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Unpacking Domestic Violence Intervention Programs

Lauren Pagan
Walden University

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Walden University

College of Social and Behavioral Health

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Lauren Pagan

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Review Committee

Dr. Geneva Gray, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Christie Jenkins, Committee Member, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Abstract

Unpacking Domestic Violence Intervention Programs

by

Lauren Pagan

MA, Roosevelt University, 2016

BA, Northern Illinois University, 2013

Final Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

February 2026

Abstract

Domestic violence is a public health concern and most existing literature has focused on service delivery for victims, opposed to interventions for perpetrators. The Duluth model is the most common model guiding groups for perpetrators, yet results on its effectiveness have been inconsistent and unclear. Counselors and counselor educators lack the empirical support needed to effectively apply the Duluth model while working with the people who abuse. The purpose of this qualitative, existential–phenomenological study was to explore the lived experiences of participants in Duluth Model-based, domestic violence intervention programs (DVIPs). Guided by existential–phenomenological theory, this study addressed the research question: *What are the experiences, beliefs, and values of participants enrolled in domestic violence intervention programs based on the Duluth Model?* Using purposive sampling, eight cisgender, heterosexual men who completed at least 50% of a Duluth Model-based DVIP participated in semi-structured interviews or open-ended written questionnaires. Data were analyzed using interpretative phenomenological analysis and thematic coding, in which transcriptions, reflexive journals, and open-ended questionnaires were organized into first and second level coding. Findings revealed themes related to participants initial resistance to group, rapport with facilitators and peers, vulnerability, real life application, relatability to outside examples, trauma-informed care, patterns of substance use history, and a desire for follow-up services. By better understanding the components of program that impact the DVIP group experience, service providers can better adapt programming to affect long-term behavior change.

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Dedication

This dissertation is dedicated to everyone along the way who helped me to complete this process. To my family, whose love and support remained unwavering throughout. To my partner, whose level-headed mindset and humor provided a grounding presence during the most difficult times. To my committee members and university, who provided patience, mentorship, and a sense of direction. To my students, who are passionate about helping their future clients. To my participants, who were willing to be open and vulnerable about their experience. Finally, to the survivors whose strength and hope inspired this research.

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Chapter 1: Introduction to the Study

Domestic violence continues to be a widespread problem that can affect anyone regardless of age, gender, race, religion, sexual orientation, and ethnicity. The World Health Organization (WHO, 2012) defined domestic violence as the use of power and control tactics that someone exerts over another person in a domestic relationship. Domestic violence includes physical, sexual, emotional, and financial abuse by a current or former intimate partner or family member. According to the National Network to End Domestic Violence (NNEDV), one in three women and one in five men will experience domestic violence at some point in their lives (Ogbe et al., 2020). Even though domestic violence services for survivors have drastically increased since the 1970s, incidents of domestic violence have not significantly decreased. In contrast, results from a meta-analysis of a systematic review of articles indicated an 8.1% increase in domestic violence cases since 2020 (Piquero et al., 2021).

In recent years, researchers have increasingly focused on the topic of services for victims of domestic violence, but comparatively there have been minimal studies focusing on services for perpetrators (Alexander & Morris, 2008). Resources for domestic violence survivors are designed to help survivors cope with the aftermath of abuse; however, they do not help prevent incidents of domestic violence from occurring in the first place since victims seek services only after they have been victimized (Campbell et al., 2023). To effectively reduce incidents of domestic violence and impact social change, it is imperative to understand the people who are perpetrating violence.

Therefore, the purpose of this study was to provide a more detailed understanding of the lived experiences, beliefs, and values of abusive persons enrolled in intervention services.

In addition to introducing the research topic, in Chapter 1, I will discuss the current literature related to domestic violence interventions for partners who are abusive. In this chapter, I will present a rationale for the study through the problem statement and purpose. I will also discuss the conceptual framework and justification for using an existential-phenomenological approach. According to Pandin and Yanto (2023), qualitative methods are useful when examining complex human experiences. Existential phenomenology is used as a method of exploring the lived meanings of emotions, perceptions, values, and problematic behaviors for the individuals being studied (Pandin & Yanto, 2023). In addition to providing information on existing research, Chapter 1 includes operational definitions for the constructs that examined and discussed. Finally, I will conclude with a discussion of assumptions and limitations of the current study.

Background

Domestic violence is the leading cause of injury and homicide for women in the United States (Muluneh et al., 2023). According to the U.S. Department of Housing and Urban Development, domestic violence is the third leading cause of homelessness affecting over half of all homeless women and children (Sullivan, 2018). Following the feminist movement, in 1964, the first domestic violence shelter was created (Sullivan, 2018). As of 2021, there are over 3,000 domestic violence programs in the United States (NNEDV, 2021). According to Brown et al. (2018), the estimated cost of medical and

health services for victims of intimate partner violence ranges from \$2.3 billion to \$7.0 billion within the first year of the incident.

In current intimate partner violence research, many researchers focus on interventions for survivors along with their mental health (Lowe, 2008). There are higher rates of depression, anxiety, and post-traumatic stress disorder in victims of intimate partner violence compared to the general population (Holtrop, 2011); however, research pertaining to people who are identified as abusive has been mixed and inconclusive. Victim services are designed to help survivors find assistance and therapeutic relief after an assault has occurred. Prevention work and intervention with abusers are aimed at ending domestic violence before it occurs (Mills et al., 2013). While research highlights the benefits of direct services for survivors, less is known regarding intervention efforts for perpetrators of domestic violence (Morrison et al., 2017).

In 1970, to address the gap in services for partners who abuse, group services called domestic violence intervention programs (DVIPs) were developed by domestic violence advocates (Shepard & Pence, 1999). DVIPs are psychoeducational groups that center on replacing abusive behaviors with non-violent alternatives (Cannon et al., 2016). The majority of DVIPs follow the Duluth model and curriculum (Herman et al., 2014). The Duluth model is a feminist psycho-educational approach, suggesting that intimate partner violence is rooted in power and control tactics (Cascardi et al., 2020). The Duluth model was developed by domestic violence advocates in Minnesota in 1970. Although the Duluth model is the most widely used approach, it is not informed by research with actual perpetrators (Herman et al., 2014). The Duluth model is not an evidence-based

treatment approach but instead is educational in nature (Herman et al., 2014). Further, even though DVIPs are the most frequent intervention, their effectiveness in preventing long-term future abuse has been inconclusive (Cox & Rivolta, 2021).

DVIPs are often composed of voluntary or court-mandated perpetrators of intimate partner violence (Mills et al., 2013). Ninety-percent of group participants are court mandated (Cheng et al., 2019). Group retention rates vary. Less than 50% of DVIP participants complete the full 24–26-week program (Herman et al., 2014). According to Herman et al. (2014), participants who drop out are most likely to reoffend. Additionally, Eckhardt et al. (2013) found that male perpetrators have a 40% chance of being nonviolent after intervention services; this is only a 5% improvement over the rate from participants who did not receive domestic violence intervention program services.

Most existing research on identified abusers is quantitative and based on recidivism rates (Alexander & Morris, 2008). Quantitative studies provide helpful information on trends and recidivism rates but not detailed information about the beliefs, values, and lived experiences of actual group participants. Data on re-arrests and offenses do not capture abusive behaviors that did not result in criminal justice intervention, skewing the actual data on long-term behavior changes. This study is needed because, to date, there is minimal qualitative information on domestic violence intervention programs that is taken directly from the perpetrator. Since current interventions for domestic violence have not decreased the frequency of domestic violence, there is evidence to suggest that models need to be adapted. Using a qualitative approach to gain more insight into the experience of participants and facilitators in DVIPs could help to develop and

revise existing and future models of treatment. This study is significant for the counselor-education field because the results may be used in counselor training to better prepare counselors and counselor educators for working with clients affected by domestic violence.

Problem Statement

According to Hughes (2020), domestic violence programs report increased social supports, coping skills, life functioning, and self-esteem for survivors who sought services. Incidents of domestic violence experienced a significant decline in the 1990s but the decline has leveled out in recent years (Ogbe et al., 2020). Based on the frequency of intimate partner violence, it is probable that clinicians in training will encounter clients who have experienced or perpetrated intimate partner violence.

Forty-five states in the United States have formalized standards for domestic violence intervention groups; however, the standards for each group are dependent on policymakers' beliefs as opposed to any evidence-based, best practices (Morrison et al., 2017). When studying the effectiveness of DVIPs based on the Duluth model, Karrakurt et al. (2019) found that DVIPs had high attrition rates and minimal to no effect on preventing future acts of violence. Although the effectiveness of DVIPs has been studied previously, there are minimal studies that address what makes a treatment model effective or not (Morrison et al., 2017). Because of the sparse literature available related to understanding DVIP participants, there is inconsistent information that can be used to best develop and/or revise current treatment programs. Though the effectiveness of DVIPs has been explored in research, existing literature shows that DVIPs yield mixed

results or are minimally effective in reducing the re-occurrence of intimate partner violence (Valdez, 2017). Due to the lack of information regarding inconsistent effectiveness or participant experience, counselors are ill-equipped to provide effective treatment for people identified as abusive. In the current study, the goal was to gain more insight and information into the participant experience to inform counselor training and possibly influence future treatment modalities- ideally assisting counselors in their treatment approach.

Purpose

The purpose of this existential-phenomenological, qualitative study was to gain in-depth insight and explore the lived experiences, beliefs, and shared behaviors of group participants enrolled in a DVIP using the Duluth model. An increased understanding of participant experience can help counselor educators revise current and future treatment models. Moreover, outcomes from this study may provide insight into DVIPs, which use a specific treatment approach, the Duluth model. The study results may also be used to provide insight into the shared behaviors, experiences, and beliefs of DVIP participants, which will strengthen intervention methods aimed at decreasing abusive thoughts and behaviors.

Research Questions

What are the experiences, beliefs, and values of participants enrolled in domestic violence intervention programs based on the Duluth model?

Conceptual Framework

To address the research questions in this qualitative study, I used an existential-phenomenological approach. The purpose of the study was to highlight the experiences of DVIP participants. According to Smith (2018), existential phenomenology is designed to describe subjective human experience in relation to personal ideas of values, beliefs, ideals, intentions, emotions, and relationship dynamics. An existential-phenomenological approach has two main goals when applied to a research setting. By using an existential-phenomenological approach, I gained a better understanding of the lived meanings of emotions, perceptions, values, and problematic behaviors of DVIP program participants. During data analysis, I explored the phenomenon of intimate partner violence perpetuation (Churchill, 2022). The limited research that does exist on DVIPs mostly include data composed of recidivism rates, victim reports, or interviews with service providers, but most lack data from the perspective of the group participants (Tollefson et al., 2009). Using an existential-phenomenological approach, I gathered information on learned values and beliefs that participants may have learned from external influences.

Nature of Study

To address the research questions in this qualitative study, the specific research design included an existential-phenomenological approach. According to Churchill (2022), there are two types of research where existential phenomenological methods are particularly useful. First, it is applicable when the goal of a study is to provide insight into the lived meanings of and motivations of emotions, problematic behaviors, and perceptions. In addition, Churchill encouraged the use of existential phenomenology

when researchers would like to gain an in-depth understanding of the human experience. In the study, I sought to better understand the experiences of participants in DVIPs in addition to better understand the motivating factors behind behavior change. I utilized semistructured interviews, open-ended questionnaires, and a reflective journal to collect data. I developed an interview guide, then asked open-ended questions in recorded individual interviews. The interview guide was adapted as an open-ended questionnaire for participants who preferred to respond in a written format.

An existential-phenomenological approach was the most appropriate approach for this study due to the limited qualitative research on DVIPs. Most domestic violence incidents are unreported, leaving a large gap in the data that has been collected (Tollefson et al., 2009). According to Begun (2018), qualitative research is an appropriate methodology when the subject matter is subject to stigmatization, lending itself to analysis with emotional depth and sensitivity. Most of the qualitative studies contain interviews with service providers or law enforcement. However, few studies include data directly from the perpetrators of abuse. By using an existential-phenomenological framework, I hoped to gain more insight into the shared experiences and belief systems of group participants.

In the current study, I used a purposive sampling method. Purposive sampling is a technique used by researchers who recruit and select participants based on characteristics that the researcher is desiring to study (Blackstone, 2012). For this study, I selected participants who are male-identified and current or former participants in an approved partner abuse intervention program (PAIP). Since the phenomenon of interest is based on

a specific treatment approach, it was integral to select participants who had participated in an intervention group that used the Duluth model. In Illinois, the court-approved domestic violence intervention program is called the PAIP. Domestic violence can refer to abuse between family members; however, PAIP is catered toward participants with a history of intimate partner violence (Illinois Administrative Code, 2014). Therefore, this study only examined domestic violence between current and former romantic partners. Most PAIP group participants are heterosexual, cisgender, and male. PAIP programs are designed to provide individual services for perpetrators that identify as female, queer, or transgender if there are no designated LGBTQIA groups or female groups available. Since I only studied participants in a group setting, all participants were male-identified, cisgender, and heterosexual. In this study, I exclusively focused on PAIPs that utilized the Duluth model; therefore, random sampling was not appropriate.

According to Creswell (2013), the participant size for phenomenological, qualitative studies is three to 25 participants. According to Moser and Korstjens (2018), a sample size is determined when a phenomenological study reaches data saturation. My plan was to collect data from six participants, then add more participants until new codes and themes emerged and data saturation was reached. The final study included data from eight participants.

The Department of Human Services in Illinois maintains a public database of all the state-approved PAIPs. Identifying information for PAIP participants is confidential. I recruited participants directly through the domestic violence service provider.

Definitions

The following definitions are provided to clarify constructs and terminology that occur throughout the article frequently.

Abusive person or Abuser: A person who uses or has used physical, emotional, verbal, sexual, or financially abusive tactics over a family member or intimate partner.

Domestic violence (DV): Defined by the World Health Organization as “a pattern of behavior that is used to gain or maintain power and control over an intimate partner in a relationship, a child, another relative or any other household member” (WHO, 2012).

Domestic violence intervention program (DVIP): A structured, psychoeducational group for participants who have perpetuated intimate partner violence.

Duluth model: A multidisciplinary, feminist, psycho-educational approach, which centers on the core belief that intimate partner violence is rooted in power and control.

Intimate partner violence (IPV): Pertains to “any act or behavior within a present or former intimate relationship that causes physical, psychological, or sexual harm” (WHO, 2012).

Partner abuse intervention program (PAIP): The specific court-approved DVIP that is approved by the Illinois Department of Human Services in Illinois. DVIPs are structured intervention groups for people who have perpetuated intimate partner violence.

Restorative justice (RJ): Programs that aim to repair harm caused by the offender by including the victims and community in the process.

Assumptions

When possible, sources and data were used to inform the framework, data collection, and interpretation of the results during this study. However, I made multiple assumptions when designing this study. Participating service providers were chosen based on their report that they use the Duluth model. Therefore, I assumed that each agency conducts their PAIP curriculum with the Duluth model without modifying the curriculum. Since I was unable to be present during every group session, it is not possible to guarantee fidelity to the model. It was also assumed that some court-mandated group participants would voluntarily participate in the study. While many PAIP participants are court-mandated to participate in DVIP services, this study was optional (Cheng et al., 2019). While completing the study, I did not ask participants to disclose their voluntary or court-mandated status. Due to confidentiality, I worked directly through the service provider to identify research participants. Therefore, participants first were recruited by service providers and not me. Since I was not involved in the initial interaction, it was assumed that participants were not promised any additional incentive other than what is described in the informed consent. Since the data collection relied on interviews and questionnaires, I assumed that participants answered truthfully and to the best of their ability. All the assumptions were necessary to complete the study.

Scope and Delimitations

The curriculum for PAIP is designed for use with partners who have abused their current or former intimate partners (Illinois Administrative Code, 2014). Therefore, other forms of domestic violence were not included in this study. The qualitative study

occurred in suburban Illinois within two domestic violence service provider programs. Intimate partner violence is not limited to gender; however, the guidelines for PAIP programs suggest that groups are split by gender and sexuality to maintain safety for participants (Illinois Administrative Code, 2014). Individual services are often offered as an alternative to PAIP services for women-identified or LGBTQIA participants, if the service provider does not offer a group. I only focused on group dynamics in PAIP; therefore, women and LGBTQIA participants were excluded from this study. It is not a requirement for all PAIP programs in Illinois to utilize the Duluth model. Since the Duluth model was being studied, participants were required to be enrolled in a PAIP that uses the Duluth model as their curriculum. Finally, participants were required to have completed at least 50% of the PAIP in order to provide data about their experience. During informed-consent, participants were informed that participation in the study was voluntary and that I was not an employee of their service provider.

Limitations

The current study used a purposive sampling method due to the need for participants to share certain characteristics. One critique of purposive sampling as a methodology is the lack of randomization, which is used to decrease selection bias and increase the validity of results (Suresh, 2011). To increase the credibility of the data received from purposive sampling, I reviewed the data analysis with my committee chair. I also engaged in member-checking by offering participants the option to participate in a follow-up meeting to discuss a summary of their interview or questionnaire. Member checking is a technique used by qualitative researchers to increase the trustworthiness of

the study (Birt et al., 2016). Member checking is the process of obtaining respondent feedback on the interpretation or transcription of the results (Birt et al., 2016). Another potential barrier in using a qualitative method is knowing which sample size is appropriate. To know that a sample is adequate, I began by conducting six interviews, then increased the number of participants until data saturation occurred.

In addition, I worked in domestic violence for 10 years in direct victim service and administrative roles. Therefore, I engaged in reflexivity by keeping a reflective journal to make sure that my results are not skewed or biased in a way that is based on my personal work history and values. Individual biases were discussed with my committee chair. In addition, my committee chair provided insight on coding and themes to compare and improve the accuracy of interpretations.

Significance

The current study is a significant addition to the current body of literature pertaining to intimate partner violence because results provided more insight into the lived experiences of DVIP participants. While widely used, the Duluth model has not been updated or revised since its original conception. By having a better understanding of the group participant experience, treatment models can be adjusted to suit the actual need of participants, as opposed to the perceived need.

A clearer understanding of treatment for people who abuse could also be used to inform program design and counselor training in victim services and prevention programs for the public (Morrison et al., 2021). According to The National Network to End Domestic Violence (NNEDV, 2017) domestic violence programs are primarily funded

through federal and state programs, such as the Violence Against Women Act and Victims of Crime Act. Therefore, results of the current study may also be of interest to policymakers and grant providers who fund victim services. The results of the study are particularly beneficial to counselors and educators who work in victim services. Ideally, an increased understanding of the group experience will contribute to an increase in effectiveness for future programming and domestic violence prevention, thus decreasing incidents of intimate partner violence. In addition, outcomes from the study may be used to inform increased understanding of the beliefs, values, experiences, and behaviors of domestic violence intervention program participants.

Summary

Domestic violence is the leading cause of injury and homicide for women in the United States (Muluneh et al., 2023). While domestic violence awareness and advocacy efforts have more than doubled in the last 50 years, there is little evidence to show a decline in incidents of domestic violence (Cluss & Bodea, 2011). Most current funding and research are related to domestic violence survivors and victim-based services. However, there is minimal research that supports the efficacy of the main treatment model for perpetrators: DVIPs using the Duluth model. While research on victim services is beneficial, to prevent future acts of intimate partner violence it is necessary to have adequate services and an understanding of abusive partners (Tollefson et al., 2009). The limited research that does exist on DVIP mostly focuses on recidivism rates, victim reports, or interviews with service providers but most lack data from the perspective of the group participants. (Tollefson et al., 2009). To effectively work with domestic

violence offenders, counselors need evidence-based treatment models that demonstrate long-term results in decreasing the perpetuation of intimate partner violence.

In the current study, I included data from interviews with eight participants from one to two PAIPs in the Chicagoland suburbs. In this study, my goal was to capture the perspectives of PAIP participants, better understand their experience in services, and to improve insight on service delivery. In Chapter 2, the existing literature related to domestic violence intervention programs is summarized.

Chapter 2: Literature Review

The most common intervention used for perpetrators of IPV are DVIPs (Karakurt et al., 2019). While there are a variety of approaches for DVIP group facilitation, most programs use curriculum based on the Duluth model (Herman et al., 2014). The Duluth model is a feminist, psycho-educational approach, which centers on the core belief that intimate partner violence is rooted in power and control (Karakurt et al., 2019). The goal of DVIPs is to have participants take personal accountability, challenge behaviors and attitudes associated with interpersonal violence, replace violent behaviors with non-violent alternatives, and ensure safety for victims (Herman et al., 2014).

Even though DVIPs are the most widely used model, the research on the effectiveness for domestic violence intervention groups has yielded mixed results (Cluss & Bodea, 2011). Specifically, the Duluth model is criticized for not using a multicultural approach or addressing the needs of male-identified victims (Bohall et al., 2016). The Duluth model is designed for treatment with men who abuse women with minimal consideration for women perpetrators with male-identified victims or LGBTQIA couples (Sotiroff et al., 2024). Studies that have evaluated DVIPs often focus on overall effectiveness, but there is minimal information on which specific components of DVIPs are most or least effective (Morrison et al. 2017).). In addition, minimal research includes data taken directly from the perspective of the perpetrator (Cheng et al., 2017). The purpose of the current study was to gain detailed insight into the experience of domestic violence intervention program participants. By addressing the gap in literature, the results can inform future researchers in the development and revision of new and existing

treatment programs as well as provide increased insight into the unique experience of male-identified abusers who complete domestic violence intervention programs.

Literature Search Strategy

To review the existing research and articles related to the current study, I used a variety of resources. The main resources used were online journals and databases. The peer-review process helps to minimize the publication of research studies with false claims, flawed interpretations, and personal biases (Kelly et al., 2014). I mostly accessed databases through the Walden University library. The main databases used included ERIC, APA PsychInfo, SAGE Journal, Taylor and Francis Online, Wiley Online Library Access, and Dissertations & Theses from Walden University. Walden University had subscriptions to most of the journals I referenced, such as the Journal for Interpersonal Violence. When Walden University did not have access to necessary articles, Google Scholar was used as an alternative. When searching through databases, I used key words such as *domestic violence*, *intimate partner violence*, *batterer*, *abuser* and *perpetrator*. When searching for treatment options, keywords searched were *Duluth Model*, *domestic violence intervention program*, *batterer intervention program*, *group counseling* and *treatment*. In addition, WorldCat was used to connect with the local library. Along with peer-reviewed journals, the study includes information from the Illinois Administrative Code (2014) , which details the protocols and program requirements for IDHS-approved Partner Abuse Intervention Programs in the state of Illinois, information from reports and statistics compiled by the Illinois Coalition Against Domestic Violence (ICADV) and data from the NNEDV are also included.

Conceptual Framework

According to Churchill (2021), there are two general kinds of research where existential phenomenological methods are particularly useful. The first application is when the goal of the study is to better understand the experiences associated with certain emotions like shame, fear, or joy. Research that explores how people understand themselves can increase our understanding of special populations, because they provide insights into the motivations behind emotions, perceptions, and problematic behaviors. This information would be beneficial for informing how we structure treatment related to behavior change.

While all phenomenological approaches study the lived experiences of participants, existential phenomenology requires researchers to cultivate sensitivity to the individual meaning of the participants' experiences (Churchill, 2022). Using an existential phenomenological approach helps researchers understand the lives and beliefs of participants by prioritizing the need to set aside theoretical and ideological prejudgments (Churchill, 2022). When working with a population that is prone to violence, an approach that emphasizes empathy is vital (Churchill, 2022). A phenomenological approach captures the perspective of the group being studied, in this case, DVIP participants.

I designed the study as a qualitative study to gain rich, detailed insight into the client experience. Begun (2018) suggested a qualitative approach when the phenomenon of interest is stigmatized. The participants in the study were current or former PAIP clients. Client groups are considered a deferential vulnerable population, since they may

feel pressured to consent by a perceived authority figure (Gordon, 2020). In addition, perpetrators of domestic violence may face additional bias and stigma due to their criminal record and violence against others. Phenomenological research is best used when the goal of the research is to find shared meaning from a group of research participants, opposed to narrative inquiry which focuses on individual meaning (Begun, 2018). The participants shared common characteristic related to the phenomenon of interest, since they were all participants of a DVIP based on the Duluth model. The phenomenon of interest is the shared, lived experiences and values of DVIP program participants. I opted to use a phenomenological approach instead of grounded theory because I was analyzing participant experience within an existing model opposed to creating a new theory. A follow-up study using a grounded theory approach could be helpful if enough data are obtained to formulate a new theory for domestic violence prevention and intervention. Since the goal of the current study was to find shared characteristics and experiences opposed to an in-depth understanding of individuals, existential phenomenology was a more appropriate method than a case study.

Phenomenology is a qualitative research tradition designed to better understand how a certain phenomenon is experienced by a group of individuals (Collier-Reed et al., 2009). The goal of phenomenological research is to find collective patterns in how groups experience and perceive the phenomenon (Collier-Reed et al., 2009). According to Levitt et al. (2021), qualitative research should be grounded in a philosophical theory. Existential-phenomenological research is rooted in concepts and reflective procedures influenced from phenomenological philosophy (Churchill, 2022). Existential

phenomenology combines both the phenomenological philosophical inquiry developed by Edmund Husserl's and the existential work of Martin Heidegger, Maurice Merleau-Ponty, and Jean-Paul Sartre (Churchill, 2022). Husserl rejected the traditional approach to philosophical inquiry which relied heavily on rational thought. Phenomenological approaches to inquiry favor self-reflection and individualistic processing of lived experience over rational thought.

According to Giorgi (1970), Husserl thought understanding how humans processed experiences would lead to a better understanding of human perception of reality. Husserl identified universal dimensions of consciousness. Churchill (2022) discussed how the methodology developed by Husserl could be used to identify shared patterns and emotions evoked by specific types of experiences. For example, having surgery may evoke feelings of fear and anxiety related to the procedure. In addition to emotions, general experiences like learning, forgiveness, attraction can be identified (Churchill, 2022). Heidegger pioneered the existential-hermeneutic method, which aimed to understand how people seek to understand themselves and create meaning (Churchill, 2022)

Since my research question focused on the experience of participants in DVIPs, an existential phenomenological approach was used. According to Smith (2018), existential phenomenology is used to describe subjective human experience in relation to personal ideas of values, beliefs, values, ideals, intentions, emotions, and relationships. The current study was conducted to find patterns and differences in the subjective, lived experiences of participants and facilitators.

Literature Review

History of the Domestic Violence Movement

Domestic violence has been present throughout recorded history for centuries. The earliest documented law, which condoned and legalized interpersonal violence, was Hammurabi's Code in 1754 B.C. (Khan & Awan, 2021). Hammurabi's code listed numerous codes that sanctioned violence as an appropriate response to a perceived wrongdoing. The code only applied to men, since women were considered property (Khan & Awan, 2021). Until the early 1970s, laws continued to overlook or even sanctioned violence (Lentz, 1999). Women were unable to seek protective orders until they were divorced from their partner (Wriggins, 2018). Often violence was perceived as a justified means of discipline meant to maintain authority over women and children.

During the early 1970s, research on family violence was scarce. The *Journal of Marriage and Family* did not include *violence* in the index for the first 30 years of its publication from 1939-1969 (Gelles, 1980). According to Jacquet (2015), the predominant belief during the 1960s was that intimate partner violence was uncommon and primarily associated with mental illness on the rare instances it occurred. In addition, Gelles (1980) wrote that the few psychiatric journals that discussed violence against women often stated that survivors provoked the violence.

The domestic violence movement, originally referred to as the Battered Women's Movement, gained momentum in the 1970s. The domestic violence movement was spurred in tandem with the Women's Liberation Movement (Goodmark, 2020). In 1963, Betty Friedman published *The Feminine Mystique*, which combated the notion that

women were satisfied with their primary roles as a housewife and mother (Levine, 2015). According to Levine (2015), the social movement, coined “second wave” feminism, was inspired by many of the insights discussed in Friedman’s book. Emboldened by the Civil Rights Movement and Vietnam War protests, second-wave feminists mobilized large groups for marches, protests, and activism to fight for gender equality. The Women’s Liberation Movement achieved multiple legislative milestones in a few short decades, such as The Equal Pay Act of 1963, which required equal pay for men and women and *Roe v. Wade* of 1973, which provided more reproductive rights for women (Wood, 2021).

One of the core issues in the Women’s Liberation Movement was the denouncement of domestic and sexual violence (Goodmark, 2020). Early domestic violence advocacy centered on community-based strategies, safe houses, and self-defense classes (Goodmark, 2020). As a response to the lack of legal or social support condemning violence against women, anti-violence or anti-rape squads formed in major cities (Jacquet, 2016). The intent of anti-violence and rape squads was to foster self-reliance and empowerment in women. Anti-rape squads would often confront and intimidate known abusers and rapists (Jacquet, 2016). A 24-hour hotline in Chicago, called the Women’s Defense League, would receive reports of domestic violence and assaults. In response, the hotline would dispatch teams of women who would often respond with force, shaving the heads of the perpetrators, and publicize photos of their crimes against women (Jacquet, 2016). Anti-violence and rape squads focused on perpetrators that the police had dropped cases or refused to investigate (Jacquet, 2016).

By the late 1970s, anti-violence groups phased out. Approaches which centered on non-violence, empowerment, and advocacy services became more popular (Jacquet, 2016).

As the second wave of feminism continued, multiple awareness events and demonstrations were organized across the United States to highlight issues related to violence against women. The first Take Back the Night March in the United States took place in 1975 after Susan Alexander Speeth was fatally stabbed while walking home alone at night (Take Back the Night Foundation, n.d.). As a way to advocate for safety, local activist groups would organize Take Back the Night events to protest violence against women that occurred in their community (Coe & Sandburg, 2019).

In the 1980s and 1990s, numerous laws related to domestic violence went into effect. In 1985, The Family Violence Prevention and Response Act passed, which required police to make arrests in domestic violence cases (Schneider, 2008). Deemed the third wave of feminism, the movement in the 1990s focused on issues related to sexual harassment in the workplace and the lack of women in positions of authority (Finneman & Volz, 2019). In 1993, The United Nations declared domestic violence an international human rights issue and issued the Declaration on the Elimination of the Violence Against Women (United Nations General Assembly, 1993). In 1994, the Violence Against Women Act (VAWA) passed in the United States, which made domestic violence a federal crime and increased funding for supportive services for domestic violence survivors (Moore & Gover, 2021). VAWA was reauthorized in 2022, after it expired in 2019.

The #MeToo Movement, founded by Turana Burke in 2007, was re-invigorated in 2017 when Harvey Weinstein, a Hollywood film producer, was accused of sexually assaulting multiple women (Wanzo & Stabile, 2022). The #MeToo movement is an awareness campaign that calls survivors of sexual assault to come forward and publicize their experiences (Wanzo & Stabile, 2022). In recent years, the domestic violence movement has expanded to include the voices of LGBTQIA survivors and people of color, who were largely left out of the movement in the early years (Finneman & Volz, 2019).

While intimate partner violence is recognized as a legitimate concern today, attitudes that support domestic abuse persist. Legal reform and the development of domestic violence services did not bring the ultimate change that activists had hoped for since violence against women is still pervasive in the United States (Jacquet, 2016). Violence against women continues to be perceived as a means for men to assert their strength and dominance (Jacquet, 2016). Despite a significant increase in services for domestic violence survivors over the past fifty years, the prevalence of domestic abuse remains high.

Intimate Partner Violence Services

Since IPV was not acknowledged as a widespread problem, there were few services for survivors and no guidance on treatment for people who abuse until the late 1970s (Koss et al., 2011). While anti-violence squads used unconventional methods to intimidate or retaliate against named perpetrators, they eventually phased out in favor of non-violent alternatives such as crisis hotlines and legal advocacy (Jacquet, 2016).

Grassroots programs focused on crisis intervention and safe housing. While there are conflicting claims on the first official shelter, Tierney (1982) claimed Rainbow Retreat opened in Arizona as the first recognized domestic violence shelter in 1973. Other sources name Haven House in Pasadena, California as the first shelter, which was sponsored by Al-Anon (Flitcraft, 1995). The lack of clarity surrounding the first shelter may stem from the fact that there were many unofficial sheltering services for women in the early years of the movement. Early shelter services offered a warm bed and short-term services (Koss et al., 2011). Early shelters were originally designed to house women who had been abused by husbands who struggled with alcoholism. (Tierney, 1982). Additional shelters opened across the country to house women who experienced all forms of domestic violence. In addition to shelters, early grassroots services would provide 24-hour crisis counseling to victims or house victims in the homes of members (Tierney, 1982).

By the end of the 1970s, there were over 100 shelters in the United States (Koss et al., 2011). As time went by, domestic violence service providers expanded and now offer a wide range of services for victims, including emergency housing, legal advocacy, case management, medical advocacy, counseling, and crisis intervention (Sullivan, 2018). The NNEDV collects data on domestic violence services every year through the annual Domestic Violence Counts Census. According to the census data, there are currently 1,958 domestic violence service providers in the United States (NNEDV, 2023).

In recent years, domestic violence services have been criticized for limiting their services to heterosexual, cisgender, woman-identified survivors (Cannon, 2019). Male-

identified, LGBTQIA-identified, and minor survivors have unique barriers to accessing help (Cannon, 2019). Domestic violence services are free for victims; therefore, most programs are funded by grants and private donations (NCADV, 2017). According to the National Coalition Against Domestic Violence (NCADV, 2017), most funding for victims' services comes from three main sources; VAWA, the Victims of Crime Act (VOCA), and the Family Violence Prevention and Services Act (FVPSA). In 2014, The VAWA Act of 2013 amended VAWA of 1994 to include a condition that prevents grant recipients from discriminating based on gender and sexual orientation (U.S. Department of Justice, 2014). More programming has become available for males and LGBTQIA survivors. However, there are still reports from men and queer survivors that they have been denied survivors, specifically in rural or under-resourced areas of the country (Stiles et al., 2017).

By definition, victim services are a response to victimization that has already occurred. Victim services help decrease repeat attempts and encourage victims to have future healthy relationships, but a reactive treatment will not do much to reduce the root cause (Koss et al., 2011). Violence prevention and services for abusers has received much less attention than victim services, even though both services seek to end violence before it begins (Koss et al., 2011). Services for victims have expanded, but services for abusers have largely remained the same. Even with the emergence of alternative treatments, DVIPs are still the most common approach (Barocas et al., 2024)

Domestic Violence Intervention Programs

In recent years, there has been increasing interest and research into effective interventions for male perpetrators of abuse (Morrison et al., 2022). Current researchers indicate that DVIPs are more effective for short-term decreased violence, but long-term results are much less consistent (Morrison et al., 2022). In addition, Cheng et al. (2021) found that decreased IPV was associated with DVIP program completion when assessed through recidivism rates through the criminal justice system, but not when assessed by the victim self-report.

Before DVIPs were developed, the most common practice for violence in relationships was marriage counseling (Neubeck et al., 1960). In addition, Neubeck et al. (1960) described couples with domestic violence concerns as “untreatable.” As the domestic violence movement gained momentum, domestic violence was seen as a more complex issue than mere marital discord (Gelles, 1980). DVIPs evolved into the most common treatment model for abusive people (Barocas et al., 2024). The most common goals of DVIPS are to prioritize victim safety, increase perpetrator accountability, and promote behavior change (Cheng et al., 2021).

Early intervention programs were designed for voluntary male participants since they were formed before court-mandated DVIPs became standard (Aaron & Beaulaurier, 2017). After the criminal justice system adopted pro-arrest policies for domestic violence, the need for diversion programs increased. Domestic violence advocates and the justice system worked together to develop group programs that emphasized accountability and victim safety (Aaron & Beaulaurier, 2017). The earliest DVIP models were Emerge and

Rape and Violence Ends Now (RAVEN). Both programs used a non-clinical approach which was based on pro-feminist values (Gondolf, 2002).

Most DVIP models reject therapeutic models due to the belief that attributing violence to a mental health condition would excuse abusers from their behaviors, thus making them less accountable (Rosenbaum & Kunkel, 2009). Therapeutic approaches expand existing treatment models, like cognitive behavioral theory, for working with perpetrators. Both approaches prioritize the safety of victims and often conceptualize domestic violence as being rooted in power and control (Rosenbaum & Kunkel, 2009).

According to Sotiroff et al. (2024), most states have gender-neutral DVIPs, however, 16 states have policies that restrict groups for men in heterosexual relationships. Services for female perpetrators, bidirectional violence, and LGBTQIA perpetrators are limited to individual services. 100% of services for victims practice trauma-informed services for victims (Sotiroff et al., 2024). However, only 12% of DVIP programs identified as trauma-informed, even though the majority of program participants have a history of family violence in their childhood households (Sotiroff et al., 2024). Additionally, only 4% of DVIPs include education on trauma in their curriculum (Sotiroff et al., 2024). One other concern with DVIPs is their relatively high dropout rate. According to Morrison et al. (2022), completion rates of DVIPs remain low, meaning that participants often drop out or are terminated from programs for re-offending.

Intimate partner violence occurs in diverse relationship dynamics. According to Sotiroff et al. (2024), members of the LGBTQIA+ community experience higher rates of physical and sexual violence compared to heterosexual or cisgender people. Still, they are

less likely to seek help-seeking services. According to the first national report conducted by the Center for Disease Control (CDC, 2013) 43.8% of lesbians and 26% of gay men have experienced intimate partner violence, stalking, or harassment by a partner compared to 35% of heterosexual women and 29% of heterosexual men. According to Cannon (2019), 78% of DVIPs report that they serve clients who identify as LGBTQIA. Despite comparable rates of domestic violence in LGBTQIA relationship dynamics, only 1% of participants from programs that serve abusers identify as LGBTQIA (Cannon, 2019). The lack of LGBTQIA representation in DVIPs indicates a gap in services for participants who do not identify as heterosexual (Cannon, 2019).

As the definition of domestic violence expanded to include victims and perpetrators from varying backgrounds, a “one-size fits all” DVIP approach can exclude a large range of perpetrators. Forty-two states have state protocols and standards for abuser treatment (Rosenbaum & Kunkel, 2009). While program characteristics vary, such as, program length and group size, all DVIP protocols state that the preferred method of treatment is group intervention (Aaron & Beaulaurier, 2017). Seventy-eight percent of programs allow for individual sessions under special circumstances, though no state considered individual therapy as a comparable or preferred method for intervention (Rosenbaum & Kunkel, 2009). According to Cheng et al. (2019), most therapeutic treatment models and interventions are evaluated every 2 years, however, most evaluations of DVIPs were completed in the early 2000s. DVIPs use a range of approaches, which makes it difficult to study their effectiveness (Cheng et al., 2019).

While alternative DVIP models exist, over half of existing DVIPs use some form of the Duluth model (Cheng et al., 2019)

Duluth Model

When researching the Duluth Model, I noticed that multiple studies referred to the Duluth model as solely a domestic violence intervention program. While DVIPs are one component of the Duluth Model, the model is a multidisciplinary approach to domestic violence. (Schneider, 2008). The Duluth Model emphasizes the importance of a collaborative care approach, which includes victim service agencies, law enforcement, and the criminal justice system, in addition to DVIPs. The goal of the Duluth Model is to empower and protect survivors of IPV, while holding perpetrators accountable (Bohall et al., 2016)

The Duluth Model originated as a response to growing legal sanctions for perpetrators of abuse. In 1980, Duluth, Minnesota was chosen as a pilot site for a criminal justice reform program coined the Domestic Abuse Intervention Project (DAIP) (Pence & Paymar, 1993). A small task force was created to draft standards for a community response initiative and victim and perpetrator service delivery. The task force collaborated with representatives from several community agencies to develop protocols for intimate partner violence case coordination brought into the legal system by the mandatory arrest policy (Pence & Paymar, 1993).

One part of the collaborative Duluth model included DVIPs. The Duluth model DVIP structure is rooted in a psychoeducational and feminist framework (Bohall et al., 2016). The Duluth model incorporates components of social learning theory, which

suggests that intimate partner violence is a learned behavior, as opposed to a mental illness (Bohall et al., 2016). According to social learning theory, emerging adults develop beliefs and patterns of violent behavior within relationships based on what they witnessed and directly experienced as children (Cascardi et al., 2020). These experiences may be learned in the family system or household.

One hypothesis stemming from the Duluth model is that children who experience emotional and physical maltreatment from a caregiver may grow into adults that believe verbal hostility and emotional mistreatment are normal and accepted in close relationships (Cascardi et al., 2020). In addition, normalized violence in mainstream society, may account for the perpetuation of intimate partner violence from perpetrators who have not directly witnessed or experienced abuse or maltreatment in their household (Copp et al., 2019). Based on the Transtheoretical Model of Change, which describes how people advance through different stages of change when they first acknowledge that they have a problem, Levesque et al. (2000) found that participants who are at more advanced stages of change, are more receptive than others to learning and adopting the strategies implemented in DVIPs. Many abusive partners do not see themselves as having a problem with violence, thus often minimize or deny their behaviors (Smythe et al., 2023).

DVIPs used an educational model called “Power and Control: Tactics of Men Who Batter.” In alignment with Peter Freire, the model encourages DVIP participants to engage in critical thinking and self-evaluation as opposed to traditional learning, where participants learn from the facilitator (Paymar & Barnes, 2007) One of the main tools and

diagrams used by the Duluth Model programs is the *Power and Control Wheel* (Bohall et al., 2016). The original wheel illustrates tactics that men use to control women and children. Tactics on the wheel include threats of violence, male privilege, minimizing, denying, and blaming partner for abuse, emotional abuse, economic abuse, isolation, and intimidation (Bohall et al., 2016). The power and control wheel has been adapted for use by multiple separate groups.

The name of the curriculum was updated from *Power and Control: Tactics of Men Who Batter* to *Creating a Process of Change for Men Who Batter* in 2003 (Miller, 2010). By the end of the 1980s, the DAIP began training other programs on the Duluth Model. According to Paymar (2003), the Duluth Model includes 6 core concepts.

- Written policies that centralize victim safety and offender accountability
- Practices that link intervening practitioners and agencies together
- An entity that tracks and monitors cases and assesses data
- An interagency process for practitioners and helping professionals to problem-solve
- The process to be informed by victim services and survivors
- A shared philosophy and vision about domestic violence
- A system that puts responsibility for victim safety on the system instead of the survivor

Today, the Duluth model is used in over 1000 programs across the U.S. (Cheng et al., 2019). The Duluth model incorporates multiple key components in their programming with group participants. Firstly, DVIP facilitators help participants identify the power and

control tactics they use in relationships (Herman et al., 2014). Then facilitators educate participants on healthy, non-violent alternatives other than dominance and control. The goal of the groups is to promote behavioral and attitudinal changes and increase accountability and equity in relationship dynamics (Herman et al., 2014).

Duluth Model DVIPs vary in program structure and length. However, most programs are 24-26 weeks in length (Miller, 2010). Oftentimes, programs will incorporate 2-3 sessions on each of the eight themes described on the *Equality Wheel*. The Equality wheel is a mirror image of the power and control wheel, which details themes in healthy relationships (Miller, 2010). The eight themes of the equality wheel include nonviolence, non-threatening behavior, respect, support and trust, honesty and accountability, sexual respect, partnership, and negotiations and fairness (Bohall et al., 2016).

One criticism of the Duluth model is the lack of its evidence-based foundation (Wagers et al., 2018). The Duluth Model came from the ideas of a small group of advocates opposed to peer-reviewed research (Wagers et al., 2018). Domestic violence is considered a public health crisis, which affects individuals, communities, and systems at large. Gathering perspectives and experiences of stakeholders directly affected by intimate partner violence would be useful in examining the effectiveness of the approach. In addition to gathering information from advocates, Baracoas et al. (2024) recommends interviewing participants, victims, clinician, court personnel, and abuser service providers. Though DAIP was developed 44 years ago, the curriculum and recommended approach has remained largely the same. According to Sotiroff et al. (2024) only 17 states

have updated their program guidelines and curriculum in the last 5 years. The standard DVIP treatment for participants is uniform regardless of the vast forms and differences that intimate partner violence can manifest as (Barocas et al., 2024)

The Duluth Model has issued a response to some of the criticisms in recent research by citing flawed methodology, misinterpretations of the model, and the lack of funding for courts to complete assessments for the most appropriate treatment (Paymar & Barnes, 2007). According to Paymar & Barnes (2007), The Duluth model has never required states to mandate one type of treatment over another. According to Sotiroff et al. (2024) the Duluth model does not consider the experience of male victims and female perpetrators. In retort, Paymar & Barnes (2007) claim that most female perpetrators use violence self-defense or have a history of victimhood. Paymar & Barnes (2007) does acknowledge that the Duluth model may not change the beliefs of participants in the long-term. However, Paymar & Barnes (2007) state that the main goal of the Duluth model is to emphasize victim safety with the CCR model addresses. Paymar & Barnes (2007) also acknowledges that gaps in services for people of color will remain until a safe alternative to police intervention is discovered. While the Duluth model continues to be the most widely used intervention for people who abuse, there are other alternative services such as restorative justice and other therapeutic approaches.

Alternative Services for Abusers

Due to the increasing studies questioning the effectiveness of DVIPs, alternative intervention models or DVIP hybrids have emerged (Barocas et al., 2024). The alternatives DVIPs have grown in popularity, but there is minimal research on their

effectiveness (Barocas et al., 2024). According to Barocas et al. (2024), alternate forms of treatment that are more individualized to meet the needs of the participants may be more effective than traditional approaches (Barocas et al., 2024).

Restorative Justice

Modern restorative justice (RJ) approaches, adapted from Indigenous practices, are an alternate intervention approach to domestic violence. The goal of restorative justice (RJ) programs is to repair harm caused by the offender by including the victims and community in the process. (Barocas et al., 2024a). RJ programs address the needs of those harmed first, though the amount the victim wants to participate is often optional (Campbell., 2021). The basic principle of RJ is that the community and the offender are both responsible for repairing harm caused. All parties impacted by injustice have the opportunity to discuss how they were directly affected by the alleged crime (Barocas et al. 2024). Unlike DVIPs, programs which use a RJ approach prioritize social and structural risk factors, such as unemployment, economic insecurity, oppression, and discrimination (Armstead et al., 2021.) Peace circles, mediation and family conferencing are all RJ approaches (Barocas et al. 2024). According to Campbell et al., (2021), survivors state that they prefer RJ approaches compared to the legal process where they feel blamed and re-traumatized. In addition, RJ often cost the community less than traditional legal proceedings (Campbell., 2021).

While restorative justice approaches are growing in popularity, there are criticisms of the approach. Traditional approaches suggest individual services for survivors and people who abuse, citing a lack of safety for the victim in combined

treatment efforts. For example, approaches which favor separation state that couples counseling is unsafe for the survivor due to potential backlash from information the victim discloses in session (Karrakurt et al., 2016). In addition, critics worry that decriminalizing domestic violence will decrease offender accountability (Campbell et al., 2021). There is minimal research on DVIPs that use an RJ approach. However, two programs in Arizona have applied a RJ approach to their DVIP (Mills et al., 2019). According to Mills et al., (2019), the DVIPs that used a RJ approach saw significantly decreased rates of recidivism at the 12-month mark compared to traditional DVIPs. However, recidivism rates evened at 2+ years (Mills et al., 2019).

Trauma-Informed and Substance Abuse

According to Morrison et al. (2022) abusive individuals often have psychosocial issues that could limit their ability to engage in intervention programs. DVIP participants with substance use issues often have higher drop-out rates and higher resistance to DVIPs (Expósito-Álvarez et al., 2023). Abusive individuals may need intervention programs that cater to their psychosocial needs and history of trauma in addition to their violent behaviors (Expósito-Álvarez et al., 2023). According to Expósito-Álvarez (2023) 50% of abusive people struggle with substance addiction. The high rates of substance abuse suggest that a collaborative approach to addiction and domestic violence could be effective (Gilchrist et al., 2017). Specifically, CBT programs which address substance abuse and abusive patterns have shown significant results (Gilchrist et al., 217). In addition, Mills et al., (2019) reported that abusive people report higher rates of Adverse Childhood Experiences (ACES) than non-abusive people. The Duluth model does not

incorporate interventions that explore or address traumatic childhoods of program participants (Babcock., 2004). Addressing the needs of the target population could be helpful in increasing the effectiveness of programming.

Abuser Profile

Perpetrators of intimate partner violence come from many different backgrounds. There are similar rates of violence from perpetrators regardless of race, ethnicity, age, religion, and sexual orientation (Barocas et al., 2024). Severity of violence and tactics also vary from each individual. According to Schneider (2008), people who are abusive are often charismatic and charming in the beginning relationships. Gou et al. (2019) found that there was a relationship between coercive control and poor functioning in areas related to parenting, mental health, and interpersonal relationships.

In the beginning of IPV relationships, survivors often describe their abusive partners as complimentary, fast-paced, and show and patterns of devotion (Etter & Berzer, 2008). Over time the relationship evolves to include a variety of abusive and controlling patterns. During the abusive stage, abusers may become physically violent, but abusive incidents can also be emotionally violent or threatening. Afterwards, abusers will typically minimize, deny, or blame the survivor (Etter & Berzer, 2008). Etter & Berzer (2008) identified four rationalizations which abusive people use to minimize their abuse; denial of injury, denial of victim, denial of responsibility or condemning the people who call out their abusive behavior. In the Etter & Berzer (2008) study, 69.5% of participants had previous charges for criminal behavior. Dalsklev et al. (2021) found a positive correlation between childhood sexual and physical abuse and IPV reoffending

behavior in perpetrators. Many of the studies on abuser profiles are over 15 years old, suggesting that updated research needs to be conducted.

Summary

Intimate partner violence is widely recognized as a public health concern (Abramsky et al., 2011). However, minimal attention has been given towards prevention and rehabilitation efforts for people who abuse (Cheng et al., 2017). The Duluth model is widely accepted as the main form of intervention for people who abuse, but there is inconsistent information on its actual impact in decreasing future domestic violence (Barocas et al., 2024). Existing research on the Duluth model focuses on recidivism rates or victim reports. There are few studies that highlight domestic violence intervention program group experience from the perspective of the person who abuses (Tollefson et al., 2009). The goal of this study was to explore the impact and experience of participants who have attended an intervention program which uses the Duluth model. During the current study, I aimed to gain clarification on which of the components of the Duluth program that are the most impactful on the participant. The following section will detail the research design, theoretical framework, and data analysis for the study.

Chapter 3: Research Method

As stated, domestic violence, as a social issue, has been addressed in a variety of domains for over 50 years. There have been advances related to domestic violence legal advocacy, funding for victim services, and awareness campaigns (Jacquet, 2016).

However, domestic remains a widespread issue, affecting one in three women and one in five men every year (Ogbe et al., 2020). Services for domestic violence victims have evolved over the years, but services for abusive partners have remained stagnant (Koss et al., 2011). DVIPs based on the Duluth model have been the most common mode of intervention for abusive partners (Barocas et al., 2024). But existing research on the effectiveness of the Duluth model has yielded inconsistent results (Morrison et al. 2017). Most research studies that examine DVIPs based on the Duluth model are quantitative, measuring effectiveness based on recidivism rates or reports from victims (Tollefson et al., 2009). Recidivism rates do not measure domestic violence outside of the criminal justice system, leaving a large gap in the data collected. In addition, data from victims may be skewed due to fear of backlash, reunification goals, or their minimization of trauma (Heron & Eisma, 2021) Qualitative researchers often consider the perspectives of the victim or service providers, but there are minimal studies that include data directly from the perpetrator (Cheng et al., 2017).

The purpose of the current existential-phenomenological research study was to gather information directly from participants who have completed a DVIP program based on the Duluth model. The goal of the study was not to generalize the results from the study to the greater population but rather to gain a better understanding of the lived

experiences of DVIP program participants. Due to the inconsistent results on effectiveness, my goal was to gain clarity into which components of the Duluth model-based DVIPs are helpful in motivating behavior change and which components could be adapted to address the core issues being faced by the population more effectively. By better understanding the participant experience and core issues related to IPV perpetuation, the treatment model can be informed and adapted. Furthermore, the results can aid counselor educators in treating clients who perpetuate abuse, by better understanding the values, lived experiences, and motivations of DVIP participants.

In this chapter, I will discuss my decision to use a qualitative, existential-phenomenological approach and an interpretative phenomenological analysis in my research design. I will also discuss my research design, recruitment method, and provide a rationale for my sampling strategy. This chapter will also include information about my role as a researcher, safeguards used to address biases, and strategies used to increase the trustworthiness and credibility of the study. Finally, the chapter concludes with a discussion on ethics related to the current study.

Research Design and Rationale

My goal was to find patterns and differences in the subjective, lived experiences of participants and facilitators. I opted to use a phenomenological approach instead of grounded theory because I analyzed an existing model as opposed to creating a new theory. A follow-up study using a grounded theory approach could be helpful if enough data are obtained to formulate a new theory for intervention with people abuse. Since the goal was to find shared characteristics and experiences as opposed to an in-depth

understanding of individuals, existential phenomenology was a more appropriate method than a case study.

Role of the Researcher

According to Sutton (2015), the role of the qualitative researcher is to access the thoughts and feelings of the participants. To protect the confidentiality of the participants and the integrity of the research, I used multiple safeguards. Initially, I planned to only use semistructured interviews to gather insight and information on the lived experience and belief system of facilitators and participants in domestic violence intervention programs. During data collection, I adapted the study to include open-ended questionnaires for participants who felt more comfortable responding via written format. I used semistructured interviews, open-ended questionnaires, and a reflective journal to collect data from participants related to the phenomenon of interest.

Before completing the current study, I worked as a direct service provider and administrator in domestic violence victim services. Due to my previous experience working in domestic violence services, I maintain some familiarity with other service providers and the foundational requirements for some programs. To minimize bias, I did not conduct my study at my former place of employment, where I was involved in developing their domestic violence programming.

To maintain an objective lens, the coding process and results were reviewed by my committee chair. While interpreting results, I examined and discussed possible alternative explanations. Since I studied participants in DVIPs, I differentiated my role as a researcher from the domestic violence service provider while discussing the informed

consent process. During informed consent, I stated that participation in the study was voluntary. In addition, participants were informed that the data collected would not affect their status in group. Due to the sensitive nature of the study, participants were offered \$25 Lyft or Uber gift cards for their willingness to participate and share their experiences in the study. I used incentives as a way to show appreciation for the time, effort, and openness to sensitive topics associated with the research.

Methodology

Participant Selection Logic

The target group of interest included heterosexual, male-identified perpetrators of intimate partner violence in Illinois. DHS-approved PAIPs in Illinois do not combine participants of differing gender identities and sexual orientations in their programs, therefore, this study will only focus on heterosexual, male-identified people who abuse. According to the Illinois Department of Human Services (2021), there are currently 86 DVIPs that utilize the Duluth model. In Illinois, the most common DVIPs are called PAIPs. PAIPs have an average of 12 participants. I collaborated with two third-party community partners who are PAIP service providers. In partnership with the service partner, I interviewed or collected questionnaires from their eligible group participants who were interested in participating. PAIPs are groups for perpetrators of domestic violence whose victims are current or former romantic partners. Participation in groups can be voluntary, but most participants are mandated to attend by the local court system (Cheng et al., 2019).

Sampling Strategy: Purposive Sampling

For the study, I used purposive sampling strategy to identify and recruit research participants. Purposive sampling is a technique used by researchers who recruit and select participants based on specific characteristics that the researcher desires to study (Blackstone, 2012). For this study, the population shares a variety of specific characteristics including gender identity, sexual orientation, and that they are group members in PAIP. Since the phenomenon of interest is based on a specific treatment approach, it is also integral to select participants who have participated in a treatment group that used the Duluth model, as opposed to a PAIP that followed a different model. According to Moser and Korstjens (2018), a sample size is determined when a phenomenological reaches data saturation. I concluded with eight participants once no new codes emerged from the data.

Recruitment Strategy

The Department of Human Services (DHS) in Illinois contains a list of 86 approved PAIPs. I recruited participants from two PAIP service providers who agreed to distribute flyers and information to eligible participants. Since I interviewed clients in a closed intervention program, I initially recruited participants through their service provider as a third party. For one of the providers, I recruited group members in person by joining after the group session to describe the study, answer questions, then collect contact information from participants who wanted more information.

Instrumentation

In phenomenological research, the researcher serves as the main instrument of study when interviewing participants (Creswell, 2013). I interviewed or collected questionnaires from participants then analyzed the data before organizing the data into tables. Additional instruments include a demographic data collection questionnaire and a semistructured interview guide (see Appendices A and B).

The semistructured interview guide and open-ended questionnaire contain a variety of questions related to the phenomenon of interest being studied. According to Bevan (2014), there are three types of existential-phenomenological interview questions. The first type of question is for contextualization. The purpose of contextual questions is to provide more insight into the life world or natural attitude of the participant. The second type of question is for apprehension (Bevan, 2014). A researcher could use apprehension questions to elicit a description of what a typical experience would look like from a participant. For example, a researcher might ask a participant to describe their typical day from start to end. Finally, the third type of question is clarification. When the purpose of a question is clarification, the researcher will use imaginative imagery or methods to gain deeper insight into the meaning.

The semistructured interview guide contains questions that focus on the group experience and perception of participants. I included questions that also focus on beliefs regarding healthy relationship dynamics. The interview guide includes a mixture of multiple types of phenomenological questions. To ensure credibility, I incorporated feedback from my dissertation committee and Institutional Review Board into the guide.

According to Ravitch and Carl (2021), researchers should use fewer intimidating questions at the beginning of the interview to build rapport. Therefore, I chose to use the least invasive questions to start the interview.

According to Rossetto (2014), individual interviews are encouraged when the interview topic is sensitive, compared to group interviews or focus groups. Since the topic of intimate partner violence perpetuation can bring up issues related to trauma and accountability, individuals may feel uncomfortable reporting their actual beliefs and behaviors. In a group setting, participants may be more likely to fall subject to social desirability (Vesely & Klockner, 2020). Social desirability refers to the tendency of participants to answer survey and interview questions in a way to is viewed favorably by others (Vesley & Klockner, 2020). After the initial interview, I provided participants with an opportunity to review the transcripts and data for accuracy and address any follow-up concerns.

A demographic questionnaire (Appendix B) was used to gather information on each participant. The questions in the demographic questionnaire are included to collect information related to age, ethnicity, employment status, education level, relationship status, current household, and family of origin. In summary, demographic questions provided background information on each participant. The collected information was used to categorize and analyze trends in the data (Dobosh, 2017).

A reflective journal was used throughout the study to document ongoing thoughts, impressions, and beliefs during data collection and analysis. The reflective journal was used to address biases and interpretations that could have influenced the data analysis.

According to Olmos-Viegas (2022), qualitative data depends on subjectivity. By engaging in the process of reflexivity, I was better able to account for the impact of subjectivity on the data analysis (Olmos-Viegas, 2022). I kept an electronic reflective journal to critique and evaluate how my subjectivity might impact my analysis.

According to Lincoln and Guba (1985), reflective journals should contain a log of individual perceptions, rationale for methodological decisions, daily procedures, and daily introspections. The journal was used before and after each screening with partner sites, in-person recruitment, interviews with participants, and during the coding process. The journal includes information about initial beliefs and actual experiences. By engaging in reflexivity, I increased the trustworthiness of my results.

Audio Recording/Transcripts

Participants were given the option to participate in a virtual interview or a written open-ended questionnaire. The data from virtual interviews was recorded on a personal, handheld recorder that stores interviews on a physical device. Recordings on the device were not synced to the Cloud, to decrease the likelihood that recordings could be accessed by a third party. The data from the virtual interviews was recorded on Zoom, a Health Insurance Portability and Accountability Act (HIPPA) compliant platform. During the interviews, closed captioning and transcription was be enabled on Zoom to be inclusive and compliant with the Americans with Disabilities Act (ADA). During data analysis, I listened to the audio to revise any errors in the transcription by hand. The transcripts are used for the thematic coding process. transcription software. After the transcriptions were complete, I used thematic coding to identify codes related to the

shared experiences, beliefs, and values of all participants (Saldaña, 2016). Interviews will be deleted and destroyed after 5 years. The hand-held device and recordings will be stored in a locked cabinet.

Procedures

Recruitment

To provide court-approved PAIP services, PAIPs are required to apply to be an approved program through the Illinois Department of Human Services (DHS). The *Illinois Protocols for Partner Abuse Intervention Programs* was developed in 1994 to provide guidance and required policies for PAIPs. The Protocols formed the basis of Administrative Code 89, Part 501, which illustrates the standards for being approved and maintaining status as a PAIP. All approved programs are listed on an electronic database on the DHS website. When recruiting participating service providers, I contacted PAIP program representatives whom I had not directly worked with to better assure objectivity. Since PAIP participants are clients in a group, I could not initially recruit participants directly without connecting with a service provider.

After obtaining contact information for the DHS website and from other domestic violence service providers, the PAIP coordinator or executive director of the PAIP was contacted. In the email, I described the research topic and purpose of the interview. The protocol includes the invitation, informed consent, closing statements that were sent to the participants are in the appendix. I met with each site virtually to describe the research study and procedure. Service providers were not provided with additional compensation or incentive to participate in recruitment. Site representatives were instructed to provide

the flyer and researcher contact information to former and current PAIP group members who were over halfway through the program.

Participation

I corresponded with each prospective participant who showed interest in participating in the study via my Walden University email. Scheduling took place via email correspondence for participants who wanted to complete the virtual interview or follow-up. Participants completed 45-60 minute interviews which were conducted on Zoom or a written open-ended questionnaire, per preference of the participant. Since participants in the study were recruited by service providers, I emphasized that participation in the study was voluntary and could be terminated at any time. I also emphasized that the study was not affiliated with the PAIP service provider. Participants were offered a \$25 Lyft or Uber gift card upon completion of the initial interview or questionnaire. I informed participants that they would receive the \$25 gift card even if they do not complete the study in its entirety. For example, if a participant declined to answer part of the interview questions, they still received the incentive.

Data Collection

After participants agreed to participate in the interview, I provided a copy of the interview guide and Walden University's informed consent. Interviews were scheduled based on the convenience of the participant, then the audio was recorded. I emailed participants information about the study. I reviewed the purpose of the study at the beginning of the interview and during in-person recruitment. I summarized the purpose of the study, interview and questionnaire structure, then received consent. I discussed how

data would be collected and disposed of. Participants were instructed that data would be used for the dissertation and potential future publications. I conducted and transcribed each interview in a private location, then changed any identifying information for the participants. I analyzed the questionnaires and journals in same private space.

Upon the conclusion of the study, I provided the participants with a debrief packet which included another summary of the rationale for the study, description of how data will be used, and a list of relevant referrals. The participants were provided with the Walden University email of the researcher. Participants were informed that they would receive compensation even if they did not complete the study or opted to not have their data used. No deception was used in this study, so the information provided in the debrief process will be a review of the informed consent process. Participants were given the opportunity to schedule a follow up interview to review a summary of the transcriptions to ensure that the interview questions in the protocol actually answer the overall research question.

Initially, the recruitment resulted in too few participants. I offered to come in person to recruitment sites to provide an overview of the study for participants, Initially the study only included the option for participants to respond via semi-structured interview. The open-ended questionnaire was added as an option based on the suggestion of the domestic violence service provider. Participants were given pseudonyms to protect privacy. I did not add any additional questions to the interview guide or questionnaire throughout data collection.

Data Analysis

Creswell (2013) outlined the process of collecting, organizing, and interpreting data. In addition, Peoples (2021) stated that first, qualitative researchers collect data in the form of audio recordings, photographs, observations, and other methods then interpret and analyze data. I recorded interviews, then prepared the interview transcriptions. To analyze the data, I used interpretative phenomenological analysis. Interpretative Phenomenological Analysis (IPA) is the process of co-creating meaning between the researcher and participant, in which the interpretation occurs through a circle of readings, reflective writing and interpretations (Laverly, 2003). According to Barocas et al (2024) the goal of IPA is not to produce a single, generalizable truth, but instead focuses on its idiographic emphasis on how individuals create personal meaning. This approach has been used in a wide variety of DV and IPV research (Barocas et al., 2024). IPA assumes that people have a natural tendency to want to understand their experiences, therefore, researchers are able to gain insight into their reflection processes through qualitative interviewing (Smith & Osborn, 2015). After interviews were recorded, I listened to each recording while reviewing the transcription. I edited and revised any incorrect transcription from the closed captioning by hand. After data was collected, data was analyzed by using a two-step coding process.

Hands on Coding

The process of coding can be completed by hand or with various types of qualitative data analysis (QDA) software. According to Sohn (2017) many researchers discourage the use of QDA software when using phenomenology. According to Sohn

(2017), researchers who object to the use of QDAs in phenomenology are concerned that generalizations and assumptions for software will not uncover the essence and meaning of the data. I opted to use a hands-on approach to code the interviews. My hands-on coding process occurred over multiple steps.

First, I analyzed the data to identify themes using a technique called bracketing. According to Tufford & Newman (2010), bracketing occurs when researchers brainstorm evidence-based themes which could potentially occur in the data. Before reviewing the transcriptions, I recorded my initial impressions by writing a summary of themes I recalled immediately after each interview. Using a summative technique can be beneficial in comparing pre-interview assumptions and initial impressions, to themes that were later identified upon transcript review. In addition, I summarized non-verbal information that was not captured in the transcription such as the tone and body language of each participant. The recorded non-verbal behaviors such as pauses, or stammering were added to the transcription.

Upon listening to the transcription, I used analytic memos then translated the key topics into descriptive and thematic codes. Descriptive codes focused on the sentences format and meaning of words and phrases that were used (Vaismoradi et al., 2013). Conversely, thematic analysis provides a purely qualitative, detailed, and nuanced account of data (Braun & Clarke, 2006). According to Given (2008), thematic coding is the process where researchers use quotes or observations from the data to identify themes and categories.

Using an existential-phenomenological approach, I focused on identifying shared beliefs and experiences. After I wrote memos, I created a table with specific quotes from the data along with their related analytic memo. After the quotes and memos are listed, I identified corresponding themes. Themes were identified by the researcher then discussed with my committee chair. After identifying themes in each interview, shared themes among the homologous participant group were identified. Interviews continued until no new themes emerged and data saturation was reached.

While the first step focuses on identifying themes, the second step focuses on analyzing the interpretations for accuracy and trustworthiness. Using a phenomenological approach, Leru (2008) suggests using a reflective journal. A reflective journal can be used in qualitative research to record how the study was conducted and the researcher's thoughts and impressions during data collection and analysis (Billups, 2021). The reflective journal was used to address biases and interpretations that could have influenced the data analysis. Peer debriefing was used with my committee chair to gain feedback on interpretations. The data did not include any discrepant cases.

Issues of Trustworthiness

Credibility/Internal Validity

According to Collier-Reed (2009) content-related credibility refers to the researcher's grasp of the subject matter being studied. When selecting a dissertation committee, I chose two committee members with varying degrees of expertise in the related methodology and phenomenon of interest. I also have over a decade of experience in working in domestic violence. I am a certified domestic violence provider in the state

of Illinois. In addition, I completed the 40-hour domestic violence training and the 20-hour PAIP training approved by the Illinois Coalition Against Domestic Violence. I provided direct service to victims through counseling, crisis intervention, hotline services. I also worked as a supervisor in a domestic violence program, where they supervised clinicians, outreach workers, and legal/medical advocates. I have not provided PAIP services to clients directly. However, I assisted a former agency in the application process to become an approved PAIP provider through the DHS.

I created an exhaustive literature review of the existing research studies which have examined DVIPs based on the Duluth model. The data collected with subject to the peer review process and member checks to ensure that the interpretations discussed were not the sole views of the researcher. In addition, data continued to be collected until saturation was reached.

Since existential-phenomenological research depends on interpretation, I utilized member checking by following up with participants to review the transcripts of the interviews for accuracy. The follow up review allowed participants to correct any data that was misinterpreted or misheard.

Dependability and Confirmability

To enhance dependability, I outlined clear protocols and procedures for this study. If another researcher replicated the current study, they have detailed procedures and copies of the data collection instruments. Therefore, the likelihood that similar results would emerge are increased.

Since qualitative research relies on subjective experiences and interpretations, qualitative researchers engage in reflexivity to account for that subjectivity impacts their research (Olmos-Vega, 2023). By engaging in reflexivity, researchers are better able to communicate nuanced and ethical decisions while generating data that captures the experience of the participants (Olmos-Vega, 2023). According to (Korstjens & Moser, 2018)) confirmability refers to the degree to which the results and interpretations can be corroborated by others. I increased confirmability by using a reflexive journal to document my honest thoughts and experiences throughout the data collection and analysis process. Throughout the process, I would check in to see how my expectation and previous experience in domestic violence might impact my interpretations. I consistently examined my own biases and utilized my committee to review my interpretations. In addition, member checks were used, so participants had the opportunity to review a written summary of the interviews in a follow-up debrief.

Intra/Intercoder Reliability

According to Patton (2015) intercoder reliability occurs when peers review the qualitative data and draw the same conclusions that the researcher identified. After I analyzed the data and identify emerging codes and themes, I discussed my findings with my committee chair. My chair provided feedback relating to the accuracy of interpretations and provided any additional insights that I may have missed.

Ethical Procedures

In developing my ethical procedures, I referred to the ACA Code of Ethics and IRB protocols set forth by Walden University for guidance. According to the ACA Code

of Ethics (2014), researchers are responsible for taking precautions that avoid causing emotional, physical, and social harm to their participants. My primary concern was to protect the privacy and confidentiality of research participants. I took precautions to disguise identifying information, when discussing the results of the study. Since participants are recruited in conjunction with the service provider, I informed the cooperating service provider that specific details collected from individual interviews cannot be shared with them. Before beginning virtual interviews, I confirmed with each participant that they were in a safe and private space to participate in the interview. The researcher conducted virtual interviews from their home office, which is not shared with any other inhabitants. Agreements and informed consent were provided and discussed with the service provider and participant. Copies of the ethical agreement and informed consent are located in the Appendix C. For participants who provided contact information to complete the open-ended questionnaire, I made myself available in a private space outside of the group room so other group members would not know who chose to participate in the study.

The only people who will have access to the raw data will be myself. Identifying information was changed before the dissertation and research committees reviewed data. The identity of the partnering service providers who assisted with recruitment are masked and unnamed.

Electronic data will be stored on a flash drive which was protected by a two-step password authentication process. In alignment with requirements set forth by the IRB, data will be stored for 5 years. The handheld audio recorder, flash drive, and all physical

copies of notes, analytic memos, reflective journals, and transcriptions will be locked in a file cabinet where only the researcher has a key. After 5 years, the interviews will be deleted from the flash drive and recorder. All physical copies of data will be shredded through a secure shredding company.

I followed best practices to ensure that recruitment procedures were non-coercive. During recruitment, incentives that were provided are non-extravagant. In addition, I stressed that participation was voluntary and would not be shared with the criminal justice system. Participants were informed that they would receive the incentive even if they discontinued the interview before it concluded. I discussed my previous work experience with domestic and sexual violence in addition to their role as a researcher. I clarified that they were interacting with the participants in a non-counseling role. Participants were provided with referrals for community counseling services and other relevant supports. Participants can view the results of the study on Scholarworks, where the study will be posted.

Summary

In conclusion, the current research study used a qualitative, existential-phenomenological approach to gain insight into the lived experiences and beliefs of DVIP participants, who have completed a program based on the Duluth model. I also gained insight into potential early childhood influences on intimate partner-sustaining beliefs. I recruited participants from cooperating sites and then interviewed or provided potential participants with a questionnaire. Once the data was collected, I identified

patterns and themes that emerged in the data. The results and analysis will be discussed in the upcoming section.

Chapter 4: Results

The purpose of this existential phenomenological study was to explore the lived experience and values of participants in domestic violence intervention programs that primarily use the Duluth model. The goal was to better understand the components of the Duluth model that are most impactful, in addition to identifying areas that could be revised. In Chapter 4, I will discuss the setting and demographics of the participants. Then I will discuss data collection process, which included semistructured interviews, open-ended questionnaires, and a reflective journal. I will conclude by discussing analysis of the raw data and identify shared themes in the results.

Setting

I recruited participants from two different settings. I provided digital copies of the flyer, informed consent, and questionnaire for the service providers to provide to participants. Service providers provided eligible participants with flyers for the study via email or in person. The flyers included a description of the study, expectations for the participant, incentive information, and researcher contact information.

In addition, I attended eight PAIP groups in-person. When the PAIP groups concluded, I entered the room and described the study for participants who were interested in learning about the study. During the description, I provided physical copies of the flyer, informed consent, and open-ended questionnaire. In order to build rapport and improve transparency, participants were able to read the questions before agreeing to participate. Afterwards I waited outside of the room to be available for participants who had additional questions or wanted to provide contact information to schedule an

interview for a later date. During the in-person recruitment and Zoom calls, I clearly stated that I was not an employee of their PAIP service provider. I also emphasized that I would not share details of the questionnaires and interviews with their service provider. Finally, I emphasized that participating in the study was voluntary and would not affect the participants status in their PAIP group.

Follow-up communication occurred via emails provided directly from participants to the researcher. I corresponded with participants using my Walden University email account. I conducted Zoom calls from a private working space, where no other people were present. Participants were told that all Zoom calls would be recorded then destroyed in 5 years. Participants were given the option to turn their camera off for the recording.

Demographics

Two PAIP programs agreed to participate in the study. To maintain confidentiality, I did not collect data on which specific program the participant was enrolled in. Seventy-five percent of participants completed the open-ended questionnaire. Twenty-five percent of the participants completed the virtual interview. There were eight participants in this study. Participants were given the option to complete an open-ended questionnaire or a virtual interview. As required by the study, all participants were heterosexual, cisgender males. Participants ranged from 24-35 years old (see Table 1). Seventy-five percent of participants had children. All participants had completed at least half of the PAIP, ranging from 12-21 sessions at the time of the initial interview or questionnaire.

Table 1*Participant Demographics*

Demographic	# of participants
Age	
20-25	2
26-31	3
27-32	2
Race/Ethnicity	
White	3
Black	3
Hispanic/Latino	1
Employment status	
Full time	4
Part time	1
Unemployed	2
Not reported	1
Education	
GED	1
Highschool diploma	3
Some college	2
Bachelor's degree	1
Not reported	1
Relationship status	
Single	5
Partnered	2
Not reported	1
Has children	
Yes	6
No	1
Not reported	1
# of sessions	
12-18	3
19-26	3
Over half (exact number not reported)	2

Data Collection

Six participants completed the open-ended questionnaires, and two participants completed the virtual interview conducted over Zoom. Initially, I emailed PAIP service providers to gauge interest in participating in the study. I met with two PAIP service providers on Zoom to discuss purpose of the study and data collection method. Initially, I provided each service provider with recruitment flyers and discussed the eligibility criteria for participants. Service providers distributed flyers to former or current PAIP group members who fit the criteria. Service providers provided eligible participants with my contact information.

Due to a low response rate and feedback from the service providers, I revised my participant criteria and data collection method. The IRB approved my request to decrease the required amount of completed PAIP sessions from 75% to 50%. To address rising costs and inflation, the gift Uber or Lyft gift card incentive was raised from \$15 to \$25. Participants who had completed the interview before the incentive was increased were emailed an additional \$10; therefore, all participants received the same incentive. I also expanded my data collection method to include an option for participants to respond via an open-ended questionnaire in addition to the previous option, virtual interviews on Zoom. Both service providers received the option to have me attend the end of PAIP groups to provide a brief description of the study, copies of the informed consent, flyer, and questions directly to potential participants. One provider accepted, one declined.

I attended eight groups to discuss the study at the end of each group, then remained outside of the room for participants to connect and ask any further questions.

Group members were not required to participate in the study. Group members who were interested in participating were given the option to complete an in-person or online version of the questionnaire or schedule an audio interview at a later date. I collected the in-person questionnaires and signed informed consents from participants who opted to complete physical copies. I redacted identifying information from physical copies, then stored the copies in a locked filing cabinet.

Upon agreeing to participate in the study, all remaining correspondence took place via email. I emailed all participants who indicated that they were interested in an online copy of the questionnaire or the audio interview. I scheduled all virtual interviews directly with the participant. Virtual interviews were conducted on Zoom. Zoom interviews included closed captioning to be inclusive and ADA-compliant. Audio interviews lasted between 45-60 minutes. I recorded and saved all audio interviews and transcripts from closed captioning on a password protected flash drive. I also recorded all interviews with a handheld recorder to have a back-up copy of the recording.

Participants received copies of the informed consent in person and/or in email. The participants that completed the audio interview provided verbal consent to the informed consent at the beginning of the recorded interview. All participants were sent the incentive, a list of resources, and the option to participate in a follow-up virtual meeting to discuss a summary of their questionnaire and/or audio interview.

Data Analysis

I started to analyze the data, after I completed each interview or received a questionnaire. The raw data consisted of open-ended questionnaires, semistructured

interview recordings and transcripts, a reflective journal, and demographic questionnaires. I used thematic coding to identify and analyze patterns of themes and meaning among the lived experiences of the participants in addition to my reflective journal.

Demographic Questionnaire

First, I assigned a numerical identifier for each participant. I created a table in Microsoft Excel to organize all the data from the demographic questionnaire. The table included data on the participants age, race or ethnicity, relationship status, employment status, highest level of education, and the number of completed PAIP sessions. I added participant information, as data was collected.

Thematic Coding

For the coding process, I created a table for each participant in Microsoft Word. Each table was organized into three columns. The first column was for direct quotes from participants. The second column was for analytic memos, referring to notes I had written on the questionnaires or notes I had written during the interviews. The third column was for thematic code relating to the quotes and analytic memos (Saldaña, 2016).

As I completed each interview or questionnaire, I noticed a pattern of shared themes emerging between responses. By the eighth participant, new themes stopped emerging. Therefore, data saturation was reached, and I completed my data collection. Upon the completion of the last response, I created another list that included shared themes that appeared in multiple interviews and questionnaires. I created codes for each of these themes, which are discussed further in the Results section.

Semi structured Interviews

For the semi structured interviews, I organized the closed captioning from each interview into a transcription. I listened to the recording, then manually edited any inaccuracies from the original transcription. Then, I listened to the recordings while reading the revised transcriptions. While listening, I took notes on a blank copy of the questionnaire. I compared these notes with any handwritten notes I had written during the live interview. I added the analytic memos to the second column of the table. I highlighted quotes which corresponded to the identified themes, then organized them into the first column of the table.

Open-Ended Questionnaires

Similar to the semistructured interviews, I organized the data from the questionnaires into a table with three columns: participant quotes, analytic memos, and thematic codes. When reviewing each questionnaire, I wrote my memos directly on the questionnaire. Memos included notes on themes, impressions, or reminders to clarify a section during the follow-up. Less codes and themes emerged from the written responses on the questionnaires, because they were less detailed than the responses from the interviews.

Reflective Journal

After each interview, I wrote a journal entry, which included a description of my impressions, biases, emotions, or observations. I also wrote an entry after each in-person recruitment experience that included observations on group dynamics, impressions, and biases. The journal was initially handwritten, then transferred to a digital version which

was saved on a password protected flash drive. After data collection was complete, I reviewed the journal then added analytic memos as comments on Microsoft Word. I created a three-column table for the reflective journal which included the same columns as above. I identified multiple themes when analyzing the data. The themes that I identified were the importance of peer and facilitator relationships, initial resistance to group, vulnerability, trauma-informed care, relatability with outside examples, real-life application, substance-use history, and a desire for follow-up services. Initially I only included semistructured interviews as the method to collect data. However, I later adapted the study to include open-ended questionnaires based on recommendations from the service provider.

Evidence of Trustworthiness

In order to demonstrate evidence of trustworthiness in my study, I followed practices for existential phenomenology which focused on credibility, transferability, dependability, and confirmability. Creswell and Poth (2018) describe qualitative validity as the procedures the research uses to best ensure for the accuracy of their findings. Qualitative reliability refers to the consistency in the approach the researcher uses across projects, in addition to consistency across researchers (Creswell & Poth, 2018).

Credibility

When selecting committee members, I chose two committee members based on their experience in qualitative methodology or domestic violence. To establish accuracy and authenticity, I did not recruit participants from any service providers where I had worked directly with any current PAIP facilitators. I also reviewed my data with my

committee chair to ensure that my codes and themes were aligned. According to Creswell & Poth (2018), triangulation is one strategy that researchers can use to enhance the credibility of their findings. To engage in the triangulation strategies, researchers gather supporting evidence from different types of data and data collection methods to identify consistent themes and patterns (Creswell & Poth, 2018). I used triangulation in the current study by engaging in two different types of data collection methods: open-ended questionnaires and semi-structured interviews, which provided a more comprehensive understanding of the participants' experiences. In addition, I recruited participants from multiple groups instead of a single group. Participants were recruited from multiple PAIP groups at two different service providers to provide a more well-rounded understanding of shared experiences across different groups. Consistent themes emerged among both types of data collection methods and between different groups, which increase the credibility of my findings.

Transferability

According to Lincoln & Guba (1985), transferability refers to how consistently the results in a study can be applied to other settings or contexts. Participants ranged in age, ethnicity, relationship status, parenthood, level of education, and employment status. To enhance transferability, I sampled participants from different demographics, groups, and service providers. By sampling a diverse range of participants from different service providers, groups, geographic locations and demographics, the results are better able to be applied to different settings. (Ahmed, 2024). I dedicated an extended amount of time in the research process during initial recruitment of service providers, participants, and

direct communication with participants. I also recruited participants from multiple groups and programs to increase the likelihood of transferability. In alignment with recommendations from Creswell & Poth (2018), I provided detailed step by step instructions, allowing the study to be replicated more easily in the future. Also, I provided detailed information about the group setting, while being mindful to not include identifying information to best protect the confidentiality of participants.

Dependability

Dependability refers to the consistency in the approach the researcher uses across throughout the research process (Lincoln & Guba, 1985). I followed the guidelines for designing and carrying out the research process in alignment with the Institutional Review Board at Walden University to ensure that the research process was clear and structured. For the study to be easily replicated by a future researcher, I outlined my proposed plan for data collection in clear and detailed steps. When the original proposed methodology did not yield enough data, I described the rationale for adding open-ended questionnaires as alternative option for participant response. According to Ahmed (2024) dependability is confirmed in phenomenological research through the use of audit trails, which include my procedure and reflexive journal.

In my reflexive journal, I wrote my overall experience and thoughts before in-person recruitment for open-ended questionnaires, summaries of individual interviews, and reflections from conversations with service providers. When reviewing the journal, I was able to note any observations, unexpected insights, and biases. In addition, I included

rationale for my decision to adjust the study to include open-ended questionnaires based on the lack of initial participant response and feedback given from service providers.

Confirmability

Through the data collection process, I engaged in reflexivity by keeping a reflective journal to detail my thoughts after each interview and in-person recruitment attempt. I also met with my committee chair 1-2 times a month to discuss my experience and any biases while collecting data. Finally, I engaged in member checking by offering all participants the opportunity to participate in a 30-minute follow-up meeting to review a summary of their interview. By utilizing member checking, I was better able to better ensure that my interpretations captured the correct ideas and themes discussed by the participants (McKim 2023). In addition, I was able to decrease the possibility of misrepresenting the ideas of beliefs of participants.

Results

My purpose in conducting this study was to gain insight into the shared beliefs and experiences of participants in DVIPs based on the Duluth model. The discussion below includes shared themes and patterns that were identified during data analysis. Each theme is supported with direct quotes from participants or observations during data collection. The raw data used to support the results include semi-structured interview transcripts and recordings, open-ended questionnaires, and observations from the reflective journal. The following results answer the research question: What are the experiences, beliefs, and values of participants enrolled in domestic violence intervention programs based on the Duluth model?

Theme 1: Group Requirements

The first question in the study asked participants to describe the basic requirements of their program. Participants shared that their program was 24-26 weeks long. Multiple participants discussed that sessions included a check-in, topic, and time for participants to share. Participant 107 stated, “Attendance is a must, we do check-ins at the beginning of each week, then topic, then takeaways.” Participant 103 shared, “We [PAIP group] discuss lows and highs, feelings word, then get into the topic.” Participant 101 said, “We sit down, we do our openings, and then we move forward with what we need to talk about as far as, you know...The subject at hand that you know...why we’re here.” According to the Illinois Administrative Code (n.d.), at a minimum, PAIP groups have policies which require a certain level of participation, attendance, late policy, fee structure, and behavioral expectations such as no recent violence which is included in the participant contract. The Duluth Model curriculum includes a variety of topics which challenge beliefs, replace violent behaviors, and emphasize accountability. Participant 104 stated, “It [PAIP]) helps a lot with self-identification and acceptance with accountable situations”

Each group was typically facilitated by one male and one female facilitator. However, in two of the groups, one facilitator was absent on the day of recruitment. I was informed that normally, both facilitators are present. According to the Duluth model, it is best practice to facilitate with a male and female led factor to model health relationship dynamics between genders (Domestic Violence Intervention Programs 2011).

Theme 2: Initial Resistance

The second theme that emerged from the data centered on the initial apprehension that PAIP participants felt when they first started group. Fifty percent of the clients identified that they had no previous group experience. 75% of participants discussed their initial hesitancy to open up in a group setting. Participant 101 said, "I thought I was going to be like more of like a feeling like when you're in a courtroom... You don't (want to be there) but you have to be.... but no, it's more at ease. It's calm, peaceful. I feel like when I'm in group, everybody has found their place." Participant 107 stated, "I'm not much on talking, if I don't have anything to say, which with the required participation it was tough to get used to." When I asked participants their overall thoughts on group therapy, Participant 105 stated, "It's a different look on life [compared to before starting group]." Participant 101 stated,

After, you know, I want to say maybe after two, three weeks in, I started feeling really comfortable. It was able to allow me to open up to certain things that I never thought I'd be able to open up about. ... Being able to get more comfortable with an area of topics that, you're not always comfortable to talk about, especially with strangers. You know what I mean? But I got comfortable fast, you know, the way the structure is, the way the way the facilitators are able to get you to open up -their way of handling things is amazing to me. I think it was just me getting comfortable, [after] seeing that everybody else was able to do that.

Other participants discussed how their willingness to engage with the material shifted as they attended more programs. Participant 103 stated, “I was always participating, but I was nervous at first. I’m a lot more comfortable [now].” Participant 101 stated, “The first week I came in, I was, you know. I guess I can admit a little embarrassed.” Participant 102 stated,

Growing up, I used to hate talking to people. I always was the one to shut down. I never felt the need to go talk to someone, because I feel like they really didn’t understand me ... But coming into this group made me realize that there’s different sides of the world that, that I need to be on. It’s different mindsets, I need to pick brains out of, if that makes sense, it just opened up my mindset more.

Theme 3: Vulnerability

Throughout the interviews and the questionnaires, participants discussed an initial hesitancy, that shifted into more vulnerability as the group progressed. Participant 108 stated they “started off not caring, now I do.” While some group members discussed the skills and topics learned in group, many of the group members emphasized the relationships or a desire to be able to connect more instead of moving to the next topic. Participant 102 expressed his enjoyment for the check in, which allowed group members to share and connect with each other. When I asked if participants had any suggestions for how to improve the program, Participant 104 stated “Allow the floor for more individual openness so participants can express themselves more rather than going off on certain lessons/topics like its school...whenever we go off script of a lesson. It gives us the chance for us to be truly heard individually and be transparent.”

Participant 102 stated,

[I do not] Reach out for people, like, for help or whatever. Yeah, 100%. I definitely don't, (normally).... walking in a group, I feel like a way off my shoulder, like, okay, at least I know these people are gonna listen, you know?

Participant 101 stated

I get to talk to a group of people that I feel like I can trust and let them know how my week went, whether it was good or bad. You know what I mean? And then we get to talk about how we handled it and how we're able to handle it better because of the class. You know what I mean? And that makes me feel good to be able to, you know, grow as a person, I guess, per se. You know what I mean? So it's good. It's positive All the way around, at least in my opinion.

Theme 4: Group Rapport

87.5% participants emphasized the relationships with their facilitators or the other group members as being one of the most influential features of the groups. Participant 102 stated,

We always start off the day with check-ins. It was just something I really like. Instead of just jumping in right into the topic. Uh, they [the facilitators] actually care about our week, or whatever the case may be, so...The people in the group are great, the facilitators are great, but overall, they're just very on task, if that makes sense. While they're on task, they give us time to talk. They never cut us off, they never say, alright, you gotta stop so we can go on to the next. They have a nice mixture of, like, they have their agenda, but that you feel like you're able to

share as much that you want to, right? They're very, very flexible, and... you can tell that they care. They're not just asking because they get paid to do it, like, they genuinely care, which is a good thing.

Participant 101 said,

They're [facilitators] doing great. They were able to get me to open up. I was very doubtful myself, but maybe it was the facilitators. Maybe they knew what they were doing, you know, and this always works great when you have a good teacher, you know, maybe I'm just blessed on that end.

Participant 107 stated, "The group members make the experience." 'Multiple participants discussed feelings of relatability with other group members. When asked about a specific memory that stood out from group, Participant 108 stated, "The people [group members] really, when you listen, you understand you're not the only one." Participant 102 stated, "Being in a group is showing me that, it is not just me out there in the world dealing with this, you feel me? It's normal to go through things, it's normal to talk to people." Participant 101 stated, "I feel like I'm having so much fun in the group because like I'm so into conversation. We're talking and then he's [a group member] telling his story and I'm like, oh man, then he's [another group member] telling his story. then before you know it, an hour and 15 minutes have flown by." Participant 101 stated,

You know, now that we've [the group members] have known each other for some weeks, whatever, now we all look at each other like, oh, your team lost [referring to small talk]. We opened up real quick, say hi to each other, you know, whatever. It's cool ... And then ... I guess getting past that first hump,

once you walk into class and you state your accountability for the first time [during check-in]. I think once I did that for the first time, right after that, I felt like Okay, it's not that bad. And then I was able to keep going and embrace it [group] It was just more of about embracing it [group] more trying to find connections with the group.

In the reflective journal, I noticed the camaraderie between group members joking with each other. In reflecting, I noted an "all or none" response pattern from potential participants during recruitment. Even though I stepped to the side after the meeting for individual questions, I either received no interest in the study or almost everyone would show interest. However, substantially less participants would respond to the follow-up email to schedule an interview or questionnaire.

Theme 5: Trauma

Multiple participants alluded to having trauma in their past or a desire to know the root of their behaviors. Participants expressed a desire to understand more about the root of their emotions. When asked about the most memorable experience of group, Participant 101 stated,

The very first group, like I said, when [I had] that breakthrough ... you know that [memory] sticks to me all the time because that was when everything as far as being nervous, embarrassed, everything, all that negative. ... I was able to break free from that. ... That's probably the one moment ... the second I walk in the group, it reminds me of that moment. And then I feel great because it makes me feel like those skeletons in my closet aren't there anymore"

Participant 108 asked, “Why or where do we think it [anger] came from?” When asked about a specific memory that stood out from group, Participant 106 stated, “[Learning about] I statements, and things I’ve learned about trauma.” Participant 106 also answered that they appreciated the space for “Processing trauma and it’s a big thing.” Participant 102 stated,

I’m a work in progress, but I’m a different person than what I used to be, I believe, so... That’s the biggest thing. I’m not.... Being in the way of anyone. Like, I was always told I’m in the way, I’m always told I’m not doing enough. Well, the only person that can tell me that now is myself ... A kid that grew up never being heard. There’s now a grown man that demands to be heard. I’m... I’m glad I got through that phase.

In my reflexive journal after one of the in-person recruitment sessions, I summarized a conversation that I had with one of the group facilitators. The group facilitator discussed that she attended a training facilitating domestic violence intervention program groups. She discussed how the training and conversations focused on integrating psychoeducation on trauma and using a trauma-informed approach within groups, which is not strictly part of the Duluth model. She emphasized how participants have reacted with curiosity and understanding when trauma is discussed within the group setting.

Theme 6: Relating to Outside Examples

One of the questions in the interview and questionnaire asked participants to describe a specific memory from group that had the most impact. Multiple group

members referenced experiential activities or observing domestic violence in media or recordings. Two participants discussed “Lisa-911,” which is a recording of a 911 call made by a 6-year-old child named Lisa Floyd. According to The National CASA Association (2017) Lisa called 911 to report that her stepfather was abusing her mother and her younger sibling. The recording is the conversation between Lisa and the 911 dispatcher. The recording is exclusively used in domestic violence services and trainings for domestic violence advocates (National CASA Association 2017). Participant 106 stated that “[Listening to] Lisa 911 call-it was really upsetting.” Participant 101 identified that watching the movie “Enough” was influential,

Watching gave me flashbacks of what I would do, you know, and how I was talking. It hit home because that’s like, damn, that’s what I look like. I don’t want to be that person... Then, you know, after the clip was over. ... It hit home like that’s what I look like. Damn, I look like an idiot. I look stupid. Like, I didn’t... I think that was who I was.

Theme 7: Real-Life Application

The Duluth model curriculum includes lessons related to healthy relationship skill building (Domestic Violence Intervention Program 2011). Participants emphasized that hands on skills that they could use in their current or future relationships were helpful. When I asked Participant 102 how he could apply anything he learned to current or future relationships, he stated, “I’m learning to stop and think, if that makes sense. Before then, I would always want to be correct, I would always want to have the final say-so.” When asked to recall a specific memory that stood out the most, Participant 103 stated, “The

topic where you try to understand your partner and really try to feel how she feels and try to reason...It [PAIP] works to help you deal with all kinds of situations in life.”

Participant 106 stated, “I enjoy learning things that make my relationship better ... I statements, and things I’ve learned about trauma.” Participant 102 also discussed an art activity, where participants create a mask to illustrate the side, they show the outside world compared to the side of themselves that is internal:

[On the outside of the mask] you would probably think I’m the happiest person in the world. But, like, deep down inside, I’m.... Horrible. But I’ve changed. I’ve gotten better. That’s not who I used to be anymore. But that was a real eye-opening project that we did, because you never know what people are going through... you don’t know what’s on the inside, they always show on the outside. I’m starting to show more what’s on the inside, because, like, being in group.

Theme 8: Substance-Use history

The second question asked participants if they had any previous experience in group therapy or support groups. Half of group members indicated that participated in a support group previously. Twenty-five percent of participants identified that they had previous experience in substance abuse related groups. One group member stated “I went to AA [Alcoholic Anonymous] a long time ago.” Some (37.5%) participants indicated that they had participated in PAIP previously. Other than previous PAIP experience, substance abuse treatment groups were the only types of groups which were identified, if clients had previous counseling experience. Interviewees did not go into extreme depth

about substance use history, other than to identify that they had attended previous groups for substance use.

Theme 9: Follow-Up

When participants discussed the structure of the group, one theme that emerged was the desire to participate in follow-up services. Participant 105 expressed that they would not want to “start over with someone else” or another therapist, since they had developed relationships with their current program. One participant noted that their program allowed participants to attend groups for no-cost once they graduated.

Participant 102 stated,

They [facilitators] always said after group, you can always come in and just sit in the classroom still, just learn things, um...I don't mind doing that. It's just good knowledge to have, especially since they're just offering it...Even if it's the same topic that I've already learned, it's just good to-Just good to go through it. Like, the more you tell yourself something the more you do.

However, most group members were uncertain about what services were available after group concluded.

Participant 101 stated,

What if I finished my classes and I just want to come back and be like, “Hey, I felt the need to talk to you again. You know, can I join your group one more time? Like, is it okay? I know I don't need to be here, but I'd like to be here.” You know, I mean? I wonder if that's a possibility. That'd be cool to be able to say “Hey, Can I join your group? This time, I'd like to be a part of this.” At this point, it would be

voluntary... yeah, like, I think there'd be times where I'd want to be able to do that.

Summary

Within the shared experiences of the group members, I identified multiple themes. One theme included initial resistance to group until rapport was established with facilitators and other members. In addition, group members seemed to relate or identify problematic behaviors in media or stories told by other group members, before identifying their own issues. Most members focused on the relationships built in group and expressed a desire to process their own trauma or talk through their own experiences. In the next chapter, I will discuss the results and my recommendations for future studies. I will also discuss the implications of the findings before concluding.

Chapter 5: Discussion, Conclusions, and Recommendations

I conducted this existential phenomenological study to better understand the lived experiences of participants in domestic violence intervention programs based on the Duluth model. Even though DVIPs based on the Duluth model are the most common intervention program, there was inconsistent information on the effectiveness of the program. Most existing studies on DVIPs used data from victims of intimate partner violence or DVIP group facilitators. The purpose of my study was to gain a better understanding of the participant experience by gathering data directly from participants. During data analysis, I identified multiple themes including initial resistance when starting group, rapport building with facilitators and group members, relating to outside examples, skill-building that could be applied in relationships, trauma history, and substance use, and an interest in follow-up services. In Chapter 5, I will discuss my interpretation of the results in comparison with the existing literature discussed in Chapter 1. I will also discuss limitations of the study and implications for future research.

Interpretation of Findings

Group Structure and Follow Up

The descriptions of the group experience from participants were consistent with the standards laid out in the Administrative Code for PAIP groups that the Department of Human Services has created. Participants stated that groups were 24-26 weeks for 75-90 minutes. The Duluth model participants did not refer to specific tools, such as the power and control wheel, equality wheel or cycle of violence (Bohall 2016). However, participants identified topic areas consistent with equality, such as “I” statements in

relation to negotiations and fairness. Participant 102 also described the beginning of his relationship as “you get through the first month of sweetness, but then after that month, it started to go downhill,” which corresponds with the stages of the cycle of violence: honeymoon period, tension-building, and explosion detailed by Lenore Walker (1979) in her original publication *The Battered Woman*. The eight themes of the equality wheel include nonviolence, non-threatening behavior, respect, support and trust, honesty and accountability, sexual respect, partnership, and negotiations and fairness (Bohall et al., 2016). Participants also described the structure including a check in, topic, activity, and takeaways.

According to Paymar and Barnes (2007), the Duluth model encourages facilitators to challenge sexist comments and any justifications for the use of violence, in a way that is direct but not shame based. The descriptions of the facilitator dynamics, group structure, and topics were consistent with the Illinois Administrative Code (n.d.) and recommendations made by the Duluth model. Both service providers accept mandated and voluntary clients also connected with a victim service provider. While conducting the study, I focused on the domestic violence intervention program component of the Duluth model. It is evident that both service providers are part of a coordinated community response, which is a key feature of the Duluth model (Paymar & Barnes, 2007).

Initial Resistance

Although I did not inquire if participants were voluntary or court-mandated, 90% of DVIP participants are mandated (Cheng et al. 2019). Mandated clients are more likely to be resistant to treatment due to perceived loss of freedom or independence (Hatchtel et

al., 2019). Many participants expressed reservations towards participating or sharing in the beginning of group. One participant discussed concerns that the group would feel punitive, similar to court. In addition, most participants increased feelings of comfort once they built rapport with facilitators and other group members and half of the participants did not have experience with support groups. The initial resistance may have stemmed from a lack of familiarity with group services and a lack of familiarity with the program. According to Hatchtel et al. (2019), to work toward change, mandated clients first need to realize that they need help, then have the willingness to seek help. While voluntary clients, may have an intrinsic desire to change as influenced by their willingness to seek out group, the motivation for mandated clients is initially unknown (Hatchel et al., 2019).

In addition to building rapport to combat resistance, it could also be beneficial for group facilitators to assess and engage group members' values and motivation for change in order for the group content to feel relevant for clients (Lincour et al., 2002). Lincour et al. (2002) suggested that motivational interviewing with mandated clients in a group setting can increase group retention and their willingness to engage. In addition, Steward et al. (2021) encouraged providers to provide a degree of choice for clients who are mandated, or order to encourage clients to actively participate in treatment.

Rapport Building

Most participants emphasized that their connection with other group members substantially contributed to their overall willingness to participate in the DVIP. IPV is often described as happening behind closed doors with minimal witnesses or bystander

intervention (Warren, 2017). PAIP allows for the unique experience for perpetrators to connect with others who can relate. PAIP allows for group members to counter feelings of isolation by relating with others. Yalom (2020) described group cohesion as the trust and connection group members have with other members (p. 47). If group members are accepting and supportive of each other, meaningful relationships can develop within group (Yalom, 2020, p. 47). Existing research shows that members of highly cohesive groups are more likely to influence—and be influenced by—one another. Participants described the PAIP group as open, meaning new members can join at any time. This structure enables more experienced participants to mentor newer ones.

When referring to facilitators, participants frequently described them as “genuine” and expressed that facilitators made them feel “wanted.” This perception appeared to fulfill a deeper need for recognition, as many participants expressed a strong desire to feel heard and understood, often expressing that they did not feel that way during childhood or in relationships. In addition to receiving training on group facilitation, Corey et al. (2021) emphasized that group leaders should be non-judgmental and prioritize building trust in the early stages of group. Participants indicated that strong rapport with facilitators was helpful in decreasing initial resistance.

Seaward et al. (2021) suggested that empathy, genuineness, congruence, and positive regard are traits in counselors that are linked to mandated clients responding more positively in treatment and increased their motivation to change. According to Hatchel et al. (2019), therapeutic approaches that enhance instead of undermine client autonomy and competency resulted in higher rates of self-motivation. Results from the

Dual Role Inventory, which is used to examine the therapist-client relationship for involuntary therapy clients, suggest that mandated clients benefit most from a firm, but fair approach that is more authoritative than authoritarian (Hatchel et al., 2019). This finding aligns with the results from the study that indicated that participants maintained strong rapport with facilitators. Group facilitators were described as structured and “on task” as Participant 102 stated but that their structure is also balanced with genuine warmth and compassion for the group members. Since many of the participants are mandated, increasing motivation to participate and change is crucial for group facilitation. Participants also expressed feelings of shame or embarrassment when first joining the group. Therefore, voluntary or mandated clients can still benefit from services, but there may be period of hesitation while group norms are established.

Trauma

DVIPs using the Duluth model curriculum emphasize skill building and accountability. The Duluth model curriculum “Creating a Process of Change For Men Who Batter” does not include a section focusing on the trauma history of perpetrators. Trauma informed care (TIC) is often recommended when working with victims (Wathen & Manther, 2022). In responding to critiques of the Duluth model, Paymar and Barnes (2007) noted that the Duluth model is educational and not a treatment group; it is coordinated community response. One theme that emerged from the data was trauma history and a difficulty with vulnerability. Multiple participants expressed an interest in processing their own trauma through group. They also discussed their difficulty with anger or emotions in relation to their own childhood experiences. While there is emphasis

on teaching skills over a treatment approach within the Duluth model, participants identified the importance of feeling understood in DVIPs as more influential than the skills taught in the curriculum. According to Voith et al. (2020), 90% of domestic violence intervention groups use a one size fits all model instead of tailoring the program to meet the individual needs of participants.

Multiple participants also suggested that sharing personal information was discouraged during childhood or peer groups. According to Babcock (2004), the Duluth model curriculum does not specifically address past trauma of participants. Resistance and trauma history could indicate the importance of using a trauma-informed approach with DVIP. According to Voith et al. (2018), men who perpetuate domestic violence were two times as likely to have experienced physical violence, sexual violence, or witnessing interpersonal violence in the home as children. Recent neurological studies suggest that people exposed to complex trauma in early childhood demonstrated changes in their pre-frontal cortex, specifically their hippocampus and amygdala, which directly affects the learning of new skills if left untreated (Voith et al., 2018). Voith et al. also suggested that children who grow up in a violent home may develop schemas that the world is unsafe and that caregivers are untrustworthy, which can lead to adults using violence and control to feel a sense of power and stability in their relationship.

Due to the decreased effectiveness of treatment with clients with trauma history, Voith et al. (2018) suggested that addressing underlying trauma is necessary when working with perpetrators in order for lasting change to occur. In addition to teaching behavior replacement skills, domestic violence intervention programs may benefit from

addressing trauma history and utilizing trauma-informed care in order for participants to apply learned material.

Relating to Outside Examples

When asked to describe a specific memory or topic from group that stood out, participants referenced experiential activities and multimedia or audio clips such as the movie *Enough* or the Lisa 911 call. People with abusive patterns often minimize, deny, or blame victims for their abusive actions. Etter and Berzer (2008) identified four rationalizations that abusive people use to minimize their abuse: denial of injury, denial of victim, denial of responsibility, or dismiss those who call out their abusive behavior. Based on the results, participants may identify abusive behaviors in outside examples easier than they can identify their own behaviors initially. Participants expressed feelings of shame and unease when relating their own behaviors to the outside examples. During the interviews and questionnaires, participants were most likely to refer to their own behaviors when referencing an experiential activity or the outside examples. This information suggests that relatability to peers and outside examples may be useful for participants realizing the similarities in their own behaviors.

Limitations of study

The use of open-ended questionnaires provided participants who were uncomfortable meeting for an interview with alternative option to respond. While using diverse methods increased the credibility of the study, not all members who completed the questionnaire participated in the follow-up meeting for member checking. By not

being able to confirm my codes with members who opted out of member checking, I had to rely solely on my interpretation of the raw data.

According to Bergen and Labonté (2020), social desirability refers to the tendency for participants to answer questions in a way that increases the likelihood that they will be viewed in a positive light. One common characteristic of men with abusive history is a tendency to be charming and charismatic. According to Moore (2024), men who are abusive may use rationalization or denial as a way to minimize their behaviors and accountability. In order to decrease the likelihood of social desirability, I stated multiple times that all identifying information would be omitted and that I was not able to share the results directly with facilitators. However, I cannot discount that respondents did not answer a way that would make their answers seem more favorable.

The final limitation relates to the delivery of the program curriculum. When I initially approached DVIP service providers, I confirmed that their program utilized the Duluth model. Both programs confirmed that their program utilized the Duluth model, but I cannot confirm that 100% fidelity to the model is used in every group. It is possible that programs have adapted curriculum to meet the needs of their group members.

Recommendations

In beginning this study, I wanted to focus on the perspective of DVIP participants. Previous studies that focused on DVIPs typically include data from arrest rates, facilitator interviews, or partners. In order to capture the lived experience of participants, I would recommend directly studying participants. Based on the hesitancy to participate, a longer study with frequent interaction could be helpful in building rapport. I would recommend

gathering data from multiple groups to ensure that the themes are not unique to one group or the individual style of the facilitator. My recommendation for future research is to compare DVIPs utilizing the Duluth model with other programs which are structured as process groups. In addition, the semistructured interviews yielded more in depth answers. However respondents who used the open ended questionnaire may have felt more comfortable answering honestly, opposed to participants who responded in a face to face interview. A longitudinal study that assesses the impact of the program on long-term behavior change and beliefs systems could also be a beneficial follow up study.

Implications

Positive Social Change

While many DVIP participants were initially resistant to the DVIP, many participants became more vulnerable and open to discussing their personal experiences and beliefs as group continued. The study suggests that group members were most impacted by rapport with facilitators and relationships with other group members. Emphasis on building relationships helped participants feel more comfortable to address their own behaviors and feel understood. When exposed to outside examples of domestic violence in media through other group members experiences, participants were able to identify problematic behaviors.

While DVIPs based on the Duluth model are not considered treatment groups, group members could benefit from having a space to process trauma and connect with group members, in addition to skill building included in the current curriculum. In addition, Mills et al. (2019) reported that abusive people report higher rates of adverse

childhood experiences (ACES) than non-abusive people. The Duluth model does not incorporate interventions that explore or address traumatic childhoods of program participants (Babcock, 2004). In interpreting the results from the study, counselor educators could benefit from emphasizing these elements into work with clients who perpetuate domestic violence. By better understanding the components of DVIPs that are most influential, facilitators can adapt their use of the Duluth model in programming.

In the current study, participants were current members of the PAIP. The short-term impact of the group was discussed by participants. However, I am unable to interpret the long-term impact of the group, since members have not completed the group. While many PAIPs provide structure while members are engaged in the program, the Illinois Administrative Code (n.d.) does not include guidance for long-term follow up with participants. Since the effectiveness of the Duluth model has been unclear in former studies, an increased understanding of the long-term impact on behavior change could be beneficial to explore in follow-up quantitative studies.

Conclusion

In this study, I aimed to explore the lived experiences, beliefs, and values of participants in DVIPs based on the Duluth model. The Duluth model and curriculum is the most common approach used in intervention services with male abusers (Barocas et al., 2024). When exploring the literature on the effectiveness of DVIPs based on the Duluth model, results varied. Key findings of the study suggested that participants value the peer and facilitator relationships, which allow participants to relate to others and build their capacity for emotional vulnerability. In alignment with existing research, the study

also suggests that a trauma-informed approach was valuable for participants who processed the impact of their family of origin on their current relationship. The goal was to broaden the understanding of the experience of participants, which can influence program delivery. As qualitative research is not generalizable to the broader population; a follow-up quantitative study could be beneficial to identify patterns and trends across a wider sample. This study captured the direct experiences of DVIPs, offering deeper insight into the actual impact of the DVIP program on shifting beliefs and values. By targeting the most impactful components of the Duluth program, program developers and counselors can more effectively revise the Duluth model and facilitate a service that promotes long-term behavioral change.

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Appendix A: Semistructured Interview Guide

- How would you describe a healthy romantic relationship?
- Who or what influenced your beliefs on relationships? (probe: family, school, peers, culture)
- Can you describe what your experience was like growing up in your family?
- What, if any, was your experience with support groups before attending this program?
- What are your beliefs regarding group therapy or treatment groups as a whole?
- What experience led you to participate in the group?
- Could you describe your experience from beginning to end during the group (Probe: initial beliefs, shifting/change)
- What is one memory from group that stands out the most to you? What about that experience is significant to you?
- How will you use anything discussed in the program in your current or future relationship?
- What are your suggestions for how the program could be improved for future participants?
- Is there anything you would like to add to the interview that has not been covered?

Appendix B: Demographic Questionnaire

1. What is your name/preferred name?
2. What is your age?
3. How do you identify your race/ethnicity?
4. What is your current employment status? If employed, specify part-time or full-time. What is your occupation?
5. What is your household income (optional)?
6. What is your highest level of education?
7. What city do you currently live in?
8. What is your current relationship status? If partnered, what is the length of your relationship?
9. Who do you currently live with?
10. Do you have children?