among male populations. This leads us to wonder why they

continue to grow in popularity, and continue to be further integrated into the treatment and rehabilitation of perpetrators. My study seeks to explore the use of the Duluth Model in BIPs and to inquire about what interventions the facilitators of these programs utilize, which they feel to be effective, and why?

CHAPTER III

Methodology

This qualitative study utilized a flexible research design in order to explore the experience of Batterer Intervention Program (BIP) facilitators. This study design was used to collect and analyze a range of data from their knowledge within their field of practice. The existing literature suggests that there continues to be uncertainty in the efficacy of BIPs, and there is evidence that a majority of domestic violence (DV) and intimate partner violence (IPV) perpetrators reoffend, despite participation in BIPs (Sullivan, 2006). Therefore, the research question explored in this study was: Is the extensive use of the Duluth Model and its derivatives based on perceived efficacy among the facilitators of these programs, or is there a more effective model that is suggested based upon their experience?

Two states, Vermont and Massachusetts, were the focus of this study. Both states have adopted aspects of the Duluth Model in the formulation of their state standards for BIPs. However the Vermont standards reflect a clear adherence to the Duluth Model while the Massachusetts standards seem to be more loosely based on the Duluth Model. The Vermont approach is said to include a cognitive behavior and feminist theory practice. In addition their format is a minimum of 26 weeks, group format, co-facilitated, addresses male perpetrated domestic violence, and is designed to educate them about domestic violence. Their stated goals are to support victim safety, to hold men accountable, and to support a process of change. The approach in Massachusetts was also a group format, but they had allowances for gender specific

groups, a minimum of 40 week interventions, and there is no mention of a co-facilitation requirement. Their programs are designed to educate perpetrators of domestic violence with a focus on power and control. The goal of the programs is to influence a reduction in coercive, dominating, and violent behavior, as well as contribute to increased safety of the victim, current partners, and children.

In order for a BIP to become certified in the state of Vermont, the facilitators must design an intervention utilizing the standards established in the Vermont Statewide Standards for Programming for Men Who Batter Women (2010). Facilitators are charged with the responsibility of submitting their curriculum to the Vermont Counsel on Domestic Violence Committee on Batterer Accountability for approval and certification by the Vermont Council on Domestic Violence. Any BIP provided in connection with the Vermont Department of Corrections must be certified through this process. This organization is responsible for evaluating each program's criterion for meeting the state's standards in their interventions, this includes: implementing consistent philosophies, using appropriate modalities, and evidence based practice in their interventions.

Due to the politics of using the Duluth Model name, the Vermont state standards for BIPs do not claim to be a Duluth Model intervention. However in review of their standards, it is clear that they are modeled after the Duluth Model and curriculum. Like the Duluth Model curriculum, Vermont BIPs are required to be co-facilitated, at least 26-weeks in duration, and conducted within a group format which focuses on male batterer accountability and evidence-based practice. Vermont BIPs are considered to be derivatives of the Duluth Model and curriculum. Because of this, Vermont provided a distinct opportunity for insight into what

aspects of the Duluth curriculum have been chosen to be included, excluded, or modified within its approved interventions.

Whereas in Massachusetts the Department of Public Health (DPH) oversees programs to ensure the established state standards are adequately met, the Massachusetts state standards are somewhat different. Their standards, although loosely based on the Duluth Model and curriculum, differ from Vermont's standards in some significant ways, and provide a useful opportunity to compare these two states and the ways that they address the same issue.

Operational Definitions: The discourse on DV has evolved to focus on the multidimensional aspects of this issue. Traditionally, DV has been thought of as a heterosexual issue, where men perpetrate violence and abuse against their female partner(s) (Smith, 2003). The limit of this definition is that it leaves out male victims and female perpetrators, same sex couples, same sex violence, and victims who may not be in a "domestic partnership" with their perpetrator. Intimate partner violence (IPV) encompasses many of these limits, and is thought to be a more inclusive term for violence which can occur in intimate partnerships of various kinds (Smith, 2003). In addition to this, DV is also thought to encompass not only physical violence but also verbal, emotional, financial, and psychological abuse, whereas IPV is more often used to describe experiences of physical and/or sexual assault. For the purpose of this study both terms will be referenced, although DV will be more commonly utilized because the people in this study shared their experience of working primarily with men in heterosexual, domestic partnerships (dating, live-in partners, co-parents, romantic relationships, or marriages) with their female partners.

A "Duluth Model" BIP will be operationally defined as one that subscribes to the Duluth Model as outlined in Pence and Paymar's 1993 depiction of the Duluth Model framework.

These models rely heavily on the batterer curriculum, make use of the *Power and Control Wheel*, and the *Equality Wheel* (see Appendix A & B), and are grounded in the theory that “violence is used to control people’s behavior” (p.1), and are primarily based in an educational approach. An “alternative model” BIP will be operationally defined as one which contains a preponderance of attributes not usually ascribed to the Duluth Model.

For the purposes of this study, the operational definition of “BIP effectiveness” will be methods that are perceived of by the facilitators as having a positive outcome or experience. “Facilitator experience” will be operationally defined as the knowledge and understanding of outcomes for participants as experienced by the facilitators of these programs.

A semi-structured interview guide consisting of open-ended questions was used to collect multidimensional and varied narratives from each participant (see Appendix D). Due to limited existing data exploring the experience of BIP facilitators, this study design allowed for the collection of a range of opinions, experiences, anecdotal evidence and data.

Obtaining a Sample

Interviews were conducted with 12 BIP facilitators, between the months of April and May of 2012. Selection of the sample relied on non-probability methods, convenience, and snowball sampling. In both the states from which these participants were recruited, Vermont and Massachusetts, the contact information for certified BIPs is considered “public knowledge.” However, the contact information for Vermont BIPs is in the process of being published online by the Vermont Network Against Domestic and Sexual Violence (VNADSV). Due to this information not being available online at the time of my study, I obtained permission from the Vermont Batterer Accountability Coordinator to have access to the contact information they had collected which included the names, addresses, email addresses and phone numbers of a contact

person for each certified BIP in the state of Vermont. A list of Massachusetts certified BIPs was retrieved from the government website (www.mass.gov), where a search for “certified batterer intervention programs in Massachusetts” yielded a current and comprehensive list of programs with a names, addresses, email addresses and phone numbers of a contact person for each BIP in the state.

Convenience and snowball sampling were required because the selection was not random, and relied on state recognized and available BIP facilitators appropriate for participation in this study. This study was designed to survey the experience of BIP facilitators. A total of 17 initial letters went out to Vermont BIP facilitators, some program supervisors, and designated “contact people” for each of the counties' BIPs listed on VNADSV registered BIP facilitator list. The initial mailing only yielded one interested participant, so a duplicate email and hard copy of the contact letter was sent out to the same 17 people listed on the document provided by VNADSV. Over the course of three weeks seven additional participants contacted the researcher through email and expressed an interest in the study.

To obtain the minimum of twelve participants the study was re-written to include certified BIP facilitators in Massachusetts. Massachusetts was chosen because it was another New England state, geographically proximal to Vermont, which had their state standards and the contact information for certified BIP facilitators published online, and easily accessible to the public. The inclusion of Massachusetts also provided another perspective on the Duluth Model since the Vermont state standards are considered to follow the Duluth Model closely, the Massachusetts state standards deviate from the Duluth Model in more than one way. A total of 18 emails containing the same initial contact information, originally sent to Vermont facilitators, was emailed to 22 people listed as “agency contacts” for BIPs in Massachusetts. Three

participants responded, and met the criteria for inclusion in this study. Upon receiving the 12 needed participants for the study, the recruiting period was closed.

Participants

In order to qualify for this study, potential participants had to meet the following criteria: They needed to be adults, over the age of eighteen, with the ability to read and speak English fluently. Both male and female participants were desired for this study, and needed to be trained and certified in a state-recognized program as a BIP facilitator with at least one year of elapsed time since their first facilitated BIP group was conducted. They could have no more than three consecutive years of elapsed time since their practice.

The exclusion criterion for this study included anyone under the age of eighteen, without training and certification from a state-recognized BIP facilitator program. Participants were excluded if they did not fluently speak or read English. In addition, anyone with less than one year of work experience since the completion of their first BIP group was not considered for this study, and participants were excluded if they had more than three consecutive years of elapsed time since their last facilitated group. Due to the four month time constraint and the feasibility of completing this study within that time, the maximum number of participants for this this study was fifteen and the minimum was twelve.

Recruiting participants for this study was a three phase process. The selection process was not random and relied on referred and available study participants from the two separate lists of certified BIP facilitators, from each respective state. An initial letter of intent which included important information about the study, its purpose, and information about the researcher, was sent out through email to all projects and individuals on these lists. Recipients of the letter were encouraged to forward it to BIP facilitators known to them from their personal or professional

life. Email and word of mouth was primarily used in order to identify those to whom we would disseminate the letter of intent and to recruit participants for this study.

During phase two, and when a potential participant was referred for the study or expressed interest in volunteering for the study, contact was made by the researcher through email and phone in order to answer any initial questions or concerns about their involvement. Additionally, this time was also used to make sure the inclusion criteria were met by the individual prior to scheduling an interview day and time. In the third, and final phase, the identified potential participants who met the inclusion criteria, and were interested in being a part of this study, were mailed an informed consent form (see Appendix F), copy of the consent form for their records, a demographic questionnaire (see Appendix C), and a hard copy of the interview guide (see Appendix D). The informed consent form detailed the risks and benefits associated with participating in the study. Participants were instructed to read this, and if they agreed, to sign the consent form, fill-in the questionnaire and using the stamped envelope provided to them, mail these forms back to the researcher prior to the scheduled interview day and time.

Data Collection Methods

An interview guide consisting of open-ended questions was utilized to collect the empirical data from 12 participants who met the inclusion criteria for this study (see Appendix D). The interviews were arranged individually with each participant, and ranged in length between 30 and 50 minutes. All the interviews were conducted over the phone, and were voice recorded using an Olympus WS-700, Digital Voice Recorder.

Prior to initiating this study, steps detailing how the study participants' rights and privacy were going to be maintained were submitted to the Human Subject Review Board at Smith

College School for Social Work. Approval from this committee was necessary in order for the project to be conducted in accordance with the NASW Code of Ethics and the Federal laws which protect human research subjects (see Appendix E). The consent form, demographic survey and questionnaire (see Appendix F & C) were mailed to the prospective participants, and returned to the researcher via mail prior to conducting the interview.

The participants also had the option to ask questions or express any concerns prior to signing the consent form, taking part in the interview, and before the mid-May deadline for withdrawal in the study was reached. The consent form was necessary for any participant to be included in this study, and both the researcher and participant retained signed copies of this form. In addition to this, because participation was voluntary, participants were provided with a withdraw date in mid-May, should they wish to withdraw their data, and their entire participation from this study. Any questions or concerns from the participant about their participation, the study, and the researcher were addressed following the initial contact with the participant.

The brief questionnaire was designed to gather concrete information about the facilitators' educational background and practice. The interview questions (see Appendix D) were intended to be open-ended in order to solicit authentic reflections from the participants about their experiences in working as a BIP facilitator. In addition, these questions were intended to yield insight into the reasons why certain BIP interventions are used, and ways in which they are viewed as effective and ineffective in influencing positive change in perpetrators.

All the interviews were voice recorded. All the recordings, field notes, and confidential data related to participation in this study were stored in a locked location as required by federal law. The voice recordings were transcribed into word documents, on a password protected laptop computer, and were digitally transferred onto a USB storage device and also stored in a

locked location with other study material. The consent forms were stored in a locked-box and kept separate from the rest of the study's material, information and data.

Data Analysis

For the purpose of this exploratory study, grounded theory was utilized in order to collect, code, and analyze the data. This approach brought more validity to the findings of this study because it allowed the analysis to be anchored in the data and not muddled by the researcher's biases, initial hypotheses, or opinions about the data, the participants, or the literature. The demographic data and descriptive statistics were explored manually and compiled into charts and tables so that they could be analyzed for themes. All of the data including transcribed audio recordings, field notes, observations, demographic surveys, and the questionnaires were coded, organized into categories, and examined for themes. Quotes, vignettes, and case examples which were related to the central study question and exemplified the identified themes were then extracted from these texts.

The examination and extractions of data from the compiled information were focused on identifying themes which were closely related to the study's central question. After the transcription of each interview was complete and all 12 transcripts were assembled and reviewed for verbatim accuracy, the researcher began the process of dissecting and coding the transcriptions using five themes: Identified approaches and theory, clear Duluth Model practice, derivatives and alternative approaches, perceived efficacy, and identified areas for needed change. The transcripts were also analyzed for themes which emerged but were not directly addressed though the interview guide, this included discussions about the disconnection between state standards and practice, politics surrounding the Duluth Model, and financial implications related to cost financial hardship, and insurance. These themes were also used to extract data

which addressed arguments and aspects of the discussion and questions raised within the literature review. An electronic tool known as NVivo9 was used to separate and categorize this data into relevant themes, so that patterns within the data could be identified and extracted.

CHAPTER IV

Findings

Through the experience and observation of the facilitators of Batterer Intervention Programs (BIPs), this qualitative study explored the use of the Duluth curriculum and its derivatives as a way to address and change the behavior of men who batter women. The central question in the study was: Is the extensive use of the Duluth Model and its derivatives based on perceived efficacy among the facilitators of these programs, or is there a more effective model that is suggested based upon their experiences? The information presented in this chapter will highlight the conflicting opinions, debate, and complex issues which impact how the Duluth Model is perceived, implemented, and utilized as an intervention to change the behavior of men who batter their female partners.

Demographic Data

Nine respondents (75%) identified as male and three (25%) as female. Ten respondents (83%) identified as Non-Hispanic/White, one respondent identified as Native American and Non-Hispanic/White (8%), and another participant identified as African-American (8%) (see charts 1 & 3). All the participants ranged in age from thirty-eight to sixty-four years of age. A majority (67%) identified as being between the ages of fifty-five and sixty-five, with one participant (8%) identifying as being between the ages of thirty-five and forty-five. The other two respondents (16%) identified as being between the ages of forty-five and fifty-five (see chart 2).

Chart 1

Gender Characteristics of BIP Facilitator Study Participants

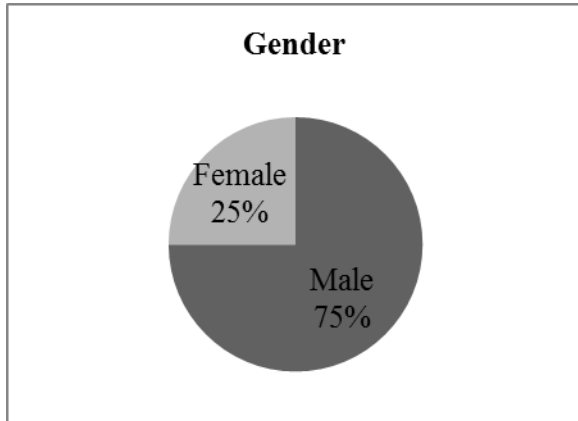


Chart 2

Age Characteristics of BIP Facilitator Study Participants

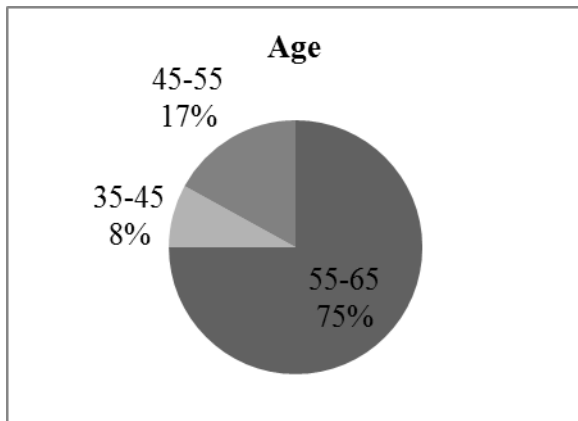
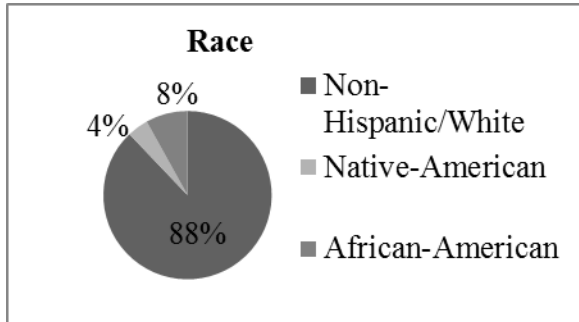


Chart 3

Race Characteristics of BIP Facilitator Study Participants



The educational background of the participants varied greatly, from partial completion of undergraduate degrees to those who held undergraduate and graduate degrees in Psychology, Education, or Clinical Counseling. All (100%) of the participants were trained and certified to facilitate BIPs within their respective states. One of the participants disclosed that he had been in his role as a facilitator for these programs since 1978. Another ten identified a commencement year between 1990 and 2010, when they completed a training and certification. The majority (50%) received their training and certification between the years of 2005-2010, and the remaining five participants (47%) from 1994 to 2005. One participant chose not to disclose this information.

As demonstrated in the literature review, heterosexual, Caucasian men have largely been the focus of many previous studies exploring DV, IPV and BIPs. This is problematic and poses a risk for overgeneralization for an issue which is affected by more diverse characteristics and populations. One of the goals of this study was to collect data from a more diverse sample. However this was a difficult goal given the number of participants who volunteered to take part (twelve), and the ethno-centric nature of Vermont and Massachusetts. Vermont is predominantly Caucasian/White, and although Massachusetts has a larger percentage of minority populations, it

is still considered a predominantly Caucasian/White state.

Approach and Model

The participants were asked a series of seven questions. The first two questions were designed to identify the model and approach they utilized in the groups they facilitated. Responses to these questions were quite diverse: some saw their approach as mostly educational, and their role within the group to teach the men about domestic violence and controlling behavior. This is evidenced by participant 007: “So solely education, it was very clearly not, um, not a cognitive behavioral approach, and it is not group therapy, it is an education process, though it can be therapeutic.” Another participant, 004 reflected:

I put it out there that we use an education, we’re going to put materials out there, and you know, we’re going to follow the Duluth Model, and you know, talk about the nine different themes, and put it out there as an education. But, I also think that it can be somewhat of a therapeutic aspect, um as in a group setting.

Others described their approach as a mixture of respect and holding men accountable. For example participant 010 said: “There is a model that has always been important to me, and the groups that I run, and I put it as, accountability with respect.” As another participant (002) put it: “I would describe it as non-confrontational and holding, attempting to hold people, accountable in a compassionate way.” The common themes among responses to this first set of questions included (1) the point that facilitators used respect in order to build a relationship with their clients so that they could effectively hold them accountable for their behaviors and beliefs about abuse, and (2) that it is important to educate them about domestic violence and issues of power and control.

Each individual facilitator's approach differed in sometimes significant ways. A majority of these participants also felt that their approach, whether they described it as educational, psycho-educational, group-work, respect, or accountability, was closely related to the Duluth Model. For example one participant (007) said: "To begin with, it's based on the Duluth Method, we used the Duluth book, with some modifications that had been done over the years." Another participant (001) put it: "The intervention and approach that we use is based on the Duluth Model"

The participants from Vermont more clearly utilized a predominance of Duluth curriculum approaches in the groups they facilitated (75%). This was exemplified by participant 007: "The Duluth Model is what is accepted for the state of Vermont." However the Massachusetts participants (25%) used a method informed by the Duluth Model, but conceptualized it as an alternative approach. Participant 006 described it in this way: "Whereas the Duluth would be more of a straight educational model, we are more of a psycho-educational model." This part of the data yielded good information about the level of influence the Duluth Model has on the interventions and approaches in both Vermont and Massachusetts. What can be understood from this is that although the types of interventions vary, they were all influenced by the Duluth Model, some more than others, raising questions regarding those similarities and differences.

Similar and dissimilar Duluth approaches

The second set of questions queried each participant about their approach, how it was similar or dissimilar to the Duluth curriculum, and how it was successful in affecting change in batterers' attitudes, victim safety, and recidivism. A majority of the Vermont facilitators described their intervention as being very similar and in a few cases the same as the Duluth

curriculum. The Massachusetts facilitators also felt their approach was similar to the Duluth curriculum, but a few participants felt their approach had fewer similarities than dissimilarities to this predominant model. This was measured based on their familiarity with the Duluth Model, and the ten variables extracted from the Pence and Paymar (1993) publication of the Duluth curriculum. Included were questions about length and format of their intervention, utilization of educational tools such as: *Power and Control Wheel* and *Equality Wheel* (see Appendix A & B), check-Ins, control logs, actions plans, and a video called *A Woman's Perspective*, and other Duluth designed intervention techniques such as role plays being implemented. For a consolidated review of their responses to these questions refer to Table 1.

Table 1

Similar and Dissimilar Duluth Curriculum Approaches

Participant	Group Format	Co-Facilitator	Length of Intervention	Power and Control & Equality Wheel	Check-ins	Action Plan	Control Log	Role Play	A Woman's Perspective
001	Yes	Yes	26-52 Weeks	Yes	Yes	No	Yes	No	Yes
002	Yes	Yes	40 Weeks	Yes	Yes	Yes	No	No	Yes
003	Yes	Yes	40 Weeks	Yes	Yes	No	Yes	Yes	Yes
004	Yes	Yes	27 Weeks	Yes	Yes	No	Yes	No	Yes
005	Yes	Yes	27 Weeks	Yes	Yes	No	Yes	Yes	Yes
006	Yes	Yes	40 Weeks	No	Yes	No	No	No	No
007	Yes	Yes	27 Weeks	Yes	Yes	No	Yes	Yes	Yes
008	Yes	Yes	27 Weeks	Yes	Yes	No	Yes	No	Yes
009	Yes	Yes	26 Weeks	Yes	Yes	Yes	Yes	No	Yes
010	Yes	Yes	30 Weeks	Yes	Yes	No	Yes	Yes	Yes
011	Yes	Yes	40 Weeks	Yes	Yes	Yes	Yes	Yes	Yes
012	Yes	Yes	26-52 Weeks	Yes	Yes	No	No	No	Yes

As can be seen from Table 1, responses differed in many areas. Common dissimilarities were found in the use of action plans, control logs, role plays and use of *A Woman's Perspective*. The interventions described by these facilitators can be categorized in three ways: Duluth-based, Duluth-plus, and marginally Duluth. The Duluth-based category is understood as an approach and intervention that mirrors the Duluth curriculum in at least eight out of nine criteria and has to include use of the *Power and Control* and *Equality Wheels* (see Appendix A & B). The Duluth-plus category describes an intervention which mirrors the Duluth curriculum in at least five out of the nine criteria, and includes additional material and interventions implemented by the facilitator or program. The final category, marginally Duluth, conceptualizes the approach and interventions which may be Duluth informed in concept, but do not mirror the Duluth curriculum in a majority of areas. In practice they are only loosely related to the Duluth curriculum. A majority (50%) of participants' responses identified them within the Duluth-based category, whereas 42% were considered to be Duluth-plus, and eight-percent marginally Duluth approaches.

As can be seen from these percentages, a large portion of BIPs represented in this study are considered not to be "strict" interpretations of the Duluth Model. This is mostly attributed to the state standards, which oversee that certain criteria are a required part within these interventions. This once again points to earlier discussion about how the Duluth Model is interpreted and implemented. Of course, Paymar and Barnes's (n.d.) assert that approaches which do not adhere to the full framework of the Duluth Model, may experience unsuccessful results.

Major Themes

Participants took this opportunity to speak about their experience as facilitators, and it

quickly became apparent that there was a commonality of themes being revealed through the interviews: A desire for change in the intervention they utilize, a feeling of powerlessness as the facilitator, and a need for greater community support in working to hold batterers accountable in order to change their beliefs and behavior. Change was discussed in various ways from micro-level issues needing to be addressed, to larger systemic issue. Considering a social ecological perspective of systems, and how themes are related and connected to the central issue is useful in conceptualizing the themes which arose from this data. Micro-level systems or issues are considered to be those which affect individuals or small groups. Meso-level themes are identified as organizations and institutions with influence, such as the courts, Department of Correction (DOC), and the Department of Public Health (DPH). Macro-level themes are conceptualized as larger encompassing issues related to culture, ideologies, philosophies and beliefs held among a particular population. The following findings will be identified within these three categories in order to assist in the conceptualization of interrelatedness and bidirectional influence of each theme on the other.

Batterer behavior, victim safety, and recidivism

Responses varied in discussion of what was effective in changing batterer behavior, victim safety, and recidivism rates. Participants felt they could speak to the first two variables, but recidivism was an area which they felt unqualified to address. People discussed specific approaches, techniques, and aspects of their intervention, as well as larger issues like cultural and macro level-system issues. Participant 005 highlighted intervention variables and micro-level themes to consider: building a healthy relationship with the men, and developing their clients' "self-talk" skills:

Besides that relationship piece and I think that's a big part of it, I think the other part too is the exposure...So I think in terms of just opening their eyes to the fact that this is abusive, I think that is helpful. The other piece is probably the self-talk piece I would like to see us utilize action plans more, concentrating on motivational enhancement.

Another micro-level theme was discussed by participants 004, 005, and 008. The length of the intervention was indicated by these facilitators as a key element in affecting change in batterer behavior:

And the length too, as you go, as you get into it more, you can see the guys relax a little bit more, and get into it a little more, and be a little more vocal, and throw their opinions out there more. So I think what definitely does help is the length of it.

Some of the guys should probably be in the program longer...for some of them that end up doing it two, or three, or four times that's actually a really good thing...You know two hours, once a week, for 27 weeks is really not very much time.

But, I also believe we need lots more time with the men, the two hours a week, for 27 weeks, is a very short time for a man to look at life long-held beliefs and attitudes, and make a commitment to change them.

In general, when discussing micro-level issues the duration of the intervention came-up repeatedly and from various participants. The facilitators felt that time was necessary in order to shift learned behaviors connected to life-long held beliefs, and to adequately address and influence change. This data is supported by Shepard's findings which also identified the duration of the intervention as a key element in predicting recidivism (1992). The facilitators of

this study tended to agree, the longer interventions (40+ weeks) seemed to have a greater impact towards effecting change in their BIP participants.

Community support

With regard to the other aspect of the question, victim safety, participant 011 referenced a meso-level theme when discussing the larger community response in terms of its effect on victim safety:

I think victim safety comes through education of, not necessarily through myself, although I do communicate with victims initially, and periodically...(the local domestic violence program) They do relief from abuse orders, for our town. They put on classes, they have different programs that they encourage the women to attend, and they educate them.

Participant 012 also discussed meso-level themes when they discussed the community coordinated response as key to affecting change for victim safety. This participant expressed a common grievance among these facilitators about recidivism:

In terms of victim safety, I think that's a complicated picture. I think that has a lot to do with a lot of people who are involved in keeping victims safe by letting them know, by making ways for them to know where their offender is, where the perpetrator is, when he's getting out of jail, when he is gone back to jail.

Victim safety was included in this question because of previously discussed literature which included increased victim safety as the goal of the Duluth Model. While this may be the goal of Duluth Model, these facilitators felt they had little influence over victim safety. As noted, victim safety was often discussed in terms of the local domestic violence projects, and community organizations designed to work with DV victims. Some participants (42%) relayed

that they had some contact with victims by phone or in person. A large proportion of participants (92%) reported that their typical contact with the victims was by mail, when the identified client came into group, and when they left group, they would send a letter notifying the victim of these events, and at the same time invited contact. Due to this, 68% of participants felt their primary influence with victim safety was through affecting change in the men with whom they work.

Another four participants (33%) drew attention to meso-level systems and their influence on the work they do. Participant 003 noted: “we're having tremendous problems with the courts referring to anger management as opposed to batterers’ intervention.” Also referring to the dynamics and power of the criminal justice system, Participant 011 said:

A lot of the guys, I mean everything is pleaded down in this state, so I don't know if it's true elsewhere, but you know they will come in for an intake and say, you know I wasn't convicted of domestic violence, I don't know why I'm here...but you know the courts sort of give them a mindset that they didn't do it.

One can imagine that if a primary goal of the BIP is to hold these men accountable for their abusive behavior, it would seem counterproductive for the legal process to allow them to plead down to a lesser offense, yet still mandate they attend a BIP. Participant 007 and 010 highlighted the necessity of having an established and good relationship between the BIP and Department of Corrections, since they heavily rely upon clients being referred from the court system into their programs.

I think that really the relationship between the BIP coordinator and the local DOC is essential, and the stronger that relationship, the more likely the DAP program will be respected by the legal community.

I do want to emphasize the importance that the court mandate be a part of this work.

That without mandate, a lot of men would simply not access the programs and I think it's essential that there be a component which is a required condition of any legal process.

The legal system, however, is only one aspect of the meso-level system influences, and two other participants commented on a greater need for community support. Participant 009 said:

The one thing that would help is if people outside of our system could treat the men in some way that they don't develop the victim stance. Sometimes this happens to them in other parts of corrections, or in other state agencies, that makes it very easy for them to fall into a victim stance... We're very, very, good about working with victims, but we're not very good about seeing men's behavior as being the result of their history in the school system, the family system, and the community system...I think the most important thing would be that the community not relate to them as bad people, you know. If the community can just get out of seeing them as hardened criminals and could give them support for the issues that have messed up their lives instead. And that's hard for a lot of women, I know that, but then you have, you have two recovering instead of one recovering, and that should be better.

Related to this, participant 006 said:

I think one of the key issues for abusers' programs in general is that generally, you know, each person is kind of surrounded by a circle of peers that don't necessarily support changes that they are making. And in fact, typically support either abusive behavior or excuses for abusive behavior.

Silvergleid and Mankowski's study of BIP facilitators had a similar finding. They identified community accountability as an important influence in changing perpetrator behavior (2006). In addition to this, their study found the perpetrators' motivation for change, respect and safety within the group and group dynamics also influenced overall positive change for the BIP participant (2006).

Demonstrated in this discussion is the importance, and current lack of community support which exists. This too is discussed in the literature review and described as a Community Coordinated Response (CCR) in the Duluth Model. The CCR is discussed as an integral part of the model which is frequently not implemented or assessed in empirical studies about the model's effectiveness. This is also an identified theme in the data, where facilitators of these BIPs feel particularly challenged in this area and feel a need for greater community support.

Feedback and recidivism

The third set of questions queried the participants about what should change in the interventions they utilized, and whether they conducted post-intervention practices or received feedback about what was useful or challenging for their clients. Almost all of the participants discussed having an exit survey or questions for clients to reflect upon before they completed the program so that they could find out what they liked and disliked about the BIP. However, in relation to determining effectiveness of their intervention through feedback or research done on past participants, a large percentage of facilitators relayed that they had little or no contact with their clients once they left the program. Some facilitators discussed aftercare groups established for support, but felt they were poorly attended by clients. Others relayed anecdotal incidents of reading about clients in the newspapers, court report, or hearing updates in the community, or from probation officers. Most often facilitators felt that their only sense of how a client was

doing was when they ran into to clients in the community, or the clients returned for continued services, or because they reoffended. The facilitators cited various reasons why this information was not gathered, which they felt was largely out of their control. Participant 007 said:

No, because it would cost money, there's no funding for it, DAP is a tiny little program honestly. DOC, I think may, I think they have a group of people who definitely look at this stuff, I don't know that they seek any kind of information from past participants in any uniform way.

With similar sentiment, participant 003, 009, and 001, (33%) expanded on this point by relaying:

We never hear about the successes because, I mean once in a while, as I say when we bump into somebody, "oh things are going well," you know that kind of thing. But as a rule, we generally hear about the failures. There will be a guy that we read about in the newspaper, that you know was arrested, and so forth, and that doesn't happen all that often.

I mean some of these questions that you ask suggest that we might have a bigger staff and more time to work on this stuff then we do, and I think that this is a really big problem. So I think that it would be really important if we could get some funding, and have bigger staff and, and start doing the recidivism research, and follow-up research.

We don't have a way to do that. We always tell guys that they are welcome to come back, guys always say they'll come back, honestly I don't expect any of them to come back, even the ones who we felt pretty good about when they leave. We just don't have a way to do it. I think in order to do that we would need a staff, we would need some kind of

infrastructure in place to have somebody follow these guys, and to maintain contact, that kind of thing.

Recidivism was commonly referred to as an area on which the facilitators did not have much information, and only some anecdotal data from participants they ran into on occasion, in the community, or who came back to the group because they reoffended. Participant 001 commented:

The only way I can do it would be anecdotally and that would just be looking at the guys who come back to the group, and most of them don't come back, but we do have a small percentage of guys who come back for maybe a second time or a third time.

Participants brought up various micro, and meso-level themes related to changing attitudes of batterers, victim safety, and recidivism. Participants 012 said:

Changing the attitudes of batterers—who are very challenging, I don't know the recidivism rates, this is sort of frustrating, we don't have data on that, so our program has not been doing data on that.

Since much of the research and opinion about BIPs is focused on whether or not a batterer “changes” their behavior as evidenced by a failure to repeat the crime, facilitators’ knowledge of recidivism was a relevant area about which to inquire. Largely meso-level systems, the government, state organizations such as the DOC, DPH, Vermont Council on Domestic Violence, and other domestic violence affiliated organizations were cited as the primary source from which this initiative would need to originate in order to be successful. While these facilitators felt it was important to find out how their interventions were effective, they felt unqualified and powerless because they needed money, time, staff, and infrastructure in order to accomplish this.

Culture and systemic issues

In speaking to the cross-section of micro and macro level issues, participant 001 identified the client as a product of the culture, which has shifted over time, and is no longer fully reflected in the curriculum that is taught. Participant 001 said:

There has been a shift, I think in the culture and in circumstances where we have a lot more guys who come into the group. First they are overwhelmingly younger...an overwhelming majority are not married. Most of them have no desire to stay in the relationship with their victim, so what we have is a lot of women victims. And also a lot of these men are fathers, sometimes multiple children by their victim, and, or other women...a lot of them are in very unstable relationships, if they are in a relationship...This feels a lot different, and the guys are a lot different to work with, and the attitudes are I think different.....So I think that that is what we need to look at, is just updating the curriculum because the concepts of the curriculum are still valid, these guys still have attitudes about women, and power and control, it's just a little different twist on it.

Participant 005 said:

But I don't know how you would do that, to work against our society, and you know, men are supposed to be a certain way, and in control, and all that sort of stuff, and you know there's a lot of things we're working against unfortunately.

One participant discussed his program as actively working against stigma attached to being labeled a "batterer," and their decision not to use the term in their work. Participant 006 explained:

We don't call ourselves a batterer's program, we call ourselves a program for abusive and

controlling behaviors...Just because that's a non-starter for many abusers, they don't want to be labeled as a batterer... and so we really kind of want men to come to our program, and we don't want it to be a sticking point for them, the whole idea that they are going to be labeled a batterer.

These facilitator also spoke to their experience of not only trying to change the beliefs and attitudes of their BIP participants but also the larger cultural beliefs about men, and what it means to be a man in today's society. In discussing the changing concepts of family dynamics and what it means to be in a relationship, these facilitators noted prominent shifts occurring over the past three decades. How has the curriculum shifted to reflect these changes? What participant 001 seems to be saying is that it has not, and therefore, would benefit from being updated.

Participant 001 goes on to discuss the co-occurrence of substance abuse and mental health issues with domestic violence, which was minimally discussed by other facilitators. Substance abuse was brought up when discussing the process of conducting a screening or intake in order to gauge a potential client's appropriateness for a BIP group. A client with current substance abuse issues was typically viewed as inappropriate for a BIP, and denied entry into the program until the substance use issue was addressed. Substance use was also discussed by facilitators in terms of what the requirements and expectations were for the BIP program, and probation ensuring that clients remain substance free while attending BIP. Common reasons a BIP participant was prematurely terminated from the program were often due to too many absences, or because they had been discovered using substances.

Mental health issues tended to be discussed in relation to payment and the use of insurance. In Vermont, people with the state Medicaid insurance plan have the option to bill

insurance so there is no cost for them to attend a BIP. As a whole private insurance companies were not billed due to high co-pay amounts, or a belief that the BIP would not be considered a “billable” service. Massachusetts was a bit different, and in some cases the co-payment from the insurance companies was the same as the cost for the program. For other programs they were not allowed to bill insurance. Participant 006 said:

In Massachusetts we are not allowed to bill insurance and that is based on the philosophical position that we don't see domestic violence as a mental health problem.

In Massachusetts insurance was not a factor in payment for the program, however in Vermont there were various practices, and conflicting opinions on the matter. A majority of these facilitators did not bill insurance, but some agreed with participant 006's previous statement that insurance was not used for philosophical reasons. There were a few facilitators who disagreed based on consideration of economic hardship and felt that the reality is that many BIP clients are considered to fall within the poverty line of economic standing. If they are unable to pay, they have often had to drop out of the program or restart the program. Participant 009 said:

I heard from a woman...who said “we should charge them all we can for those programs and then they'll learn it.” And of course charging excessively a man who has no money anyway only says to him, there is no way you can get out of the system. You'll have somebody working to use tuition or payment as a punishment for a behavior, they have to understand that the programs are to save them from their behavior.

Whether or not insurance companies were billed, all of the programs either offered a subsidy or had a sliding scale fee, or an option to conduct volunteer work for clients who met the criteria for a reduced payment.

Addressing Change

In terms of addressing change, this prompted various responses, participant 001 said: “I don't think I'm alone in this. I think that the curriculum, I think that it's a time for a change in the curriculum.” He was right, he is not alone, four other participants, 007, 004, 010, 012 agreed and felt the Duluth curriculum utilized could be improved and updated.

I think, being a program that established itself in the 70s or the 80s, needs to be open enough to consider that they do not have the answer that they thought they did, and be willing to look at the possibility that something different, slightly different, very different, radically different, may need to be tried.

Part of my training has been some domestic violence seminars and such, and I also went to the beginner level training for Emerge down in Massachusetts? And I'm pretty sure, I'm not 100%, but that the Duluth Model is what is accepted for the state of Vermont. So I'm not quite sure whether just being all Duluth, or could we change it up try the Emerge aspect to it?

Probably if I have one area that I am concerned with is that I'm still using the Duluth curriculum that was written probably 15 years ago, maybe 10 years ago, I have sort of an up-dated version, but I wish I had access to sometimes more up-dated material.

Well I think it's a good program, I think it needs to continue to grow and now that I understand that as cultures change and social constructs change, we probably have to change with it to make it, you know kind of viable and alive and like their own

experience... So we haven't really realized how old fashion it felt to them but I think that it needs to be an ongoing process to continue to make changes.

This is significant given that 42% of participants who used, and were required to use a Duluth plus approach, felt larger systemic change was necessary. In addition, an even larger percent of participants relayed during other areas of the interview that updating the material and approach was likely needed. The video, *A Woman's Perspective*, was most commonly referenced as an outdated tool (25%). Other referenced areas in need of updating were: conceptualizations of economic abuse, nontraditional families, and working with a client who is now different from what has been anticipated in the past when the model was created. Change and a desire for change was a prominent theme among various responses to the interview questions.

This is not to say that these facilitators did not feel the intervention was ineffective. Despite lacking resources and tools to accurately measure success, most of them (83%) relayed that they felt their intervention worked, and was effective in changing the beliefs and behaviors of DV perpetrators. Participant 009 said: "It just works, if it works we use it... It works in our groups." Participant 003 said:

But we are fairly optimistic that we do a halfway decent job here, and by halfway decent I would say, you know I'd like to think about 60% success rate, and I know that's high compared to the numbers.

Similarly, participant 005 said:

I think overall I think it's a positive thing you know the unfortunate part with these programs is that the guys get into them after they've been caught.

What seems to be conveyed here is that the various approaches to DV interventions work,

and affect some sort of change for men who batter. However there seems to be a desire for changes and updates which more accurately reflect the client population and the issues these facilitators face in doing this type of work with this population.

Concluding Thoughts

An overall sense of powerlessness to institute changes in the intervention utilized, or the programs in which they worked, and a lack of resources were common themes running through the responses. While these facilitators may question the approach they are asked to use, they are dedicated to the work they do. Participant 011 said:

I guess there are other ways to approach things, and other organizations to do that...I don't think I'm qualified to say what should change, because I'm sort of the subordinate to the organization, you know, the Council on Domestic Violence says you use this, I use this, and I embrace it. If they say use that? Then I will probably use that...It's as effective I think as anything would be.

This participant's thoughts highlight a common sentiment of the respondents: they experience themselves as subordinate to their respective organizations, and the infrastructure that determines what should be included and used in the curriculum for BIPs. Regardless of the intervention they utilize, their role within the group will likely remain the same. As participant 008 put it:

In my opinion if a man's not ready to look at his beliefs and want to change and break the cycle of his abusive behavior, there's very little, if any group strategies that will be successful. If a man is tired of the failed and hurtful relationships that he has caused, then I think everything we do can be helpful to him in his process of change.

However, no matter what intervention and approach they use, they still indicate a need for a greater amount of support. Participants 002 expressed it this way:

A good amount of frustration that I have with the program is that you know the commitment. If this program works, and if it, you know, justifies itself... then they need to put resources into it. It is strangling, we are, you know, we do a lot of work that's unpaid...And it's also not sustainable...and that, limits the number of people and the type of people that are going to be able to do this kind of work, so it's important that the commitment is shown.

A common theme among these facilitators was their passion for the work. However the lack of reciprocal exchange between the people who write and enforce the BIP standards, and the people doing the work leaves them feeling frustrated and powerless. Participant 007 conceptualized it this way:

If the people who run the programs would be willing to listen more to the people in the trenches, I think change, positive change might come about more quickly... because there's a disconnect. Probably in every single institution, no matter what it is.

It was evident from talking to all of the facilitators that there was a common experience of feeling overworked and underappreciated. For financial reasons many of them held second jobs and split their time between their BIP work and other employment. Reciprocal exchange in the continuous development of these BIP programs seemed to be a central issue for many of these facilitators who had a wealth of experience to share.

CHAPTER V

Discussion

The purpose of this qualitative study was to explore the use of the Duluth curriculum and its derivatives as a way to address and change the behavior of men who batter women through the experience and observation of the facilitators of Batterer Intervention Programs (BIPs). The central question posed by this study was: Is the extensive use of the Duluth Model and its derivatives based on perceived efficacy among the facilitators of these programs, or is there a more effective model that is suggested based upon their experiences?

Major Findings

The major themes identified included the facilitators' need for change in the curriculum and interventions they utilized, their experience of powerlessness in the face of their wish to change the curriculum to make it more effective and relevant, and their desire for greater community support to hold men accountable for abusive behavior and actions. These themes are difficult to relate to previous findings given that few studies focusing on the facilitators' experience exist. Previous studies of the efficacy of BIPs have focused on the perspective of the facilitators through the anecdotal presentation of a successful case (Silvergleid & Mankowski, 2006). This study focused directly on the facilitators and their understanding of the process of implementing a BIP curriculum as it is required by their state or local authority. Commonalities exist in the opinions of what facilitators consider important to an effective intervention: (1) the length of the intervention, (2) the perpetrators motivation for change, (3) respect and safety, and

(4) the group dynamics. When addressing what aspects of their intervention were most helpful, the facilitators in this study affirmed Silvergleid and Mankowski's findings: They spoke to the importance of the length of the group, peer support within the group and modeling behavior among the men, greater community involvement to hold men accountable and support change, and their clients' motivation for change. These were all key factors that were discussed and viewed as integral aspects of any model designed to address the abusive behavior, and beliefs of men who batter women.

The results of this study indicate that facilitators feel they positively affect outcomes better with some freedom to change the model and curriculum. Although they feel standardization is important, their responses point to the need for a balance between a standardized approach and facilitator creativity based on experience. It is apparent that there is a need for reciprocal conversation between those who implement, and those who design the BIP curriculum. This is not currently happening in the opinion of the respondents.

Interpretation of the model

As is noted in the previous chapter, a majority of BIPs represented in this study would not be categorized as "strict" interpretations of the Duluth Model. However, all of the approaches appeared to be highly influenced by the model. Paymar and Barnes (n.d.) address this occurrence in their article by arguing that approaches which do not mirror all aspects of the Duluth Model are projected to experience inconsistent results. The Vermont state standards make no claim to take a Duluth Model approach. However the description of the services provided through their domestic violence intervention programs indicates that the Duluth Model methodology is certainly pervasive. In the state of Vermont BIPs are considered a part of the Department of Corrections (DOC), whereas in Massachusetts BIPs are run through the

Department of Public Health (DPH). The Massachusetts state standards also appear to be influenced by the Duluth Model, but to a lesser extent than in Vermont. The overwhelming predominance of the Duluth Model in influence and implementation is unarguably due to the politics and structure of power as it relates to state and federal government agencies. Routine trainings facilitated by DAIP, and Pence and Paymar's (1993) publication of the curriculum have paved the way for the model to be interpreted and subsequently implemented on a larger scale.

Other systems issues

Perhaps lacking in this study is a discussion of the politics surrounding the Duluth Model. This model has been in use for decades, and in conducting this study I have experienced some of the tensions which were originally discussed in the review of the literature. During the time when I was collecting participants for this study I contacted the national coordinator for batterer intervention programs. This person, and someone he recruited to respond to my emails, expressed an interest and concern because I was using an outdated source in my study. I was directed back to the Duluth Model website (www.theduluthmodel.org) to find updated material; I was also sent a direct link to an Amazon site where I could purchase the 1993 Pence and Paymar curriculum, and the very same curriculum I was currently reading. The link was sent to me as an example of "outdated" material. I feared my study was relying on outdated information, and so began my search for updated program materials. I continued to email the person who had sent this information but did not get any other responses.

What I determined was that there is a new (2010) curriculum that DAIP created, and whose updates continue to be advertised on their website. However I was not allowed to purchase this curriculum given that only people with proof of certification from a DAIP facilitator training can purchase the entire curriculum for \$645.00. This piqued my curiosity, and

so I explored how I could become certified. The organization was advertising a facilitator training on its website, which was taking place in Duluth, Minnesota and which required a \$500.00 payment. This payment did not include room, most food expenses, or travel to and from the state of Minnesota. This fee also did not include the curriculum material which was an additional cost depending on which “package” or text you chose. The packages ranged from just the facilitator manual for \$125.00, or videos (\$125.00) and displays (\$15.00). While I never seriously considered traveling to Duluth, Minnesota in order to pay over \$1,000.00, it made me stop and think about the money involved, and who is able to afford this. How does this influence access, interpretation, and implementation of their material?

I tried searching many online stores for a copy of the updated curriculum, and emailed the Vermont BIP Coordinator to see if a copy could be located among the Vermont facilitators, but this search yielded no results. While I regretted not being able to at least read about the updated curriculum, I realized: neither could anyone else. Vermont facilitators also used the curriculum as established and enforced by the Vermont Committee on Domestic Violence who rely heavily on the Pence and Paymar (1993) publication. This can be determined through the relayed experience of the facilitators who either used the Pence and Paymar publication directly or commented on the many similarities between the Vermont standards and this publication.

This led me to wonder what DAIP’s motivation was for keeping their material closed to the public. Was it for the money? Or could it have been their attempts to regulate who viewed it and how their model was implemented? Or could it be related to past criticism of the model and a desire to control access in order to control measurement of its efficacy?

Co-occurring issues

The co-occurrence of substance abuse was minimally discussed in the data. This issue

was brought up in terms of screening a client for appropriateness for a BIP, the expectation of abstinence during the duration of a BIP, and a perpetrator failing to comply and subsequently being terminated from the BIP group. Previous research also tended to discuss the co-occurrence of substance abuse in this population of clients as an indicator of a client's unsuitability for BIP, or a predictor of re-offense. In Shepard's 1992 study she noted that substance dependency was a characteristic which predicted recidivism, therefore clients who presented as such should be screened-out of the program. Paymar and Barnes (n.d.) make similar claims in their article: that more appropriate treatment, other than BIP, should be sought for a client presenting with this issue.

The co-occurrence of mental illness was minimally mentioned both by the participants in this study, and previous research. Similar to substance abuse, serious mental illness was considered to make a perpetrator inappropriate for a BIP. Paymar and Barnes (n.d.) feel similarly, although they assert that someone diagnosed with a mental illness would not be adversely affected should they be mandated to attend a BIP. Screening out potential participants with serious mental illness is preferred due to the importance and emphasis placed on group dynamics and peer support, and a belief that people with certain mental illness diagnoses may be disruptive to the group process, or lack adequate support.

In both of these discussions about substance abuse and mental illness, there is an acknowledgment of the high rate of co-occurrence of these issues. Popular opinion in the literature from the field seems to be that although these issues may all be relevant to an individual's experience and presentation, these issues need to be compartmentalized and addressed in various different community agencies.

Research Implications

Of course any change in the batterer intervention programs should be driven by strategies and formats that have been demonstrated to work. In order to effectively identify positive changes for these BIPs, future research should focus on a quantitative model whose dependent variable is re-offense in the participants. Only through empirical evidentiary study of outcomes will we be able to demonstrate the successes or failures of the predominant model.

The information gleaned from this study is informative for a practice model for social workers and facilitators. Although limited quantitative evidence exists, it is evident that there is a need for more empirical research into successful strategies. It is recommended that further quantitative research focus on analyzing how recidivism rates are affected by different types of interventions.

One of the strengths of this study is the interpersonal nature of information gathering. Ample opportunity was given to each facilitator to expound upon any of the questions as much as they wished. This open ended forum allowed for detailed reflection of their respective experiences and potential inclusion of data that may have been withheld in a more formally structured format. There are well supported themes within the data which indicate the findings from this study have strong internal validity. Due to the geographical focus of this study, and the recruitment of 12 participants, the findings contain opinions from facilitators which are specific to Vermont and Massachusetts. This yielded information which is beneficial for future research specifically related to these two states.

Limitations

One limitation of this study is in its qualitative nature. The fact that only 12 participants were included in this study means that extrapolation is difficult, and that any generalization

based on these results will have low external validity. Another limitation in this study was its reliance on existing research, which has predominately focused on heterosexual males. This study, too, focused its research on BIPs for heterosexual male offenders: The facilitators who participated in this study spoke from their experience of working with mostly heterosexual men. Due to this, other communities (such as gay, lesbian, bisexual) were largely left out of consideration. This is unfortunate, because domestic violence occurs in all kinds of relationships, regardless of sexual orientation. Additionally, the majority of participating facilitators were Non-Hispanic/White. This limits the cultural scope of focus and results.

Implication for Social Work Practice

The participants in this study have yielded useful information about their experiences that can also be applied to the field of social work. In implementing aspects of the Duluth Model, and augmenting their approach where they can, these facilitators have identified alternative, and perhaps more effective techniques, for addressing abusive behavior. The commonality of experience for both social workers and BIP facilitators is significant, as both attempt to help the same identified client, couple, or family affected by domestic violence. While the Duluth Model can provide useful ideas and strategies in working with clients coping with domestic violence, perpetrator or other, useful intervention and strategies can also be found elsewhere.

The findings of this study could serve as a blueprint for social workers in Vermont or Massachusetts who wish to enforce a Duluth Model approach with an individual client identified as the perpetrator, or complement a client's work in a BIP with additional approaches and strategies in the therapy dyad.

A major theme discussed in this study was the participant's identification of a need for

greater community support. In consideration of the social worker's code of ethics, mission focused on empowerment practices, and initiative in working towards greater human and social wellbeing, this is relevant in conceptualizing how this change might occur. Greater strides could be accomplished in affecting change on batterer behavior, victim safety and rates of recidivism if social workers joined in an effort to improve community support.

Conclusion

In conclusion, there does seem to be a different model based on the experience of these BIP facilitators. The Duluth intervention has its strengths; however a vast majority of facilitators interviewed indicated that they also employed effective strategies not part of the Duluth Model. Although it is not the purpose of this study to formulate an alternative intervention to the Duluth Model, it is apparent from preexisting data and interviews contained in this study that any future approach should include the following: reciprocal communication between the program facilitators and the writers of the state standards, empowerment of facilitators to be able to change the program for the better, and greater involvement of the community.

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APPENDIX A

Figure 1

Power and Control Wheel



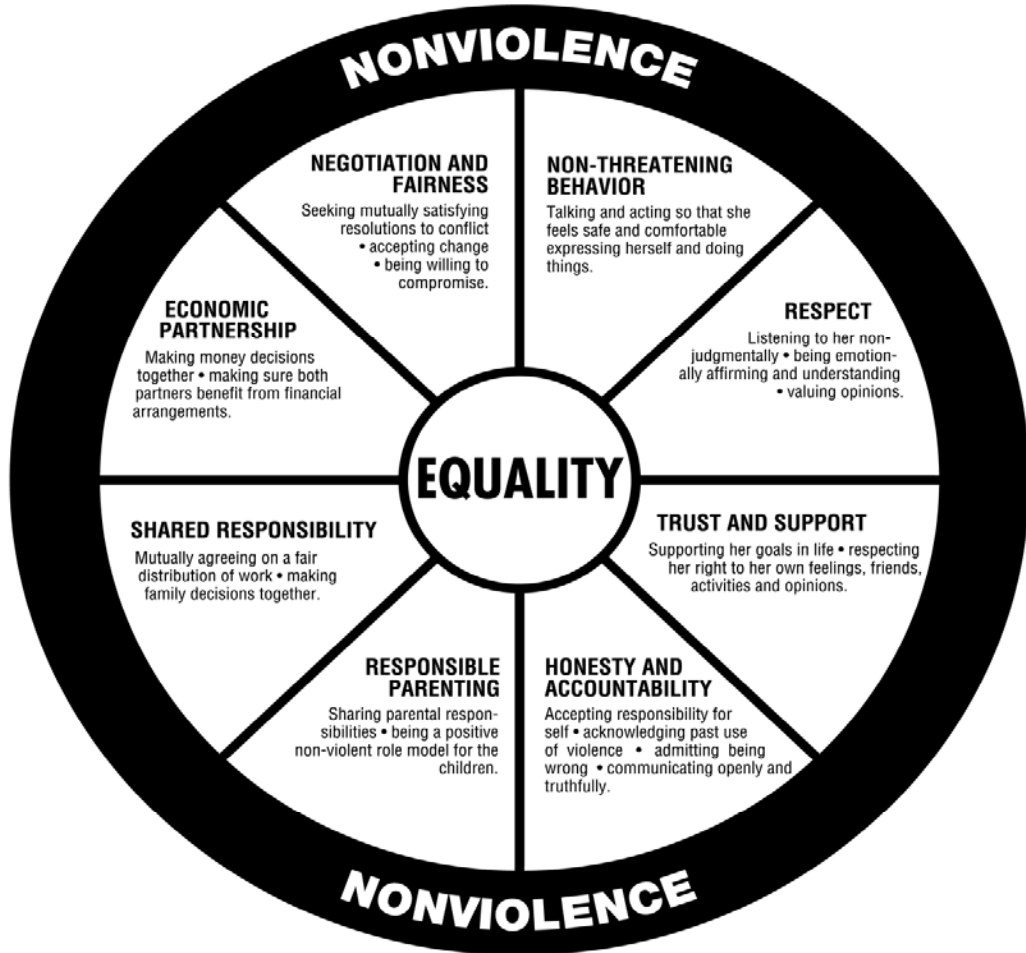
DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

APPENDIX B

Figure 2

Equality Wheel



DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
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APPENDIX C

Demographic Questionnaire

Gender:

Age: _____

- Male
- Female

What is your ethnic/racial identity?

- African American/Black
- Asian American/Pacific Islander
- Non-Hispanic White
- Latina/Latino
- Native American
- Other _____

Questions about your training

Educational degree:

- Undergraduate degree in Psychology
- Master's in Social Work
- Graduate degree in Clinical Counseling
- Other (please specify) _____

When did you become certified as a batterer intervention facilitator?

(mm/yyyy) _____

Roughly how many batterer intervention groups have you co-facilitated? _____

APPENDIX D

Interview Guide

1. How would you define the intervention and approach you use in the groups you facilitate?
2. Please describe your intervention from beginning to end

Probe: Court mandated or voluntary participants, number of participants, length of intervention and number of times you meet per week, format and phases of your intervention, curriculum, etc.)

3. In what ways is your intervention similar to the Duluth curriculum and in what ways is it dissimilar?

Probe:

- 26-week intervention
 - Group format
 - Co-facilitated by both a male and female facilitators
 - Use of the *Power and Control & Equality Wheels*
 - Use of *check-Ins* for participants to identify specific actions taken towards modification of their behavior.
 - Use of *Action Plans* for participants to track changes in behavior.
 - Use of role plays
 - Use of a *Control Log* to identify the 6 elements of abusive behavior.
 - Implementing the video *A Women's Perspective*.
4. What, in your opinion, has been successful in changing attitudes of batterers, recidivism rates, and victim safety?
 5. What, if anything, should change in the intervention you utilize?

Probe: What do you notice could be improved and why?

6. Do you receive or actively seek information from past participants about their successes or struggles in implementing your programs material?

-If yes: How long after they have completed your program do you track this information? Why?

-If no: Why?

7. Is there anything you wish to include in this interview which has not already been addressed?

Probe: Is there anything you wish to add? A question or answer on which you wish to expand? Or information you feel should be included?

APPENDIX E

Human Subjects Review Committee Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 19, 2012

Maura Shader-Morrissey

Dear Maura,

Your revisions are accepted and your study is now approved by the Human Subjects Review Committee. You did a thoughtful and careful job in making the changes. I think your new questions are terrific and right on target!

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Best of luck.

Sincerely,

A handwritten signature in black ink, appearing to read 'David L. Burton', with a horizontal line underneath.

David L. Burton, M.S.W., Ph.D.
Chair, Human Subjects Review Committee
CC: Claudia Bepko, Research Advisor

APPENDIX F

Informed Consent Letter

Dear Participant,

Thank you for considering participation in this study. My name is Maura Shader, I am a graduate student at Smith College. The information which will be collected in this study is for the purpose of a thesis as part of my Master's degree in Social Work, and possible future publications, or presentations. This thesis explores the effectiveness of batterer intervention programs influenced by the Duluth model through the experience of the facilitator.

I am interested in hearing from you what your experience has been as a facilitator of this type of program. In order to participate in this study, the following criteria must be met: You need to be over the age of eighteen, able to read and speak English fluently, you or the batterer intervention program you facilitate has been certified in Vermont or Massachusetts, you have at least one year elapsed time since the completion of your first batterer group, and no more than three consecutive years have elapsed since your last facilitated batterer group.

I am especially interested in having you participate because you meet these criteria. The interview will take forty-five minutes to complete and will occur over the phone. Special consideration will be made to conduct the interview at your convenience. The interview will be voice recorded. I will also be collecting brief personal information including your gender, age, race, education, and amount of time as a facilitator. All interview data will be transcribed by me and kept in a secure location. I will be the sole transcriber of all recordings and information collected.

There is some risk associated with you sharing confidential information about your clients and your profession, so please make sure to disguise any identifiable information and use false names wherever applicable. Sorry, no funds are available to compensate you for your participation. Participation in this study will help expand existing research and knowledge of batterer intervention programs, and will be used to help determine in what areas more research is needed.

Maintaining your confidentiality is a goal of this study. We will be talking over the phone, and if you wish to use a false name for yourself during the audio taping of the interview I encourage you to do so. I will replace any name you choose to use, whether it is your actual name or a made-up name, with a number once I begin to transcribe my data. When presenting or publishing the information you provide in this study, it will be done so as a whole, and any personal information will be carefully disguised, this includes quotes or vignettes.

All of the information you provide will be kept by me, in a secure location, and password protected for three years, which is required by Federal law. If I need to use the data after the three years has expired, I will keep it stored in a secure location and destroy it once I no longer need it.

I want to assure you that your participation is completely voluntary and you may withdraw from the study at any time during the data collection process. You do not have to answer questions you do not want to. If you wish to withdraw after the interview has ended please email or call me at the address and phone number listed below. If you choose to withdraw, please do so no later than May 18, 2012, and I will make sure to remove all materials pertaining to your involvement. However after the May date I will be unable to destroy the information you provided because I will have begun my data analysis and the subject

information will be rendered unidentifiable. If you have any questions or concerns about this study please feel free to contact me at the phone number, email address, or mailing address listed below. You can also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413)-585-7974, with any questions or concerns you may have.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature (Participant) : _____ Date: _____

Signature (Researcher): _____ Date : _____

I sincerely thank you for your participation!