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The Impact of Education and Gender on the Facilitation of the Duluth Model Anger Management Course

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Abstract

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MHS, Lincoln University, 2004

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Dissertation Submitted in Partial Fulfillment

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Abstract

Domestic violence, specifically intimate partner violence (IPV), is a major social problem in the United States despite legislative efforts aimed at reducing it. The Duluth model, which is the preeminent domestic violence intervention model used in the United States, is a male-only group intervention based on feministic views that domestic violence stems from men's behaviors to assert power and control in relationships. While the model is widely emulated, its policies and practices are under scrutiny from researchers who question the program efficiency, pointing to high recidivism rates. Guided by feminist theory, the purpose of this generic qualitative study was to examine perceptions of 7 male and female program facilitators with various educational backgrounds, specifically toward the effectiveness of the anger management component of the Duluth model. Individual in-depth interviews were collected and inductively analyzed, revealing a lack of diversity related to various cultures and client base, limited scope of the model in addressing causes or contributors of battering, lack of coordinated community response, and limited use as an orientation tool at the beginning of counseling to discuss violent behaviors and behavior modification. These findings provide insight for positive social change by addressing facilitators' concerns and developing solutions to create positive social change at the individual and family level.

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Dedication

This project is dedicated to my Father God, my Lord and Savior, and the Holy Spirit. To my dearest sister friend, Phyliss Arrington, whom I love dearly - Phyliss, your sharing my vision; continuous typing, proofreading, and teaching me the importance of scholarly writing kept me focused throughout this academic journey. Your major contribution is why and how I got to the finish line. There are no words to express my gratitude. I love you Phyliss Arrington and I thank you from the depths of my soul.

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I give honor and praise to my Father God who allowed me to take this academic journey by ensuring me that "I can do all things through Christ who strengthens me" said the Lord. This scripture is how I got to completion. The above words showed me how to keep the faith and trust the process.

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Chapter 1: Introduction to the Study

Introduction

Domestic violence, more specifically intimate partner violence (IPV) continues to be a major social problem in the United States despite legislation, interventions, and programs aimed at solving the problem (Gondolf, 2007). Vagianos (2015) provided these distressing statistics about domestic violence:

- 11,766 American women murdered between 2001 and 2012, almost double the 6,488 troops killed in Afghanistan and Iraq during the same time period.
- In the U.S., three women are murdered every day by a current or former partner.
- One in four women will be victims of intimate partner violence in their lifetimes.
- One in seven men will be victims of severe violence by an intimate partner in their lifetimes.
- Worldwide, men exposed to domestic violence as children are three to four times more likely to commit IPV as adults than those who do not.
- Estimated cost of IPV perpetrated in the U.S. in 1995 alone was $5.8 billion.

These are but a few of the statistics which indicate that domestic violence is an insidious problem deeply rooted in United States culture.

The preeminent domestic violence intervention model used in the United States is the Duluth model (Gondolf, 2007). The Duluth Domestic Abuse Intervention Program (DAIP, 1984; 2000), commonly known as the Duluth model, is a male only group intervention based on feministic views that domestic violence is the behaviors of men to assert power and control over women in a relationship; the model attempts to change that

by teaching non-violence behavior courses and anger management counseling (DAIP, 1984).

Media attention on domestic violence among professional athletes is an example of why more services are needed than a program such as the Duluth model that focuses only on the male's anger (CNN.com, 2014). It can be assumed that athletes who thrive on physical aggression in order to make an impact during the game find it hard to turn that aggression off when they leave the field. However, the extent of domestic violence among athletes is only just being exposed. One reason for this is that the wives/girlfriends also want to keep it out of the media (CNN.com, 2014). They stay with the abuser, such as a case involving a professional football player, even marrying the abuser in spite of the abuse, and after nationally televised coverage of the abuse that subsequently led to the player's indictment by a grand jury on charges of aggravated assault (CNN.com, 2014). It is apparent that there is a need for more than anger management treatment for the male. According to Hamel (2012), there is a prevalence of mutual abuse dynamics, so there are factors between the couple which cannot be overlooked in treating them; their individual backgrounds, history, and many other issues facing both parties must be addressed.

The Duluth model has been studied and researched extensively by Gondolf (2002; 2003; 2004; 2007) with findings which indicate that the model is a success. Other researchers (Dutton & Corvo, 2007) reported the model as being a failed strategy. Dutton and Corvo (2006) consider the Duluth model flawed because it lacks a psychological component. Dutton and Corvo also claimed that the Duluth model was based on a small initial sample size and that it is based on an extreme, negative, and polarized view of

men, abusive or otherwise. Dutton, Corvo, and Chen (2010) indicated that the lack of a psychological component in the program could violate professional mental health ethics. They contend that Duluth model programs often ignore serious mental health and substance abuse issues of perpetrators (citation). Their article illustrated the importance of understanding the psychological issues specific to domestic violence perpetration and the overlapping risks and influences of early trauma, attachment disruption, and borderline personality traits (Dutton, Corvo & Chen, 2010).

This study looks at facilitators who deliver the anger management curriculum of the Duluth model to determine if there is a perceived difference in how the model addresses the needs of batterers when implemented by facilitators with differing levels of education and training. It examines if facilitators of the program consider the Duluth model to be effective and, if not, their perspective on what is needed. Little attention has been paid to differences in delivery of the model. During my search for literature on the topic, I did not find a significant amount of literature that focuses on delivery of the model. A difference in how the model is delivered could have a direct impact on the effectiveness of the curriculum and thereby improve outcomes for batterer recidivism, the desired social change. This information could provide a guide for program administrators in their hiring of facilitators for the program.

Background

The Duluth model was created in a small community in northern Duluth, Minnesota (citation). The major goal of DAIP is to keep victims safe, and is the pre-eminent model internationally (DAIP, 1984; 2000). The original design of the model

consists of shared policies and practices across all agencies in the criminal and civil justice systems in the community, from 911 to the courts with the same goal and commitment to the program (DAIP, 1984; 2000). However, the model is somewhat diluted in some programs where it now consists of mainly the anger management courses delivered at the various intervention programs with weak connections to other community agencies. The authors stated that batterer's treatment is just one component of a true coordinated community response to domestic violence (Babcock, Green, & Robie, 2004). Police response, prosecution, probation, as well as treatment, all affect recidivism of domestic violence incidents. For instance, in the absence of a strong legal response in initial sentencing, even the best court-mandated treatment programs are likely to be ineffective (Babcock et al., 2004). Another example, follow-up of these cases at the parole agency are sometimes deficient because of their overwhelming caseloads with other offenders of more serious felonies. To be effective, all agencies involved should have the same commitment to the program (Babcock et al., 2004).

According to Gondolf (2007), the Duluth model is a gender-based approach to counseling and educating batterers arrested for domestic violence and sentenced to attend intervention programs. The description of the Duluth model on their website (DAIP, 1984) states that the model primarily uses nonviolence / anger-management courses to help abusive batterers look at their actions, intentions, and beliefs and the effects those actions have on their partners and others. The Duluth anger management curriculum initially helps expose the behaviors associated with abuse and violence and attempts to challenge the denial or minimization associated with abusive behavior (DAIP, 1984). The

curriculum next focuses on teaching and developing alternative skills to avoid abuse and violence. It teaches nonviolence skills such as immediate identification of the problem and ways to control it (i.e. being quiet, staying away, calling someone for support, etc. (DAIP, 1984). However, Dutton and Corvo (2006) claimed that the counseling approach used in the Duluth model is contrary to more psychotherapeutic approaches (i.e. psychoanalysis, behavior therapy, cognitive therapy, etc.). They believe psychosocial factors such as poverty, stress, chemical dependency, deficits in self-esteem, and a range of personality disorders should be considered (Dutton & Corvo, 2006). According to the authors, the Duluth model instead uses a one-size-fits-all counseling approach focused only on anger management, and based on assault being viewed as a willful exercise of male privilege. Their concern is that anger-management may divert many violent men from confronting the real impetus behind their anger and getting the appropriate treatment, because anger-management does not address the psychological issues specific to domestic violence perpetration (Dutton & Corvo, 2006).

Problem Statement

I found no studies related to whether facilitators of nonviolence programs, with differing levels of education, or who may not have specific training in counseling to deal with batterers, or a degree in psychological studies, are comfortable in delivering the anger-management courses to batterers. This study examines the perceptions of facilitators with various degrees toward the effectiveness of the anger management component of the Duluth model. It provides information regarding any challenges facilitators might have using the Duluth model when working with batterers, and their

perception of whether the Duluth model is effective. It provides a perspective from those who work directly with batterers about whether they think the model is sufficient as is, and if not, their opinion of what is needed.

Purpose / Nature of the Study

The purpose of this generic qualitative study is to describe the essence of the worldviews, perspectives, process and to understand the phenomena of facilitators who utilize the Duluth model when working with batterers. Per Caelli, Ray, and Mill (2003), a generic qualitative approach; "exhibits some or all the characteristics of qualitative endeavor but rather than focusing the study through the lens of a known methodology they either combine several methodologies or approaches, or claim no methodological viewpoint at all."

The primary focus of the study is to determine if facilitators perceive anger management training differently based on individual markers such as education, gender, etc., and thereby implement the training differently. Conducting a study of this kind provides domestic violence intervention programs with information that could guide them in their staffing needs for the program, thereby improving outcomes.

Research Questions

RQ1. What are the perceptions of facilitators with varied academic backgrounds: i.e. no degree, associate, bachelor, master; varied concentrations of study, i.e. Psychology, Social Work, Education, etc.; and other certifications, licenses and training regarding their approach to delivering the anger management component of the Duluth model?

RQ2. What are the perceptions of facilitators of different genders regarding their approach to delivering the anger management component of the Duluth model?

RQ3. What are the perceived benefits for facilitators when using the Duluth model while interacting with batterers?

RQ4. What are the perceived challenges for facilitators when using the Duluth model while interacting with batterers?

Theoretical Framework

Feminist theory became the voice of domestic violence (Pence & Paymar, 1993). Feminist theory is also the backbone to developing domestic violence policies. The framework and principle guidelines in creating domestic violence programs were gender based, showing women and children as the victims and males as the aggressors. Feminist theory emphatically states that the way of the world sanctions males' aggressive behaviors, this behavior is the root cause of intimate partner violence, and that society condones this behavior (Pence & Paymar, 1993). Kurz (1997) stated that feminist theory does acknowledge that women are also sometimes violent. However, he says women's behavior is minimized and society does not see violence towards men by their female counterparts as a serious issue or a social problem (Kurz, 1997). Therefore, according to Kurz (1997), female abusers do not need the same amount of attention as male abusers.

Feminist theory, according to Pence and Paymar (1993), governed the birth of DAIP (1984) known as the Duluth model. The first ideas for the model emerged because of a particularly brutal domestic violence homicide of a woman which occurred in Duluth, Minnesota in 1980 (DAIP, 1984). The incident brought panic into the

county/community and there was a public outcry for an emergent solution (DAIP, 1984). Organizers from DAIP negotiated with community leaders and administrators to develop a treatment approach that would include police services, courts, and human services programs with two specific goals:

- To protect vulnerable women and children, and
- To hold perpetrators of domestic abuse accountable.

This guided creation of the Duluth model. The feminist theories of female victim vs. male aggressor were the major facets to policy design and implementation of domestic violence laws, policies, and programs beginning with the Duluth model (DAIP, 1984). Therefore, the model revolves around the power dynamics inherent in opposite-sex relationships, which is a reflection of the ways men and women are socialized on issues of power and equality. The program uses nonviolence behavior courses and anger management training to attempt to change men's views and their assertion of power and control over women in a relationship (DAIP, 1984).

From its inception, the Duluth model has drawn criticism from those who feel that gender bias is the obvious outcome of a program for males developed under feminist theory (Pence & Paymar, 1993). The authors criticized the curriculum of the Duluth model, saying "it was developed by a group of activists in the battered women's movement", (p. 98) and was designed to be used by para-professionals in court mandated groups. Dutton and Corvo (2006) believe that since psychologists did not write the Duluth model, it lacks a basic psychological insight and therefore cannot change human behavior. They view it as a major shortcoming that the psycho-educational interventions

used in Duluth anger management therapy were designed by and promoted by persons without therapeutic knowledge or experience (Dutton & Corvo, 2006). They have conducted many studies on this subject and their theories have been used as the basis for additional research by others. Koerner (1999) and Walker (2003) both expressed doubts that anger management classes help batterers.

Lawson (2003) noted the feminist theory has limitations when trying to explain violence in same-sex relationships. A feminist approach is also limited in explaining abuse perpetrated by women (Lawson, 2003). Feminist theory typically explains women's use of violence in the context of self-defense and retaliation for previous abuse, but feminist theory does not explain why women perpetrate violence outside their intimate relationships, e.g., at work, with children, or with peers (Lawson, 2003).

According to an article by Hoff (2012), the feminist advocacy research approach and its influence on public policy for domestic violence is very problematic. Hoff (2012) noted, "The Duluth model is not based on scientific evidence, but on the opinions of female victims of domestic violence and their advocates" (p. 163). Hoff suggested that feminist advocacy groups have minimized the levels of violence within some women, which society has minimized as well. This has a direct impact on research, public policy, funding, and services for men's domestic violence efforts (Hoff, 2012).

Awareness of feminist theory, as well as awareness of the critiques of feminist theorists, are both contributing factors that provided a framework for analyzing the Duluth model through the eyes of those who facilitate the nonviolence behavior courses

and anger management training of the Duluth model. This framework supported and guided the study in securing the findings of the research.

This study consists of a qualitative design and the method used was the generic qualitative approach. This approach allowed the key informants (facilitators) to voice their experiences concerning the effectiveness of the Duluth model that is used as an intervention for perpetrators of domestic violence. The generic qualitative approach simply seeks to discover and understand a phenomenon, a process, or the perspectives and worldviews of the facilitators involved in the study (Caelli, Ray, & Mill, 2003.)

The generic qualitative approach consists of observing groups and interviewing single individuals (facilitators). Observation is used in two ways; first while observing the key informants' teaching techniques and attitudes, observing the clients' responses and attitudes, and the setting/location. During direct interviewing the sessions are recorded and entered into a system of coding by number or color.

Clarifying researcher bias, the interpretive concept was used as a strategy for trustworthiness. The interpretive approach allows the researcher to explore the situated or contextual meaning of participants' lived experiences to achieve a deeper understanding of the phenomenon under investigation (Laverty, 2003). Further, the interpretive role is expressed as an iterative process of data immersion and thematic analysis on the part of the researcher, illuminating how participants experience, perceive, and make sense of their world (Van Manen, 1997). The interpretive approach also involves the transformation and synthesis of participants' descriptions into generic qualitative structures, and categories.

Key Terms

Batterer Intervention Program (BIP): a community program that makes victim safety its first priority, establishes accountability for batterers, and promotes coordinated community response to domestic violence (DAIP, 1984).

Counselor: a person who provides advice as a job: a person who counsels people. (Merriam-Webster, 2010)

Domestic violence also known as *domestic abuse, spousal abuse,* or **i***ntimate partner violence*: occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another (West's Encyclopedia of American Law, 2008). Domestic violence often refers to violence between spouses, or spousal abuse but can also include cohabitants and non-married intimate partners. Domestic violence occurs in all cultures; people of all races, ethnicities, religions, sexes and classes can be perpetrators of domestic violence. Both men and women perpetuate domestic violence (West's Encyclopedia of American Law, 2008).

Duluth model: The Duluth model offers a method for communities to coordinate their responses to domestic violence (DAIP, 1984). It is an interagency approach that brings the justice and human service interventions together around the primary goal of protecting women and children from ongoing abuse. It provides group-counseling sessions for men (DAIP, 1984).

DV vs. IPV: While these terms are used interchangeably in the document, as defined above they are somewhat the same. Domestic violence (DV) is the larger umbrella that includes violence among spouses, between intimate partners, children, and others in the

household (CDC, 2016). Intimate partner violence (IPV) is a narrowed, more specific definition of violence between spouses and intimate partners. As defined by CDC (2016), IPV can occur between heterosexual or same-sex couples, including current or former spouses, girlfriends, boyfriends, dating partners, or sexual partners.

Facilitator: one who facilitates; one that helps to bring about an outcome (as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision the workshop's *facilitator* kept discussion flowing smoothly (Merriam-Webster, 2010).

Intimate Partner Violence (IPV): defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner (West's Encyclopedia of American Law, 2008). IPV can be committed by a spouse, an ex-spouse, a current or former boyfriend or girlfriend, or a dating partner and can be heterosexual or same-sex partners (West's Encyclopedia of American Law, 2008).

Assumptions and Limitations of the Study

Literature on the Duluth model is limited on differences in effectiveness of the facilitation of the domestic violence anger management courses. A basic assumption of this study is that since the model does not have a psychological component attached, effectiveness of the facilitator/counselor differs in delivery of the curriculum based on their level of education and mental health training. Four limitations were recognized:

- The research is limited because it is not universal. Since it is conducted in programs located in only a few states, it may not be representative of programs in other states.

- Key informants may not adhere to research guidelines in providing complete information.
- Key informants failing to keep scheduled interviews.
- Unavailability of locations needed for interviews.

Significance

This project is unique because it addresses an under-researched area of the Duluth model; it will examine whether the model is perceived differently by facilitators with differing education levels (i.e., AA degree vs. Bachelors or Masters), and with different levels of formal vs. non-formal counselor training (i.e. course work in school vs. on-the-job training). During my research into the pros and cons of the Duluth model, I found no literature on facilitation of the model itself. If those who deliver the training are comfortable and dedicated to the model, they could be more effective than those who are not. This study could show if level of education and training are indicated as potential barriers. Although a small study, it can answer the question "Does education and training appear to make a difference in how a facilitator perceives and delivers the anger management course to batterers?" If so, this can be used as a hiring guide for intervention program administrators. It would also suggest that further research on the topic is needed. Further research would culminate in the development of a course of education and training for facilitators that enables them to increase effectiveness of the Duluth curriculum to batterers. Increased effectiveness equals improved outcomes, or decreased recidivism, the desired positive social change.

Some studies and reports showed the model as having successful outcomes (Gondolf, 2002; 2003; 2004; 2007). However, Dutton and Corvo (2007) stated that the model is not successful and called it a failed strategy. According to Corvo, Dutton, and Chen (2010), some batterer programs provide a general assessment of the batterer, but the Duluth model lacks a component to provide a full comprehensive assessment to the batterer prior to beginning anger management sessions, or at some point in the process. It does not provide batterers the needed resources and services to address their myriad of needs (Dutton & Corvo 2006). However, few, if any studies exist related to whether facilitators of men's nonviolence programs, with differing levels of education, or who may not have specific training in counseling to deal with batterers, or a degree in psychological studies, are comfortable in delivering the anger-management courses to batterers.

This study examined the perceptions of facilitators with various degrees toward the effectiveness of the anger management component of the Duluth model. It provides information regarding any challenges facilitators might have using the Duluth model when working with batterers, and their perception of whether the Duluth model is effective. It provides a perspective from those who work directly with batterers about whether they think the model is sufficient as is, and if not, their opinion of what is needed.

Chapter 2: Literature Review

Introduction

This literature review described domestic violence in general terms, including the physical and financial costs of it. It described the emergence of batterer intervention programs, the effectiveness of those programs, and some barriers to effectiveness. It highlights specific prior research on the most widely accepted and emulated program, the Duluth DAIP (1984), commonly known as the Duluth model. The Duluth model is a male only group counseling intervention that focuses on the feminist theory of domestic violence being the willful exercise of male privilege, and attempts to change the behavior through anger-management classes (DAIP 1984). The literature observed the social problems of batterers of domestic violence; some general causal factors, and other implications. While the literature review used several authors, the review relied heavily on a few of the authors because they are the foremost expert researchers and scientists within the field, with specific focus on the Duluth model from its inception in1984. Their input was uniquely relevant to the Duluth model.

Absent in the literature is information on delivery of the Duluth anger-management curriculum and the counselors who facilitate or mediate it. Therefore, this study was exploratory, and attempted to determine if an in-depth study on differences in how the facilitators deliver the curriculum was indicated.

Research suggests there are reasons for the field to move further ahead in identifying, treating, and containing unresponsive batterers. Despite the many programs and interventions implemented to address it, and attempts to decrease or eliminate it over

the past 30 years, domestic violence remains prevalent in today's society (NIJ, 2011). According to a report by the National Institute of Justice (NIJ), recidivism is high among batterers of domestic violence (NIJ, 2011). The report talked of several studies, one of which interviewed the former and current partners of male batterers referred to batterer programs by the court. According to this study by Gondolf and Beeman (2003), 41% of participants said the men committed a re-assault during the 30 month follow up period, nearly 2/3 of the first time re-assaults occurred in the first 6months, and about 20% of the men repeatedly re-assaulted their partners and account for most of the reported injuries.

Causal Factors

The literature revealed a myriad of causes for domestic violence, from feminist theory to varying psychological issues, to race and community location, to name a few. For instance, according to Dutton and Corvo (2006), for over 30 years activists have defined the public policy response to domestic violence as the dominance of women by men. It is viewed as the sole cause of domestic violence and dominates legal policies, regulations, and treatment programs to address it (Dutton & Corvo, 2006). During this same time, researchers from a variety of disciplines found a much wider range of factors influences domestic violence. Researchers found the violence might stem from a complex of processes with neurological, psychological, interpersonal, situational, and cultural influences (Dutton, 2001; Melroy, 1992; Schore, 2003). The authors say intimate partner violence has long-term development, sometimes stemming from early family influences such as witnessed violence (Dutton & Corvo, 2006). In the article, Dutton and Corvo provided evidence from studies (Laroche 2005; Pimlott-Kubiak & Cortina, 2003; Serbin

et al., 2004), that indicate intimate partner violence is committed by both genders, often with equal consequences. The authors (Dutton & Corvo, 2006) also cited studies which indicate that violence is not committed because of *sex role beliefs* but begins developmentally much sooner, from a much broader array of psychosocial risks that occur in both genders (as cited in Dutton, 2002; Putallaz & Bierman, 2004; Serbin, et al., 2004; Straus, Egeland, Carlson, & Collins, 2005).

Melroy (2006) addressed the empirical basis and forensic application of a bimodal theory of violence that could account for all violence, including violence directed at a partner or family. The definitions of affective and predatory violence, the relevant animal and clinical research, and the current empirical evidence in neurochemistry, neuropsychology, and psychophysiology were reviewed. Forensic evidence for the relevance of this bimodal theory was investigated. An appropriate methodology for data gathering and two observational measures along with one self-report measure were explicated. Affective and predatory modes of violence represent an empirically valid bimodal theory of violence, find application in forensic psychiatry, and scientifically deepened the understanding of discrete violent acts for both retrospective and prospective psychiatric and psychological investigations (Melroy, 2006). The author concluded that his bimodal theory of violence should have a place in forensic psychiatric practice.

Other research included studies of causal factors such as race and community. Benson, Wooldredge, Thistlewaite, and Fox (2004) stated that the results of statistical analyses revealed little invariance of race in perpetrating domestic violence, but showed variance by type of community for both races. Their study indicated that males of either

race living in neighborhoods marked by social disorganization are more likely to engage in domestic violence than those who reside in more advantaged neighborhoods (Benson, et al., 2004).

However, Dag, Smith, and Goodwin (2009) described the rationale of each jurisdiction in how California manages its domestic violence caseload differently by documenting the different ways those courts, departments of probation, and batterer intervention programs intervene with domestic violence offenders in various locations throughout the state of California. The analysis compared the efficacy of the justice system response across jurisdictions, looking primarily at the differences in rates of program completion and re-offense by offenders (Dag, et al., 2004) This study laid a foundation in California for improving the justice system response to domestic violence and for future research to unravel the complexity of relationships among the individual characteristics of men who commit domestic violence, the batterer intervention programs charged with treating this population, and the efforts of courts and departments of probation to hold offenders accountable and ensure victim safety (Dag, et al., 2004).

The Costs of Domestic Violence

In an article by Eckhardt (2006) the authors stated that the financial cost associated with intimate partner violence in the U.S. alone exceed $5.8 billion each year. In their attempt to reflect the amount spent on domestic violence worldwide, Chan and Cho (2010) explored a review of cost measures for the economic impact of domestic violence. However, much of the information they used was dated due to a gap of cost studies on the subject because of a lack of consistency in how costs are calculated in

different geographical and programmatic areas. Out of 152 articles they reviewed for their paper, they found only six studies that explicitly discussed how cost component was calculated.

It is important to focus on cost for several reasons. First, it guides decisions concerning resource allocation, allowing policy makers to make better-informed decisions on how to prioritize and allocate scarce resources. Next, cost information serves as a justification for spending resources to reduce the problem, and provides clues to the potential benefits or savings that could be achieved by preventing the problem in the first place. Third, focusing on costs helps demonstrate the benefits or costs of intervention programs. However, the methods used to calculate DV costs have varied widely from study to study, and only a few studies reviewed the cost measures of economic impact. The authors reviewed and compared various DV cost measures (i.e. medical care, mental health care, property damage and loss, etc.) by covering approaches to categorizing them and ways to estimate them. They suggest an integrated framework to bring the approaches together.

According to Chan and Cho (2010), since the 1980's there has been much literature that examines the economic cost of DV in different countries (as cited in Waters, Hyder & Rajkota, 2004). However, they stated that findings from these studies are inconsistent. In U.S. dollars, (as cited in Waters et al., 2004), the cost of intimate partner violence ranges from $717,000 annually for New Zealand to $12.6 billion for the United States. The break down per capita is $0.17 per individual in New Zealand based on a population size of 4.3 million, compared to $41.00 per person in the United States,

based on a population of 304 million. However, the New Zealand study only included medical, welfare, legal and police cost. The United States study also included lost earnings, the opportunity cost of time, and loss of employment and worker productivity. Even within a country, study results have been inconsistent. In Canada (as cited in Yodanis, et al, 2000) one study estimated overall costs which included medical cost, lost earnings, the opportunity cost of time, and psychological cost, at 1.2 billion, whereas another study estimated medical costs alone to be $1.1 billion.

Chan and Cho (2010) attribute this inconsistency in the findings of cost studies to the different methods used to estimate costs, what kinds of costs are included, and how a certain cost component is measured. While most studies estimate direct expenditures such as medical costs, intangible components such as psychological costs are often excluded. To complete their study, the authors reviewed 152 potential journal articles. The two major criteria they used for inclusion in their study were first those which focused on partner violence and second were also an empirical study of economic costs. From the pool of 152, they selected six studies for their review that explicitly discussed how cost component was calculated. They also used research reports from various government agencies and research institutions that studied the costs of domestic violence and violence-related crime. From their final 14 chosen studies to review, they focused on which costs were examined and how they measured each component.

Chan and Cho conducted their study in 2010; however, the researchers looked at past years, and at literature which showed that domestic violence is not only a United States issue, but is international. Their literature review showed that researchers tend to

classify costs into categories, either explicitly or implicitly when studying the economic cost of domestic violence. They also found different approaches to categorize costs. For instance, does it have a market price? Was expense directly related to the problem or response to problem? The authors found inconsistencies in how the various studies they reviewed classified costs. First, some studies grouped costs into categories but provided no clear definition of the category. Second, some studies categorized costs into groups and made distinctions between categories but different studies used different categories or allocated different value to the costs, making comparison difficult. Third, some studies did not differentiate costs at all but presented them separately. To handle the inconsistencies, the authors created a framework which brings together the various approaches to cost categorization in the reviewed studies.

According to the authors, there are tangible costs as well as intangible costs to consider. While tangible costs can be valued (sometimes imperfectly) in the market place, intangibles cannot be measured directly. Tangibles usually include components such as medical care, mental health care, property damage and loss, social and legal services, and productivity loss. Intangibles such as pain and suffering, and lost quality of life can only be measured indirectly. They constructed several tables to look at different cost measure studies by country. They charted nine cost measures. This included three direct consequences:

- medical care,
- 2 mental health care, and
- property damage and loss.

It also included six indirect consequences:

- productivity losses,
- loss of consumption efficiencies,
- Government transfers,
- use of services,
- pain and suffering, and
- lost quality of life.

Chan and Cho (2010) found that values allocated to these cost measures as well as what is included in the measure varied greatly by country and by study. For instance, medical care cost generally includes emergency care, medical transport, physician care, overnight hospital stays, outpatient care, physical therapy, rehabilitation, dental care, and prescriptions. Smaller items such as medical devices, coroner costs, and related insurance claims processing are included in some studies but not in others. Where a Canada study (as cited in Greaves, et al., 1995) estimated medical care cost at $12.8 million annually, a more recent U.S. study (as cited in Brown et al., 2008) estimated the cost to be from $4 – 7 billion per year. Also, the ways of categorizing measures differ from study to study. For instance, cost measures for property damage and loss is listed as $243.7 million annually for Australia (as cited in Access Economics, 2004), but $750 per person in the U.S. (as cited in Miller et al., 1996). Mental health care consists of services to victims by psychiatrists, psychologists, pastoral counselors, marriage and family counselors and social workers. This also varied by country and study, i.e. Canada estimated this component at $0.4 billion annually (as cited in Greaves et al., 1995) while studies in U.S.

showed figures which ranged from $1.44 billion (as cited in Max et al, 2004) to $6.8 billion (as cited in Cohen & Miller, 1998) for cost of mental health related services.

The authors found more inconsistencies in the cost measures of indirect consequences. For instance productivity losses comprise costs incurred by lost wages, lost lifetime earnings, increased cost for work organization, lost housework, and lost school days. Yet, the formula used to calculate this varies from country to country. For instance, in a U.S. study this figure is estimated at $892.7 million (as cited in Max et al., 2003). Yet an Australian study used the same basic calculations as the U.S., but their estimate is lower, $150.3 million (as cited in Access Economics, 2004). A Canada study estimated $440 million (as cited in Greaves et al., 1995) but used in their formula lost earnings due to incarceration which the U.S. study did not include.

The authors found very few studies on other indirect consequence. Only one article was used for loss of consumption efficiency in the household (as cited in Access Economics, 2004). Australia estimated this at $2.3 billion per year. Government transfers such as loss of tax revenues and government benefits resulting from DV differs by country. While Australia indicated a total of $90.2 million in lost taxes (as cited in Access Economics, 2004), Canada (as cited in Greaves et al., 1995) estimated this number at $112.8 million. Again, both countries included different items and used different methods of calculation. The cost for use of services included costs for policing, the criminal justice system, civil legal procedures, housing, and social services. These figures are sometimes taken from other sources, such as when calculating police and emergency response costs (Chan & Cho, 2010; Miller et al., 1993). They are also derived

directly from the data such as when calculating criminal justice or legal costs (as cited in Access Economics, 2004; Greaves et al., 1995; Walby, 2004). Cost measures for pain, suffering, and lost quality of life are most difficult to define and ascribe a value to; human and emotional costs have rarely been calculated in the literature on domestic violence. Developing an objective method to complete the calculation is difficult, and people might feel uncomfortable putting a dollar value on human costs (as cited in Walby, 2004).

Chan and Cho (2010) say that in order to capture the full impact of the cost of domestic violence, researchers must incorporate all possible cost components into their studies, including those omitted from existing studies such as second generation or informal support from family and friends. The authors say measures of the long-term aspects of certain cost components, such as medical and mental health care are also lacking in the literature. Additionally, they believe more attention should be paid to costs such as property damage and loss, organizational costs, loss of household economies and consumption efficiencies, and human costs of family members and professionals handling DV. They concluded that choosing the right data and constructing the right measures are essential. Cost studies are vital in moving toward evidence-based policy making. However, because the inconsistent findings of existing studies do not present a full enough picture for understanding or comparing the economic costs of domestic violence, Chan and Cho (2010) believe that further research and discussion on how to improve cost studies is indicated and would be beneficial.

Day, Chung, O'Leary, Justo, Moore, Carson and Gerace **(**2010) conducted a study of domestic violence at a legally mandated Duluth model type treatment program for batterers in Australia, where domestic violence is widely recognized as a major social problem there and internationally. In Australia, it is estimated that around five percent of the population are victimized in any one year (as cited in Access Economics, 2004). The authors (Day et al., 2010) say international surveys suggest around one-third of all adult women will experience abuse perpetrated by an intimate male at some point in their lives (as cited in Coulter & VandeWeerd, 2009). Furthermore, they estimated assaults cost Australia a total of $1,700 per incident (or $1.41b per financial year), not counting the costs of crime prevention. The abuse associated with domestic violence is serious. According to the authors, Australian statistics (as cited in Access Economics, 2004) show half of all domestic violence incidents result in physical injury and two-thirds of all women murdered are killed by their spouse or live-in partner.

The study (Day et al., 2010) was conducted using participants of the Gold Coast Domestic Violence Integrated Response (GCDVIR) service, an early pioneer of integrated approaches in Australia which provides legally mandated interventions, consistent with a justice reform model. It is an all-male group counseling program based on the same principles as the Duluth model. The primary objectives of the service are to enhance victim safety, reduce secondary victimization, and decrease the incidence of domestic violence through the enhancement and monitoring of interagency cooperation and collaboration.

The participants for the study were interviewed upon completion of the program; the data reported was drawn from 38 men who attended the GCDVIR program between 2006 and 2009. Participant's ages ranged from 19 to 53 years. Findings showed a number of response themes were identified when evaluating the interview transcripts, but most participants said they were only attending the program because of the mandate attached to their sentencing or to avoid penalty. Participants were very conscious regarding the importance of their attendance and some said if it was not for the court order, they would not attend the groups.

Only 20 of the 38 participants (roughly 51%) completed all of the required sessions. The attrition rates were not unusual for this particular population, although Gondolf (2008) reported the more typical completion rate was approximately 55-60 percent for a 16 week group-based program. However, in the article Day, et al. (2010) say attrition rates have become alarming and concerns regarding the evidence suggests the risk of reoffending increases following the non-completion of offender treatment programs (as cited in McMurran & Theodosi, 2007).

Day, et al.'s (2010) study concludes that both the research evidence and public support for the delivery of perpetrator programs is far from consistent and further evaluation is required to establish a more accurate assessment of the value of intervention programs for male perpetrators in reducing rates of domestic violence. From a public policy perspective, the authors conclude that domestic violence is economically, socially and personally costly. It is therefore critical for domestic violence perpetrator programs to develop robust and timely entry pathways and program curricula, and ensure that there are consequences for individuals should domestic violence continue or escalate.

Historical Background

Looking at domestic violence (DV) in the U.S. from an historical analysis, when Europeans first came to this continent in the 1500's, they brought laws, religions, and economic systems which institutionalized the status of women as the property of men through marriage (Dobash & Dobash, 1983). According to the authors, America based their laws on an Old-English common-law which *explicitly permits* wife beating for correctional purposes. From the church to the state, there was not only acceptance of male supremacy, but also an expectation for husbands to maintain the family order by controlling their wives, through physical punishment if necessary. Many of these beliefs still linger today. The authors (Dobash & Dobash, 1983) say deep rooted beliefs that violence is okay have been passed down for generations, ingrained, making it extremely difficult for some batterers to stop the repeated cycle of violence against their partners.

Harway and O'Neil (1999) say it was 1871 when a state (Alabama) first passed a law to rescind the right of men to beat their wives, and 1882 when a law was passed (in

Maryland) making wife beating a crime. Still, it was not until the women's liberation movement of the 1960's that law was enacted to punish batterers and open domestic violence shelters for women. Missing from these early efforts to address the domestic violence issue, counseling programs for the batterers did not become truly focused until 1977. The authors say the EMERGE program, the first counseling program for men who batter, was founded at the request of women working in domestic shelters in Boston, Massachusetts. Other early innovators in group treatment programs included AMEND in Denver. Over the past three decades batterer intervention programs with men have dramatically expanded. With this expansion came efforts to coordinate these services with other necessary community programs to best provide safety to victims and accountability for perpetrators. Early efforts to coordinate interventions were created in the 80's.

Emergence of Duluth Model Programs

One of the earliest and best known coordinated responses was established in 1980 in the small city of Duluth in northern Minnesota; the Domestic Abuse Intervention Project (DAIP, 1984), which sought to coordinate the efforts of various systems. A series of agreements were reached among nine participating agencies to coordinate their responses to victims and perpetrators of domestic violence. Each agency in Duluth, from police to prosecuting attorneys to criminal court officers to social services agreed to a specific new role as part of a larger, coordinated effort to support safety for women and children, while holding perpetrators of violence accountable for their behavior. DAIP has

provided extensive national and international trainings to disseminate what is now commonly called “the Duluth model.”

These new coordinated responses emerged within a context of change in policies and practices regarding domestic violence (Sherman & Berk, 1984). Throughout the 1970s and into the early 1980s, police responses to domestic disputes were guided primarily by a crisis intervention orientation to family conflict. In the early 1980s, pressures from women’s organizations and victim rights groups grew and converged to bring about a major shift in police and judicial responses to battering. These advocates pushed for more severe punishment of offenders by courts (MacLeod, 2009). At the same time research showing arrest was a deterrent when intervening with violent men was also being widely disseminated (Sherman & Berk, 1984). Increased public pressures and research showing the effectiveness of arrest combined to dramatically increase the arrests of domestically violent offenders.

Sherman, Schmidt, Roman, Smith, Gartin, and Cohn (1992) found that in a survey of 146 police departments in the U.S. over a period of three years (1984 to 1986), police pro-arrest policies increased from 10% to 46%. As a result of these increased arrests, the number of offenders entering the court system for arraignment, trial, and sentencing expanded dramatically. Many prosecutors and judges were forced to deal directly with large numbers of battering cases. In turn this led to an increasing influx of men to group treatment programs for men who batter. In short, changing public attitudes, pressure from women activists, and new research results led to a greater readiness among police, prosecutors, judges, and social service professionals to work more closely within a

coordinated community response to identify and prosecute men who batter their intimate partners, and to mandate the men into treatment programs (Houry, Rhodes, Kemball, Click, Cerulli, McNutt& Kaslow, 2008).

As the Duluth program emerged, it became the model for the most common type of batterer intervention program (BIP) in the country (Gondolf, 2002). In summary, the model is a coordinated community response; the original design of the model consists of shared policies and practices across all agencies in the criminal and civil justice systems in the community, from 911 to the courts with the same goal and commitment to the program. Safety for women and children is the focus of these programs, with domestic violence looked upon as willful behavior by men, as their deliberate effort to exert power and control over women. The Duluth model anger management curriculum uses a Power and Control Wheel to show men how they use physical and financial coercion and threat, intimidation, emotional abuse, isolation, minimizing and denying the abusive behavior, use male privilege, and use the children in perpetrating domestic violence. It then uses a Nonviolence Wheel to teach non-threatening behaviors which promote negotiation and fairness, respect, trust and support, honesty and accountability, shared responsibility, economic partnership, and responsible parenting. However, various research and studies of Duluth model BIPs over the years yield far different results (Dutton & Corvo, 2006; 2007; Corvo et al., 2010)

Supporters of Duluth Type Programs

Edward Gondolf, research director at the Mid-Atlantic Addiction Training Institute of the Indiana University of Pennsylvania is one of the most well-known

researchers of batterer intervention programs and a staunch supporter of the Duluth model. Gondolf (2002; 2003; 2004; 2007) published findings from his research and studies which show the Duluth model as successful.

Gondolf (2002) discussed batterer intervention systems, issues, outcomes, and recommendations in his book on the Duluth model. The major findings from his multisite evaluation revealed encouraging and instructive results. He said the vast majority of men who attended Duluth model batterer intervention programs (BIPs) did eventually stop their violence for a sustained period of time. He reported although nearly half of the men re-assaulted their partner during a 4-year follow up, this usually happened within the first nine months following program intake. However, at 4 years after program intake, more than 90% had not been violent for at least a full year. He indicated there was also a reduction in the severity of abuse. Most encouraging, he said the vast majority of women felt safe while the men were in the program and believed it was unlikely their partner would hit them again. Gondolf indicated a downside to the intervention was that approximately 20% of the men repeatedly re-assaulted their partners during follow-up, and these men were responsible for most of the injury.

Rothman, Butchart and Cerdár (2003) focused their study on batterer intervention programs which consisted of educational, therapeutic groups for intimate partner violent offenders. The first such program was developed in the late 1970s in the United States; including EMERGE in Boston, AMEND in Denver, and RAVEN in St. Louis. Shortly thereafter, the Duluth model (Duluth Anger Intervention Program – DAIP, 1984) emerged, which was derived and created in Minnesota. Since then, batterer intervention

programs have become a significant presence in the USA. Although national enrollment figures were unavailable; more than 3,000 men participate in batterer intervention groups in the state of Massachusetts alone every year (as cited in Massachusetts Department of Public Health, 2001). Research reveals the majority of batterer intervention programs in the USA are Duluth model programs, in partnerships between local criminal justice, mental health and victim advocacy professionals/programs. Evaluation research indicated that these batterer intervention programs are at least moderately successful at preventing further abuse by abusers (Gondolf, 2002; Saunders, 1996). Rothman et al.'s (2003) reviews of batterer intervention program evaluations from the USA and UK found roughly 50 percent to 90 percent of people who completed the program remained non-violent for follow-up periods ranging from six months to three years (as cited in Eisikovits & Edleson, 1989; Rosenfeld, 1992; Tolman & Bennet, 1990).

Gondolf and Beeman (2003) provide information from women's accounts of violence versus tactics-based outcome categories. Their study compared battered women's accounts of violence with established tactics-based outcomes of predicting re-assault to assess the measurement limitations. They looked at 536 accounts of violence from 299 women at program intake of the batterer, and at 3 month intervals over a 15 month period.

The authors said most prediction research of domestic violence perpetrators use outcomes such as no re-assault and re-assault during a follow-up period of 6 months to 1 year. However, domestic violence researchers have argued for more nuanced and extensive measurements (as cited in Dobash et al., 1998; Gondolf, 1997a; Sauders, 1995).

Some researchers suggest using index or scale scores with a continuum of severity (as cited in Dutton et al., 1997). Others have incorporated scales with additional violence items, i.e. controlling behaviors, injuries, and quality of life (as cited in Dobash et al., 2000; Gondolf, 2001).

Re-researchers of the study (Gondolf & Beeman, 2003) used more re-assault categories than the common tactics-based outcome measurements, and looked at violence type, incident patterns, and a variety of incident components. They found that the components of violent incidents they used did not correspond to any particular tactics-based outcomes. Consequently, the study concluded there is only faint support for the tactics-based categories commonly used in prediction research. The authors say this indicates a revised tool to assess outcomes and predict re-assault that is more specific to the true nature of domestic violence. They say that women's perceptions in characterizing and measuring domestic violence should be considered in the development of outcome categories. The authors also found a small subcategory of excessive and unrelenting violence which appears severely harmful and should be of great concern for prediction research. It is currently not captured by conventional tactics-based categories. Overall, the authors claimed that current tactics-based outcome categories do not sufficiently represent the recurring abuse and re-assault. They concluded that identifying more complex outcomes is indicated.

In his report on evaluating batterer counseling programs, Gondolf (2004) declared that the program shows effects. Although over 40 published program evaluations show little or no effect, Gondolf stated that most of these quasi-experimental evaluations were

compromised by methodological shortcomings. Implementation problems, intention-to-treat design, and attrition limit the findings.

Gondolf (2007) defended his theoretical and research support for the Duluth model after other well-known researchers of domestic violence, (Dutton & Corvo, 2006) published findings that denounced the Duluth model as a flawed policy based on oversimplified assumptions, lacking in research support, and lacking a psychological basis. Dutton and Corvo (2006) accused the Duluth model of being ineffective and detrimental to progress in the field. The authors call for research based treatment which is more psycho-therapeutic in nature, along with a diminished role in the criminal justice system and more attention to women's violence. Gondolf contended that this portrayal of the Duluth model and the fundamentals it represents distorts the conception of the model. He claims there is psychological theory and criminal justice research which supports the Duluth model.

Among other researchers who support the Duluth type BIP, Edleson (2008) reported to the King County Domestic Council in Minnesota his findings which address promising practices for men who batter from research of over 70 studies of Duluth type BIPs for men. According to Edelson, with the development of group interventions over the past 30+ years, increased arrests and mandated sentencing to participate in these groups, the numbers of participants has greatly increased. Edelson (2008) outlined six key findings about BIPs which he drew from his extensive research literature on the subject:

- BIPs have a modest but positive impact on ending violence in men who participate compared to men who don't participate;
- BIPs help the majority of men end their violence over a period of time;
- It is unclear which components of BIPs create the changes;
- BIPs which offer motivational enhancement components such as those used in substance abuse programs help more men change;
- Neither variation of men by racial/ethnic group membership or based on personality traits appear to predict different outcomes; and
- BIPs which are part of coordinated responses with the criminal justice system achieve better outcomes for men who participate.

Questioning Duluth Model Programs

Although it is the most widely recognized and replicated program, many researchers, scientists and others have pointed to shortcomings of the Duluth model. Blacklock (2001) reviewed 22 studies which consisted of using quasi-experimental designs. The instrument was used to secure information such as police and partner reports, and showed recidivism as well as finding effects of batterer intervention programs (BIP) on violence. The sample and the effect sizes ranged from 50.09 to 50.34. The research concluded "men who are mandated to attend batterer intervention programs are only 5 % less likely to commit an act of violence against partners than men who do not attend/receive BIP." However, the literature noted the effect sizes were not significantly different from one another. In addition, there appeared to be an inverse relationship between research design and effect size. Blacklock also said that the

accurateness of the research might have some disparities because of the complexity in the findings regarding victims and perpetrators responses. Also, interventions with perpetrators do not occur in isolated experimental conditions. Blacklock (2001) concluded that in order for a batterer intervention program to be effective, the program must be created with a multi-layered concept, which Duluth type programs do not have.

The National Institute of Justice (2004) published the findings and conclusions from two studies in their report titled "Do Batterer Intervention Programs Work? Two Studies". The studies were conducted in Broward County, Florida and Brooklyn, New York (Jackson, Feder, Forde, Davis, Maxwell, & Taylor, 2003). They tested the most common type of batterer intervention program (BIP) in their counties; both were variants of the Duluth model. Although the court system has been sending convicted batterers to these BIPs for more than ten years, the findings of the study raised serious questions about the effectiveness of these programs. However, limitations of the study also raised questions about the findings.

The researchers found that batter intervention programs had no effect on batterers' attitudes and had very little effect on their behavior. The Broward County study found no significant differences between participants who attended the BIP and those who did not regarding if they would batter again, or in their attitudes towards domestic violence (Straus, 1999). The study showed that participants who were employed and owned houses were less likely to reoffend again. The numbers for those not financially secure were higher regarding reoffending. However, the findings revealed that neither group showed any change in attitudes toward women or toward domestic violence.

The New York study found longer treatment more effective. Those in a 26-week program were less likely to reoffend than those in an 8-week program. However, they found no change in attitudes toward women or toward domestic violence in either group. Twenty-four percent of men in both experimental and control groups were rearrested within a year. For those men, attending the program had no effect.

The researchers (Jackson et al., 2003), admitted that limitations in studying these programs could skew the data somewhat. They encountered high dropout rates for the batterers, some victims relocated and became difficult to find, and judges often override random assignment of batterers to control groups in order to protect the victim.

Researchers of the study (Jackson et al., 2003) concluded that Duluth model BIPS are only one approach and call for rethinking the intervention. They suggested new approaches based on research into the causes of battering instead of a one-size-fits-all approach. They suggested several alternatives to the Duluth model. One model is a cognitive behavioral intervention which views battering as a result of errors in thinking and focuses on skills training and anger management. Another model, group practice, works from the premise of there being multiple causes for battering, and is best addressed through a combined approach which includes an individual comprehensive assessment, and appropriate referrals as identified. Supporters of these programs believed a more long-term approach than the Duluth model is indicated.

Babcock, Green, and Robie (2004) conducted their study by measuring the Duluth model because the model's effectiveness was being questioned. They implemented a meta-analysis and measured the findings of 22 studies from programs which utilized the

Duluth model. These programs were evaluated regarding treatment effectiveness for domestic violent males. The study showed the impact of the Duluth model, cognitive–behavioral therapy (CBT), and other types of treatment on following recidivism of violence. The study concluded that batterer treatment using the Duluth model showed a very minimal impact on reducing recidivism.

Eckhart (2006) discussed empirical findings from his study regarding the efficacy of batterer intervention programs (BIPs). The reviews reported small average effect sizes for BIPs, with a small number of randomized trials showing little benefit of BIP attendance on preventing future abuse. According to Eckhart (2006) the most widely adopted program, the Duluth model, has little empirical justification to support this dominance. Yet many states mandate this approach as a contingency for state funding.

The author believes that research efforts concerning BIP effectiveness should borrow the design strategies and programmatic research efforts proven successful in psychotherapy research, in which significant advances have been made with regard to the evaluation and validation of supported treatments for a wide variety of mental health problems. Eckhart (2006) concluded by suggesting that research for perpetrators of intimate partner violence (IPV) should work across professional boundaries to design multidisciplinary evaluation studies which funding agencies would readily support.

Dutton and Corvo (2006) published findings which denounced the Duluth model as a flawed policy based on oversimplified assumptions, lacking in research support, and lacking a psychological basis. They say the model is ineffective and detrimental to progress in the field of psychotherapy, and call for research based treatment which is

more psycho-therapeutic in nature, along with a diminished role in the criminal justice system, and more attention to women's violence.

With the continuance of intimate partner violence (IPV) as a major social problem in the United States, Dutton and Corvo (2006) say legislation and dollars aimed at solving the problem are based on Duluth type models which are not realistically supported. The authors claim the Duluth model denies established psychological factors which support habits of intimate abuse. They say the model replaces the psychology of abuse with a gender political model. According to the authors, several studies show IPV is predictable in both genders. Yet treatment or prevention of psychological risk factors is either neglected or negatively legislated. Their paper (Dutton & Corvo, 2006) says that studies which support the model used distorted and flawed interpretation of research. It compared this research with studies which suggest a different and more effective approach to IPV.

In spite of numerous studies identifying psychological risk features for both genders, many U.S. states provide funding only to interventions based on Duluth model programs. They remain locked into what the authors (Dutton & Corvo, 2006) described as "outmoded and poorly informed policies" (p. 458). For instance, many states prohibit any practice which can be construed as therapeutic intervention or psychological treatment. Instead these states legislate a variant of the "psycho-educational" model that originated in Duluth, Minnesota, known as the Duluth model. The primary goal of the Duluth Model is to get male clients to acknowledge "male privilege" and how they use "power and control" to dominate their partners. Yet, these men are court mandated to

attend, and have no power and control in this or in many other arenas of their lives. According to the authors (Dutton & Corvo, 2006) this model commits the primary mistake of therapy; it fails to acknowledge the client's reality.

Dutton and Corvo (2006) claim the Duluth model lacks scientific support and is not based on effective research data. The authors say intimate partner interventions should include assessments to clearly establish:

- the interactive form of the couples' violence,
- the power dynamic in the couple,
- the lethality potential in the couple, and
- the best fit between treatment and client profile.

Instead, the authors say the Duluth model uses a "one size fits all" approach based on a political feminist model of male domination that is not evidence-based.

According to Dutton and Corvo (2006), evaluation research on interventions for batterers based on the Duluth model lacks sound evidence that these programs significantly change violent behavior. The authors suggested the Duluth model uses batterer accountability strategies instead of therapeutic treatment because it deems assault to be a willful exercise of male privilege. In this view, poverty, stress, chemical dependency, anxiety, deficits in self-esteem or even the man's life experiences of victimization are never risk factors for male abuse perpetration, nor is assault influenced by an also violent partner or a relationship where substance abuse or personality disorders occur in both perpetrator and victim. In this view, if female violence is recognized at all, it is deemed to be self-defensive. These beliefs exist despite considerable evidence

showing equal levels of severe violence and injury by both genders (Laroche, 2005; Archer, 2000).

Dutton and Corvo (2006) reject Duluth counseling because it is confrontational and shame based. Two major flaws of the Duluth model which are contrary to effective therapeutic treatment according to Dutton and Corvo are (a) the shaming of clients, and (b) establishing an adversarial bond instead of a therapeutic bond with clients. Facilitators of the Duluth model must take a strong adversarial stance, assume intentional domination is the sole motive for all clients, and disbelieve claims of mutuality. In therapeutic treatment confrontation is balanced with support, belief, and caring in order to develop a solid therapeutic alliance. Because of these glaring differences in approach, the process of building a trusting relationship in Duluth model programs is particularly difficult, maybe impossible.

Dutton and Corvo (2006) suggest that federal and state agencies with responsibilities for addressing domestic violence issues should provide funding for programs which encourage innovative perpetrator program options. They say it is time to look beyond the Duluth model because it disregards research which does not support its narrow view. It is time to allow the treatment of abusive men, women, and families by professionals who can provide clear judgments about appropriate treatment (e.g. couples therapy, family therapy, and group therapy for one or both of them). Psychologists, social workers, and other helping professions have a broad array of research-based behavior change technologies available to them, and a commitment to a rigorous code of ethics

which promote human dignity, growth, and safety. Dutton and Corvo conclude it is time for the policy to change.

Dutton and Corvo (2007) continue to label the Duluth model as a failed strategy in response to Gondolf's (2007) article where he provides defense of his theoretical and research support for the Duluth model. The authors reiterated that the Duluth model was designed by and promoted by persons with no therapeutic experience, and reiterated the gender paradigm. They believe the model to be based on an extreme, negative, and polarized view of men, abusive or otherwise. They say underlying the model is the fundamentalist ideology of radical feminism. Dutton and Corvo (2007) also label Gondolf's "Duluth-CBT" (2007) as contradictory to true cognitive behavioral therapy because of the negative techniques it uses.

Corvo, Dutton, and Chen (2010) question whether Duluth model interventions with perpetrators of domestic violence violate mental health ethics. The article claims that in spite of numerous studies of program outcome findings with little or no positive effect on violent behavior, the Duluth model remains the most common type batterer intervention program. The authors claim that Duluth model programs often ignore the serious mental health and substance abuse issues in perpetrators. They reviewed these and other issues which threaten mental health professional code of ethics in light of the court-mandated, compulsive nature of Duluth model programs.

The authors (Corvo et al., 2010) say that the Duluth model is in direct conflict with the American Psychological Association (APA) code of ethics which requires evidence based practice (EBP) for psychological interventions. They suggest that the base

be evaluated on two dimensions; efficacy and clinical utility. The authors say that in the Duluth model the evidence for efficacy is sorely lacking, and utilizing their evaluation data for program development is often impossible. Also against the APA code, the Duluth model rejects any therapeutic approach outside of group, same sex, or psycho-educational accountability strategies, regardless of the potential for greater effectiveness.

According to Corvo et al. (2010) the Duluth model is clearly at odds with the codes of ethics of various mental health professions. They conclude that Duluth type models are a threat to ethical practice because of:

- failure to consider research evidence,
- failure to utilize EPB or best practice protocols,
- inadequate assessment/diagnosis,
- failure to connect assessment to treatment,
- failure to develop individual treatment plans, and
- failure to provide treatment appropriate to the client's need

The Need for Assessments

Walker (APA, 2003) says psychologists around the world have made contributions in research, clinical assessments, and intervention and prevention of domestic violence. He also states that offenders with diagnosed mental health problems require different kinds of treatment. It is clear that an accurate assessment of the problem is the key to the appropriate treatment; however, Walker says a major dilemma is whether to conduct a comprehensive assessment of all offenders to determine which treatment approach would be most effective. He says since this process can be very expensive, its

potential benefits must be balanced against other options which do not take away resources from victims of the abuse and other family members.

Walker (2003) points out that while the act of domestic violence itself, and the problems and outcomes of perpetrating violence are horrendous, many of the batterers face a much broader level of social problems. The batterers have issues such as unemployment, low education levels, ineffective parenting skills, and a range of psychological and alcohol/substance abuse issues which should be addressed.

Kirk, Williams, and Houghton (2004) stated that little research has been conducted to validate available instruments for assessing the risk of domestic violence reoffending, especially research using some form of prospective design. Their study used a prospective design to determine the reliability and validity of the Domestic Violence Screening Instrument (DVSI). The analysis was based on a sample of 1,465 male domestic violence offenders selected consecutively over a 9-month period. Data on reoffending were collected in a 6-month follow-up period from a subsample of the victims (125) of these perpetrators, and from official records for all perpetrators during an 18-month follow-up period. The empirical results suggested the DVSI was administered reliably, and they provided significant evidence of the concurrent, discriminant, and projecting validity of the instrument. Implications for further research and utilization of the DVSI are discussed.

Visher, Newmark, and Harrell (2006) say some men in batterer intervention programs have severe psychiatric disorders which require specialized behavioral/mental health treatment, with the appropriate level of treatment and proper referral determined

through a comprehensive assessment. They spoke of a current study conducted at the Men's Program of the YMCA in Calgary, Canada where an experimental program recently launched combines domestic violence batterer interventions with psychological treatments for men with psychiatric disorders. Outcome data for the program was not yet available when they wrote the article. Visher, et al. (2006) also mentioned similar programs under review; like AMEND in Denver, where batterer groups are required to attend 4 to 6 weeks of drug and alcohol testing and treatment at the front end of their batterers program, and; EMERGE in Massachusetts, where the standard for batterer treatment programs requires the use of trained, certified counselors and supervisors in their 26 state-certified programs. EMERGE pioneered the development of groups focusing on teens and adolescents who batter their girlfriends, mothers and sisters, and developed the only certified training course for professionals working with them.

According to Corvo et al. (2008), "it is clear that the standard model has little or no evidence for effectiveness" (p. 124). In looking at other models and approaches for other populations, their findings suggest that outcomes could be improved substantially by viewing domestic violence as a complex issue with multiple influences. Emotions, cognitions, and situational interactions intermingle to generate and support abusive behavior. The authors suggest that a thorough, individualized assessment and treatment approach yields more effective program outcomes. Findings support assessing and directing perpetrators into the types of treatment appropriate to their particular issues produces better outcomes and also reduces attrition. The authors (Corvo et al., 2008) conclude that current best evidence clearly does not support the substantial public funds

in the continuation of, let alone mandating, the standard DV model in spite of overwhelming statistics of better practices.

Lila, Amparo, Catal, Miana, Galiana and Gracia (2013) conducted a quantitative study for The European Journal of Psychology concerning the Intimate Partner Violence Responsibility Attribution Scale (IPVRAS). This study was conducted for the department of Social Psychology at the University of Valencia (Spain). The goal was to present a psychometrically sound instrument for assessing intimate partner violence against women. Participants consisted of 423 Hispanic men ranging in age from 18 to 78 years who were convicted for domestic violence offenses and court mandated to attend community based batterer intervention programs (BIPs). They were offenders sentenced to less than two years with no previous criminal record. Lila et al.'s (2013) findings were derived from the Intimate Partner Violence Responsibility Attribution Scale (IPVRAS). The criteria for participating in the study were (a) not having a serious mental disorder, and (b) not having a serious addiction to alcohol or other substances. The instrument was a questionnaire which used two components for response; open ended questions and questions of Likert Scale design. The respondents replied why they believed they behaved the way they did in the open questions. The balance of the instrument was Likert design; a five point response scale ranging from 0=never, 1=less than once a month, 2=once per month, 3=once per week, 4=daily or almost daily, or a four-point scale ranging from 1=never to 4=almost always. The 12 item scale was constructed to assess where the offender places the cause of being convicted. It comprised three possible dimensions of causality, the legal system, the victim, and the personal offender. The

responses looked at system-blaming and problems with partner, responsibility assumption, victim-blaming attitudes, alcohol and substance use disorders identification, and stressful life events inventory.

The respondents blamed everything and everybody for their behavior. According to the authors, their findings were consistent with the three possible causality sources described by classical attribution theories (as cited in Kelly and Michela, 1980) and previous scientific literature on offenders' responsibility attributions about why they were convicted. The first factor the batterers attributed responsibility to was the legal system, (e.g. "law gets involved in private matters", "legal system is unfair", etc.). Secondly, responsibility was attributed to the victim ("my partner's behavior and way she treats me" or "lies and exaggerations of my partner"). The third factor was labeled offenders' personal context (e.g. "alcohol or substance abuse is why I'm in this situation"). It includes things such as economic or employment problems, and personality traits like jealousy, impulsivity, and lack of control.

The study (Lila et al., 2013) concluded that the participants believed their positive self-reports to be accurate, had an inflated sense of self-esteem, and tended to blame others for their behavior. None the less, beyond these potential limitations, they believe the Intimate Partner Violence Responsibility Attribution Scale (I PVRAS) instrument presented in the study may be useful in assessing and identifying priority areas of intervention in males convicted of domestic violence against women. The use of the I PVRAS may allow researchers and professionals to identify the main offender

justifications and responsibility attributions in order to plan and implement strategies to increase the intervention efficacy (Lila et al., 2013).

Domestic Violence Policy

In their qualitative study "Toward Evidence-Based Practice with Domestic Violence Perpetrators", Corvo, Dutton, and Chen (2008), examined the policy and practice of interventions with male perpetrators of domestic violence in light of widely accepted principles of evidence-based practice (EVP). The authors say current policies and practices have enjoyed immunity from the external, empirical accountability findings from evaluated research and other empirical practice analyses. This is supported by a policy framework which may forbid other methods of intervention, and has no obligation to look at the effectiveness of any method which contradicts the approved model. (Corvo, Dutton, & Chen, 2008). They recommend instead, domestic violence policy and program change based on the findings from both explanatory research and interventions research. They recommend policy based on the evidence, based on what works.

Corvo et al. (2008) say the majority of evidence accumulated in the field seriously questions the effectiveness of batterer intervention programs (BIPs) based on the most prevalent model - Duluth type programs. Their main findings were consistent with other recent trials that found mandating offenders to a men's group batterer program did not produce lower rates of re-abuse (as cited in Labriola, Rempel, & Davis, 2005). The authors (Corvo et al., 2008) said their findings were also consistent with many empirical studies, lit reviews, and meta-analyses of the standard model, which found little or no positive effect on violent behavior (as cited in Dutton & Corvo, 2006).

In spite of these findings, the authors (Corvo et al., 2008) say the standard model has not been subjected to critical analysis as other behavior change programs receive. Instead, they say government studies and certifying agencies are biased, and program findings are altered by content strategies with fixed guidelines. Immunity is governed by a policy framework which presumptively forbids other methods of intervention, with no obligation to assess their effectiveness or safety (Corvo et al., 2008). Instead of looking at the efficacy of other methods, the driving force to policy design and development of DV intervention programs was based solely on the feminist ideology of protecting women and children. The feminist movement of the '70's and policymakers commonality was to ensure social control. Law and order became the framework to DV policy making, and it favored the criminalization of deviant behavior (Corvo et al., 2008).

According to an article by Hoff (2012), the feminist advocacy research approach and its influence on public policy for domestic violence is problematic. Hoff discusses a 2010 national survey by the Centers for Disease Control and Prevention (CDC) and U.S. Department of Justice (DOJ), which focused on the high numbers of men who are victims of domestic violence. The article suggested that feminist advocacy groups have minimized this, which society has minimized as well. This has a direct impact on research, public policy, funding, and services for men's domestic violence efforts. The author uses the Duluth model and its Power and Control Wheel to show how information regarding intimate partner violence against men is suppressed (Hoff, 2012). Means include denial, minimization, blaming the victim, demeaning and ridicule, controlling the funds, and even threats of violence.

Hoff (2012) contends that advocacy research has distorted or skewed the data or its interpretation of the data to match the desired outcome. Hoff states that the Duluth model was built on the feminist advocacy theory, which posits; intimate partner violence is mainly by men against women in a patriarchal society, and the violence is an effort by men to dominate women through power and control. The Duluth model Power and Control Wheel was developed for men only and is therefore biased. It doesn't allow for women's violence against men, which is not congruent with the feminist patriarchal model of domestic violence, even though some women do attempt to assert power and control in the relationship (as cited in Renzetti, Edleson, & Bergen, 2011). Hoff (2012) said "The Duluth model is not based on scientific evidence, but on the opinions of female victims of domestic violence and their advocates" (p.163).

Hoff conducted an analysis of seven processes which explain the concealment and distortion of evidence gender symmetry in studies on domestic violence which lead to biases in the development and delivery of batterers' intervention programs. This includes:

- suppressing evidence,
- avoiding data inconsistent with the feminist theory,
- citing only studies which show male perpetration,
- concluding results which support feminist beliefs even when they don't,
- creating "evidence by citation" which occurs when frequent citation of previous publications lacking evidence mislead one into thinking there is evidence,
- obstructing publication of articles and obstructing funding research which contradicts the feminist theory of male dominance, and

- harassing, threatening, and penalizing researchers who produce evidence which contradicts feminist beliefs.

Hoff (2012) cited little known facts which show clear denial and minimization of male victimization. According to a national study by the CDC, more men than women were victims of intimate partner violence (Hoff, 2012). The study's National Intimate Partner and Sexual Violence Survey (NISVS) results released in December 2011 revealed that within the prior 12 months an estimated 5,365,000 men (53%) and 4,741,000 women (43%) were victims of intimate partner physical abuse. However, you cannot find this information in the Executive summary of the study, or the Fact Sheets issued by the CDC or the National Institute of Justice. One must look at the summary tables in order to get information on the extent of intimate partner violence against men. The author contends gender blindness occurs in other national organizations which influence public policy and also denies IPV against males. For instance, Hoff describes how the National Center for Domestic Violence (NCADV) Prevention misrepresented the findings from the National Violence Against Women (NVAW) survey. The authors say the survey found that "about 1.3 million women and 835,000 men are physically assaulted by an intimate partner annually" (as cited in Tjaden & Thoennes, 2000, p. 26). Yet, the NCADV fact sheet only reports "An estimated 1.3 million women are victims of physical assault by an intimate partner each year." They omit the data concerning men. Hoff says a Google search revealed over 600 web sites citing the NVAW statistics, also omitting the number of men victimized.

Hoff concludes that it is not sufficient for prevention programs to be gender neutral, but instead should also be explicitly directed to girls and women as well as boys and men. In short, he believes intimate partner violence is a people problem, not just a women's problem.

Gaps and Weaknesses

John Hamel's (2012) study provides evidence of a treatment gap in batterer intervention programs and the necessity of a more systematic approach for batterer intervention. Hamel believes that same sex groups are not successful because they do not take into account the complexities of intimate partner violence. He suggests clinicians working in the field of partner violence take into account the prevalence of mutual abuse dynamics. "There are few practice articles on working with the various forms of mutual abuse dynamics within a clinical setting, and this is the first that is focused on group treatment of both partners" (p. 124). Hamel's research shows that a more systematic approach for batterer intervention programs (BIP) is indicated. BIPs cannot be effective if only one partner is held to be accountable. One causal factor for recidivism is when all parties are not involved in a treatment / intervention program and not seeking services at the same time. Hamel's findings showed BIPs are found to be only slightly successful in reducing recidivism because of this. If clinicians working with domestic violence perpetrators familiarize themselves with the research evidence, they are better able to advocate for the group member's spouse/ partner to also be mandated to a batterer intervention program, and better able to ensure equality of the services (Hamel, 2012).

For example, an alcoholic goes to alcoholic anonymous to work on themselves and the non-drinker goes to Al-Anon to learn tools of prevention. Facilitators have a duty to continue to teach all of the traditional tools and strategies used in BIPs; however, incorporating a therapeutic approach is indicated. Example: Maslow's classic model, the hierarchy of needs pyramid, is a good start (Maslow, 1954). Maslow's theory addresses graphically in the form of a pyramid, the most basic human needs, such as food and shelter, are located at the bottom. The needs least essential to human survival is known as growth needs. These needs, such as self-actualization, and spirituality are at the top of the pyramid. Facilitators could include the middle stages of Maslow's theme which comprise belongingness - feeling loved, being part of a community, and self-esteem - and which are of particular relevance for individuals in BIPs (Maslow, 1954; Hamel, 2012).

Edelson (2008) reported that there is great controversy in the use of the criminal justice system to mandate treatment as well as the effectiveness of group treatment programs to which men are sent. Several authors (see in Dutton & Corvo, 2006; Mills, 2003) argue current approaches do not work, and there is an over-reliance on both the criminal justice system and on male only group treatment. Despite voices of opposition, Edelson indicates the research literature on group treatment approaches is promising but clearly requires more refined studies on other types of treatment programs.

The literature Edelson reviewed for this report also points to several gaps in current BIP services and other innovations. These include:

- lack of interventions to address attrition;
- lack of follow-up by service providers;

- need for increased coordination with and accountability to courts and the criminal justice system; and
- development of other areas of practice focused on both teen offenders and violent fathers.
- Edelson's (2008) research studies also raised four additional issues:
- Reaching men early in the development of domestic violence is of critical
- importance;
- Attrition from programs is high and presents a major challenge to BIP
- effectiveness;
- Most recidivism by men who batter appears in the first 15 months after enrollment, a period longer than most BIP programs; and
- A small number of men appear to be the most dangerous and may require additional attention.

Day, Chung, and Leary (2009) examined issues underlying the lack of effectiveness of intervention programs. The authors explored some of the reasons intervention programs for male perpetrators of domestic violence have higher recidivism rates than programs for other criminal offender groups (Day, Chung, & Leary, 2009). It is estimated approximately 8.7 million women worldwide are victimized by a current or former intimate partner each year (as cited in Roberts & Roberts, 2005). The efforts of advocacy work of the women's movement of the last 30 years are largely responsible for the society response of laws and resources to address the problem. Initially the development and delivery of services were dedicated to the protection of women and

children. In recent years attention turned to the development and delivery of intervention programs to reduce the risk of known offenders committing further offences. This occurred in an environment which sees domestic violence as gender based, and believes offenders are always men. The responses to domestic violence varied across both location and time (Day, et al., 2009). Consequently, in men's programs there were a range of responses from those run by community based agencies where men attend voluntarily / not by court order, to programs for men who have been found guilty of a criminal offense related to domestic violence and are mandated to attend. The programs vary in terms of purpose, disciplinary emphasis, and core beliefs of the nature of domestic violence. Programs connected to criminal justice responses are generally integrated or coordinated with other community agencies (i.e. parole and probation), while others are run relatively independently (i.e. in relationship counseling or community health based services).

Day, Chung, and Leary (2009) say the most common integrated service response is hugely influenced by the Duluth model. Developed in Minnesota, the model is based on a strong interagency approach closely linked to the judicial system, and the ongoing safety of victims is of paramount importance. This approach is underpinned by explicit values and principles in positioning domestic violence as the outcome of gender power imbalances.

The focus of such programs is much broader than just intervention with offenders. It intersects with formal protocols and responsibilities which are not centered on offender rehabilitation. Therefore, the criteria for effectiveness are not the same as conventional psychological treatment and other offender rehabilitation programs. The authors (Day et

al., 2009) believe it is possible to improve intervention with domestic violence offenders based on consistent program logic, empirical evidence, and knowledge from other offender rehabilitative approaches. They say the model of coordinated systems response to domestic violence has predominated at the inter-agency level, but further consideration to ways in which men's intervention groups are both designed and delivered are indicated. The authors say logic of men's domestic violence programs is rarely articulated, and conclude program effectiveness can be further improved by incorporating some of the approaches evident in more general violence prevention programs and by following what is known about good practice in general concerning offender rehabilitation (Day et al., 2009).

Gaps in Research

By most accounts the Duluth model, the most emulated Batterer Intervention Program (BIP) in the country, is gender biased since it always revolves around the male as aggressor and the female as victim. As noted in a previous article by Hoff (2012) the National Violence Against Women (NVAW) survey found that about 835,000 men are physically assaulted by an intimate partner annually. According to the author about one-third of those assaults are severe, meaning the men were kicked, hit with a fist, threatened or attacked with a gun or knife, or beat up. However, the majority of state and federal funding for DV program, shelters, hotlines, and other services are awarded to women's programs, suggesting discrimination against male victims of abuse. Hoff (2012) contends that there should be more attention to the research and development of programs and services that are explicitly for men.

Another gap in research is consistency of cost studies, as noted in (Chan & Cho, 2010). Their review of 152 cost studies for their paper on the economic impact of domestic violence found only six studies which explicitly discussed how cost component was calculated.

Finally, there is a gap in research on the counseling procedures at BIP programs. According to Feder and Dugan (2003*),* researchers are increasingly aware that even the best programs can have unintentional harmful effects. They suggest that those who work with batterers must at least have training which instills skills to encourage critical thinking. Challenging men who batter to think more critically and reflectively about their beliefs, challenging sexist comments and the offender's justification for his use of violence can be a very confrontational dynamic. The authors say that how facilitators and counselors approach this area is sometimes the key to how the batterer reacts (Feder & Dugan, 2003). They also recognized that teaching a batterer to control his anger does not necessarily stop the violence if the intent of the batterer is to control or dominate a partner, especially when there are other contributing factors for the violence.

There has been much prior research on domestic violence and the Duluth model. Some say it's a good model, some say it is not effective. However, while Feder and Dugan (2003) say the approach of facilitators and counselors in the intervention is a key issue, there is a dearth of literature on the voice of the facilitators' of the Duluth model, and their perceptions about working with batterers and the programs that serve them. This qualitative study explores the perceptions of facilitators with different demographics (i.e. education, gender, etc.), to determine whether further research on the subject of

facilitation of the curriculum is warranted. The methodological approach of this study's findings should fill gaps in this area.

Chapter 3: Research Method

Introduction

An examination of the existing literature suggests there are reasons for more qualitative studies that investigate various aspects of the Duluth model; a group counseling, anger management program for male batterers of domestic violence who are court sentenced to attend a batterer's intervention program (BIP). This project was an exploratory study to provide a greater understanding of the Duluth model's anger management course and its implementation by counselors / facilitators. The study took an in-depth look at the experiences of the facilitators to increase knowledge on the process of anger management course delivery. The main issue questioned in the research was, "Is the Duluth model's anger management training perceived differently by facilitators based on individual markers such as education and gender, and thereby implemented differently, suggesting different outcomes?"

Chapter 3 of this research project is divided into several parts. The first section is an overview of the general qualitative approach and provides an explanation of the study's research design and rationale, the researcher role, and research questions. The next section justifies and details the good fit between the study purpose and the selected research method. The final part describes how this research was conducted, including recruitment strategy and the data analysis process.

Research Design

The study employed the qualitative method of inquiry in examination of facilitators of anger management courses in batterer intervention programs that implement the

Duluth model. The principal philosophy of the qualitative approach is to describe, develop, and to formulate by inquiring (Creswell, 2007). In addition, the overall objective of the qualitative approach is to make the occurrence comprehensible by interpreting the reality of the lived experiences of the subject matter, and crediting the participants (Denzin & Lincoln, 2011). The difference between quantitative and qualitative theory is that qualitative meets the population where they are and the participants have a chance to review their experiences.

The generic qualitative approach was chosen for this study because its discipline is defined initially as the study of inquiry investigates people's reports of their subjective opinions, attitudes, beliefs, or reflections on their experiences, of things in the outer world (Percy, Kostere & Kostere, 2105). The chosen approach used for this study brought clear understanding to the findings regarding the facilitator's implementation of the Duluth model.

The focal point of the study was to address an under-researched area of the Duluth model, facilitation of the anger management course. The study explored the theory of possible differences in the implementation of the Duluth model anger management curriculum by facilitators of domestic violence BIPs based on certain demographics. The generic qualitative theory was appropriate for this study because it examines worldviews, perspectives, process and to understand the phenomena of facilitators who utilize the Duluth model when working with batterers (Caelli, Ray, and Mill 2003.) The research questions were intended to garner first-hand information on how the facilitators perceive

the Duluth model and its effectiveness, what they see as successful, and what improvements they would recommend, if any.

The study discussed the generic qualitative approaches to understanding how facilitators of domestic violence programs implement the Duluth model. Initially, the objective of the Duluth anger management curriculum is to help expose the behaviors associated with abuse and violence, and attempts to challenge the denial or minimization associated with abusive behavior (DAIP, 1984). The curriculum next focuses on teaching and developing alternative skills to avoid abuse and violence (DAIP, 1984). It teaches nonviolence skills such as immediate identification of the problem and ways to control it (i.e. being quiet, staying away, calling someone for support, etc. (DAIP, 1984).

Again, the focus of the study was on how the respondents interpret their experiences and their perspective regarding the Duluth model. Challenging men who batter to think more critically and reflectively about their beliefs, challenging sexist comments and the offender's justification for his use of violence can be a very confrontational dynamic. As such, it becomes a critical piece of the Duluth model that could impact its effectiveness. It is important to acknowledge this underrepresented population as well as the challenges they face when interacting with batterers.

In summation, the role of this generic qualitative study was to investigate the relationships between individuals and their subjective opinions, attitudes, beliefs, or reflections on their lived experiences and making meaning of their everyday experiences (Percy, Kostere & Kostere, 2015).

Rationale for Research Design

The study uses a generic qualitative design, which includes interpretation of subjective opinions, attitudes, beliefs, or reflections on their experiences, of things in the outer world (Percy, Kostere & Kostere, 2015).

The generic qualitative design was appropriate for this study because it is a descriptive, interpretive, and reflexive approach to investigating the lived experiences of the facilitators of the domestic violence batterer's intervention programs, whose voices have not been heard, per the existing literature. The generic qualitative research design was the best fit for this study because it gives a deep, rich, and contextual understanding of the facilitator's experiences and their perceptions of the Duluth Model anger management curriculum.

Role of the Researcher

I adopted approaches aimed ethically to protect research participants while simultaneously achieving the overall objective. The study includes respondents from private domestic violence programs. I studied various programs' missions and principle guidelines to ensure that I worked through the lens of the agencies and remained within the walls of each program's ethicality. Bonner and Vandecreek (2006) stated the researcher must adhere to the code of ethics, which is a guide for accurate decision-making. I adhered to the American Psychological Association (2006) ethical principles that are based on beneficence, malfeasance, fidelity, responsibility, justice, and respect for all parties' rights and dignity. In addition, I adhered to the National Association of Social Work (NASW, 1998) code 4.04 that addresses Dishonesty, Fraud, and Deception,

which social workers should not participate in, condone, or be associated with. According to Cooper (2009), there are pros and cons regarding public organization, and leadership must have full knowledge of state and government laws, whether for nonprofit or profit programs.

I secured information by interviewing and observing facilitators who deliver the Duluth model's anger management curriculum. This curriculum's intent is to teach perpetrators/batterers of domestic violence how to change their anger and violent behaviors. The generic qualitative approach allowed me to be the voice of description regarding the essence of the experience of facilitators who utilize the Duluth model when working with batterers. According to Creswell (2009), "a qualitative study begins with assumptions, a world view, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem" (p. 37). The researcher's role was to learn if facilitators, based on their individual markers such as education and gender, perceive anger management training differently. As discussed in Chapters 1 and 2, I did not find any literature relating to whether facilitators of nonviolence programs with differing levels of education in psychological studies are comfortable in delivering the anger management courses. The study utilized the interpretive and reflexive approach because it allowed me to share, and participate in validating the partnership role. I can relate to facilitators who implement the Duluth model because I worked at a program that utilized this model in the past. To avoid the potential pitfalls of researcher biases, this study included two other components, interpretive and reflexive. I maintained an objective, scholarly voice

throughout the study. Furthermore, in efforts to remain unbiased, the study interpretations and findings were derived solely from the lived experiences and perspectives of the participants.

Reflexive Role

Part of the researcher role is to work from the reflexive standpoint (Etherington (2004). According to Etherington, reflexivity is a process whereby the researcher considers how his or her personal experience informs the process and outcome of a qualitative inquiry. The reflexive approach enables the investigator to reflect intentionally and consciously upon some of his or her thoughts while analyzing and processing participant data (Etherington (2004). Reflexivity invites the researcher into the data collection/analysis process as an insider and at times a co-participant, rather than an outside observer, and this allows participants a greater comfort level with researcher.

Etherington (2004), and Pulpit & Martin (2010) stated that reflexivity researcher bias is not necessarily interpreted as a negative influence. In using the reflexivity approach, it acknowledges that bias is an unavoidable aspect of qualitative research (Pulpit & Martin 2010). Social scientists cannot divorce who they are from what they do. Qualitative research is intrinsically a process of mutual exploration and discovery for both inquirer and participant and this approach adds value to the research process by increasing self-awareness and understanding (Bullpit & Martin, 2010). Reflexivity also promotes a rigor and enhances data reliability in qualitative inquiry (Jooten, McGhee, & Marland, 2009). The reflexive approach provides insight of the researcher and allows the researcher to assist participants regarding their perspectives and their experiences, and at

the same time the reflexive approach gives an understanding of the importance of the researcher's experience and that the researcher is a part of the key informants' social world (Jootun et al., 2009).

Interpretive Role

The interpretive approach is part of the generic qualitative concept, and used for this research study because it allowed me to include the participants discussing their perceptions and thoughts concerning implementation of the tool. By discussing their implementation of the model, facilitators were able to incorporate their experiences, education, race and knowledge which provides a clear understanding of what they might believe is needed in the tool to prevent abusive behavior. The interpretive role in this generic qualitative study, particularly this approach was to express as an iterative process of data immersion and thematic analysis on the part of the researcher, illuminating how participants' interpretation of subjective opinions, attitudes, beliefs, or reflections on their experiences, are evaluated to make sense of the outer world (Percy, Kostere & Kostere, 2015). The interpretive process also involves the transformation and synthesis of participants' descriptions into generic qualitative structures, and categories.

Creswell (2009) stated "Qualitative research is a form of interpretive inquiry in which researchers make an interpretation of what they see, hear and understand. Their interpretations cannot be separated from their own backgrounds, history, contexts and prior understanding". Interpretive concept stops the researcher from biases because the researcher only records what is reported.

Research Questions

In relation to the qualitative design the study was guided by four questions. Following these primary questions there were a series of interview questions (see Appendix A). It is important to understand the difference between the guided question and the interview questions. The phenomenon under investigation explored questions that surrounded the primary question. The interview questions were used to secure responses from the participants of the study to secure a close absolution concerning the phenomenon. The interview questions were used to explore the various perspectives and meaning the participants hold.

According to the qualitative research principles of Rubin and Rubin (2005), the function of interview questions is to narrow the scope, help to formulate, allow the researcher to probe, clarify, and follow-up on responses. Sub-questions are suggested to be central and should not exceed a total of 12 (Miles & Huberman, 1994). Interview questions should be few in numbers, articulated clearly, and open-ended. Based on this guidance, the interview questions are separate (see Appendix A) from the primary questions for the study which are below.

Primary Research Questions:

RQ1 – What are the perceptions of facilitators with varied academic backgrounds: i.e. no degree, associate, bachelor, master; varied concentrations of study, i.e. Psychology, Social Work, Education, etc.; and other certifications, licenses and training regarding their approach to delivering the anger management component of the Duluth model?

RQ2 – What are the perceptions of facilitators of different genders regarding their approach to delivering the anger management component of the Duluth model?

RQ3 – What are the perceived benefits for facilitators when using the Duluth model while interacting with batterers?

RQ4 – What are the perceived challenges for facilitators when using the Duluth model while interacting with batterers?

Methodology

This section details the methodology used in the study in a step by step procedure to show the match between the research purpose and the approach. According to Creswell (2003), a qualitative study is emergent rather than tightly prefigured. Therefore, to maintain methodological rigor the following guidelines were followed:

Sampling Strategies

Patton (2002) stated that sampling strategies must be selected to fit the purpose of the study and this includes availability of resources, and questions being asked in an order of understanding. There are sixteen types of strategies which can be used for qualitative research; purposeful strategy was chosen for this study. Patton (2002) says purposeful sampling means illustrating characteristics of particular/selected subgroups of interest. Purposeful allows the researcher to choose the participants and programs to be used for the research.

The target sample of participants for this study was 6 to 7 facilitators from various domestic violence intervention programs that utilize the Duluth model in different cities. Generic qualitative research is not guided by an explicit or established set of philosophic

assumptions in the form of one of the known [or more established] qualitative methodologies" (Caelli, Ray & Mill 2003, p. 4). Percy, Kostere & Kostere (2015), stated objectives were to; investigate the relationships between individuals and their subjective opinions, attitudes, beliefs, or reflections on their lived experiences and making meaning of their everyday experiences.

The study consisted of interviewing and observing seven facilitators of anger management courses from six domestic violence programs. This allowed me to see the common threads of the research question. Targeting the facilitators (key informants) of domestic violence intervention programs kept the study in its intended area of research. Furthermore, the small sample size allowed me to work in-depth and to meet appropriate timelines.

Recruitment Procedure

In order to recruit participants for the study, I contacted several DV programs to secure the permission of the administrators of those programs to conduct the study (Appendix B). At that time, I ascertained if the facilitators at the programs had different levels of education. Once permission had been granted to conduct a study in six domestic violence programs that utilize the Duluth model, I sent a follow-up letter to the administrators of those programs chosen in order to confirm a date to meet with staff (Appendix C). At the initial meeting, I explained the study, recruited participants, and secured the consent of those who volunteered (Appendix D).

This recruitment further consisted of screening and selecting participants from the pool of facilitators at each agency. Each participant had to meet the following criteria: (a)

at least 25 years of age, (b) speaks English, (c) currently works for a domestic violence intervention program, or have worked in a domestic violence intervention program within the last six months, and (d) has implemented the Duluth model anger management curriculum.

Data Collection Procedure

All of the interviews and observations took place at the chosen BIP facilities. The process consisted of: (a) a one-on-one interview with the facilitator using the questionnaire in Appendix A, and; (b) observing the individual's facilitation of a group session at their location. The individual interviews lasted one and a half to two hours. The observation lasted through whatever time the group was in session. The tools used were: (a) audio taping the facilitator at the individual interview and; (b) hand-written notes only during the group observation. Since the group's participants (domestic violence batterers) taping occurred during observation of the group session.

Face to face interviewing was an intricate part of this study. New technologies are the way of the world; therefore, I was ready to use another secure tool if needed. According to Patton (2002), practical, but creative, data collection consists of using whatever resources are available to do the best job possible. Other technology can include the use of emails, Skype, and telephone calls to conduct interviews if unable to do so face to face. I followed up with facilitators when necessary using both emails, and phone calls.

The data collection process regarding this qualitative study consisted of engaging in a series of activities in the processing of collected data. This circle consisted of collecting

data, recording information, resolving field issues, storing data, locating site/individuals, gaining access, making rapport, and purposeful sampling. Interviewing and observations were the key factors regarding this study.

I used three elements which included narrowing data, compartmentalizing data, and coding data into a broader spectrum. I then compared the information by using coding strategies. Pre-coding helped with the direction of the study, and helped me organize and prepare the data. Coding of the data consisted of using initials and a number to identify city, program name, participant information (i.e. Baltimore, House of Ruth, and participant-BHORCH2).

Data Analysis

The study was based on the assumptions that social change efforts are enhanced through systematic data collection around perceived problem and goal. The sample was critiqued by the fundamental components of action research as follows: (a) systematically collecting data relative to the perceived problem in the social system; and (b) monitoring the action through further data collection (Soriano, 1995). The systematic sampling consisted of labeling technique, and the ordering of the findings was manageable because of the coding system that was incorporated. This sampling allowed everyone to be included in the study.

The participants were interviewed using a two-part questionnaire (Appendix A). The participant completed the first part of form providing pertinent data; program name/location, respondent's background, length of time working with batterers, and education history. The second part of the form was interview questions that included

environments and routines of their facilitation of the course. An outline of questions identified respondent's attitudes, beliefs, feelings and opinions. The list of questions contained open-ended questions since this allowed respondents to voice his or her opinions and perceptions. There was one set of data for key informants. The results were compiled in two ways, coding manually and member checking.

Member Checking

In qualitative research, member checking is a technique investigators use to improve the accuracy, credibility and validity of a study (Lincoln & Guba, 1985). Member checking is a term which implies that participants have the opportunity to confirm what they stated and also corrects misinterpretation of the data. Member checking consists of submitting interview transcripts for participants to review pre-stated content. Member checking also enhances trustworthiness of the data and gives creditability (Lincoln, 1995; Creswell, 2010). Member checking was conducted during and after the interview. Member checking (also referred to as member or respondent validation) is a strategy often used to secure the validity of qualitative research findings.

In the study, the interviews were recorded using a cassette tape. This enhanced precision and ensured accuracy of recollection. It permitted me access to repeated and detailed examination of the conversation. The tape recordings were transcribed verbatim into a written document. This allowed me to submit interview transcripts to the participants for review and approval of their pre-stated content. I also shared notes and write ups from the observation for their review.

The participants of the study were asked to evaluate the following: whether (a) researcher accurately rendered their experiences that were the target of study, (descriptive validity); (b) researcher fully captured the meaning those experiences had on them, (interpretive validity); or whether (c) researchers' final interpretive (e.g.generic qualitative) accounts of those experiences do justice to them (Patton, 2002; Given, 2008). Member checking is a transaction between researcher and participant whereby data are played back to participants to ensure that researchers got it right (Patton, 2002; Given, 2008). Interviews, observation, member checking, and trustworthiness were the driving force and the connection to validity and credibility for this study.

Validity

Validity was important to the study since the goal was to demonstrate an association between responses and the prediction of the theoretical trait regarding key informants of domestic violence intervention programs. In addition to member checking as described in detail above, to further ensure validity of the study this research shows attention to detail. This qualitative study aimed to acquire an understanding through key informants' firsthand experience. This was done by truthful reporting and conversations of their implementation of the Duluth Model anger management curriculum with facilitators of domestic violence programs as key informants. It also included observation of the sessions by the researcher.

Interviewing the facilitators provided an understanding of how their background and surroundings are major facets that influences their behavior and thought patterns. The credibility was derived from the trustworthiness concept which means the facilitators are

the only ones who can legitimately judge the credibility of the results (Lincoln & Guba, 1985). The credibility criterion involved establishing that the results of qualitative research were credible or believable from the perspective of the participant in the research. To ensure credibility and validity a questionnaire (Appendix A) was used for interviewing and securing pertinent data. Direct observation reduced deformation between the observer and what is observed that can be produced by an instrument (e.g., the questionnaire). Methods used for human inquiry consist of interviews and observations. The study included an observation of the natural setting where key informants (facilitators/counselors) conduct their anger management groups and implementation of the Duluth Model curriculum. Moreover, the design of the instrument allowed the researcher to build on tacit knowledge and the use of qualitative methods which included purposive sampling and data analysis as well as said information from participants (Guba & Lincoln, 1985; Creswell, 2009). Next the reliability was ensured by the questionnaire I used which produced stable and consistent results. Reliability consists of the responses from the interview questions and the consistency in themes. Themes were derived by searching for the commonalities and frequent word use from the participant.

Construct validity was used to remain consistent in the study and not deviate from the assumptions and target of the study (Creswell, 2009). Construct validity permitted me to stay focused and consistent with the facilitators of domestic violence programs. The construct validity concept allowed me to describe the phenomena in great detail in the original language of the key informants who can identify with the topic of the study

because of their direct experience with the subject matter. This concept introduced trustworthiness and allowed my narrative skills to excel since the information was derived from the participants' view points and allowed me to give rich descriptions in details.

In summary, a generic qualitative study is the process of collecting data which elicits people's reports on their ideas about things that are outside themselves. These concepts gave reliability and the findings show validity.

Chapter 4: Results

Introduction

This qualitative study looked at facilitators who deliver the anger management curriculum of the Duluth model to determine if there is a perceived difference in how the model addresses the needs of batterers when implemented by facilitators with differing levels and different concentrations of education and training. This chapter presents the perceptions and themes that emerged from guided interviews conducted with seven facilitators who worked at various Duluth model batterer interventions programs (BIP).

The primary questions that sustained the research agenda were as follows:

RQ1 – What are the perceptions of facilitators with varied academic backgrounds i.e.no degree,, associate, bachelor, master; varied concentrations of study, i.e. Psychology, Social Work, Education, etc.; and other certifications, licenses and training regarding their approach to delivering the anger management component of the Duluth model?

RQ2 – What are the perceptions of facilitators of different genders regarding their approach to delivering the anger management component of the Duluth model?

RQ3 – What are the perceived benefits for facilitators when using the Duluth model while interacting with batterers?

RQ4 – What are the perceived challenges for facilitators when using the Duluth model while interacting with batterers?

The seven participants were given a chance to provide further input as needed and an opportunity to review the findings for accuracy in the description and interpretation of their lived experiences. The chapter organizes the findings of the research in two parts.

This includes a general overview of the research procedures, with discussion of the process by which the data were generated and recorded. This is then followed by the actual findings of the study.

Overview of Data Collection and Procedures

Recruitment, screening, and selection

Data were collected by interviewing seven facilitators who worked at various Duluth model batterer intervention programs (BIPs) in the Mid-Atlantic region: Morristown, NJ; Steelton, PA; Baltimore City, Baltimore County, Carroll County, and Prince George's County, MD. The participation criteria for facilitators were: (a) at least 25 years of age, (b) speaks English, (c) currently works for, or have worked in a domestic violence intervention program within the last 6 months, and (d) has implemented the Duluth model's anger management curriculum. After first calling several state certified programs to discuss the details of the study and request permission to conduct the research, a follow-up letter (Appendix C) was sent to the programs agreeing to participate. A consent form (Appendix D) was also given to and discussed in detail with potential participants. The researcher contacted the facilitators via e-mail or telephone to establish the place and time for the interview.

The seven participants chosen were four men (two Caucasian and two African American) and three women; (two Caucasian and one African American). Their ages ranged from 41 to 60. The BIP programs were from the Mid-Atlantic region of the United States. The populations they served were from communities in the Baltimore County,

MD, the inner cities of Baltimore, MD; Morristown, NJ; and Steelton, PA, and from suburban areas in Prince George's County, MD, and Carroll County, MD.

Interview Procedures

Participants chose to be interviewed at their work locations. Two interviews were conducted in the facilitators' offices, and were scheduled 3 hours before their next group session to ensure that clients were not exposed. Clients were not allowed into the facility before their scheduled group time. Five participants opted to be interviewed at their work location before or after their group session in facilitator's offices or a conference room that was located in another part of their facility to eliminate- interruptions and ensure client confidentiality. Face to face interviews were conducted by opening the conversation with an introduction of me as the researcher, and details about the study

I established an immediate rapport with the participants. I spoke with the participants about my seven years of experience facilitating group sessions in a batterer intervention program. During my employment as a facilitator, I saw many repeat offenders. Two of the repeaters did three bouts with my program. Both of them eventually killed their spouses; one was sentenced to 50 years, the other life imprisonment. This caused me to question not only the efficacy of the program but also to question my skills as a facilitator. Even though I have a BA degree in psychology and was working on my master's degree at the time, I wondered if not having experience in the domestic violence arena prior to the job, or having no specific education and training on facilitating the Duluth model caused failures. It led to me choosing this topic of research for my dissertation. This candid revelation helped the participants to be

comfortable, open, and frank during the subsequent interviews. I provided an explanation for the consent forms, audio recording, and note taking to record additional analysis of the information by the interviewer. The facilitators shared insight regarding their programs, and were given a sufficient amount of time to read the consent form with ease and to ask questions. I discussed the consent form in-depth to ensure that each participant understood the voluntary nature of participation, their right to withdraw without consequences from their employer or Walden University, and that no compensation was connected to the study. I also discussed confidentiality in-depth, explaining that I would code their information so that participants would not be identified. However, each participant felt comfortable if I used their first name only in the study. Each participant signed two consent forms and thus was given a copy with their original signature(s). I retained a copy for my own record. Participants completed a form that provided demographic information (Appendix A-1) which included gender, age range and education**.**

The Participants

Marc is an African American male over 40 years of age who holds a master's degree in education and theater. He has not attended specific Duluth training. Marc has done group counseling work for 21 years; the last eight of those years with a BIP located in the Baltimore County metro area. Marc's role at work is Abuser Intervention Coordinator which consists of the ongoing maintenance, development, and tweaking of the batterers group programs, and scheduling the sessions. Marc also facilitates three

separate groups a week. During the interview, Marc showed compassion and seriousness for his work and appeared generally displeased with the Duluth model.

Sunny is a Caucasian female over 50 years of age who holds a master's degree in community psychology. She completed a Duluth training program and completed advance training in the Duluth model. Sunny has done a lot of work in the domestic violence arena and has been facilitating BIP groups for 20 years. Sunny is the co-owner of a BIP in Steelton, PA. It was evident that Sunny takes her work with domestic violence very seriously. She has been involved with women's issues since her college days where she focused on topics relevant to equality for women.

Robert is a Caucasian male over 50 years of age who holds a bachelor of science degree in Mental Health Technology. He also completed the Duluth model training and advanced course work in the Duluth model. Rob is co-owner of the BIP in Steelton, PA with his wife, Sunny. Prior to opening the BIP with his wife, he worked as a director for a hospital-connected program in Allentown and saw clients in individual sessions there. He was a counselor at the Dauphin County Prison where he started a therapeutic community program that is still in place.

Patrick is an African American male over 40 years of age who holds a master's degree in social work, is certified as a licensed clinical social worker (LCSW), and is currently working on his dissertation pending his Ph.D. He has not had training on the Duluth model. Patrick is currently the director at his BIP located in Prince George's County, a suburb of Maryland. He has been a clinician for 15 years, the last 8 years with the population of DV abusers. During the interview, Patrick was polite and well-

mannered. He became a facilitator at the request of a colleague who needed a hand; but once he conducted a group, he saw this as his "calling".

Richard is a Caucasian male over 40 years of age who holds a master's degree in Counseling, and is certified in addiction counseling (CAC-AD). He has not attended training on the Duluth model. He works at a BIP located in Carroll County, a suburban Maryland area. Richard stated that he is very serious about his work and he loves the therapeutic piece of his program. Richard is the owner of his program and he said that he is hands on with the program. He also works for a Public school during the day.

Juli is a Caucasian female 40 years of age who holds master's degree in education and in counseling. Juli has had training on the Duluth model. She has been facilitating BIP groups for 13 years; six of those years conducting groups for teen batterers. Juli began as a facilitator at a BIP in the inner city of Morristown, NJ, and is now the Abuse program coordinator at the center. She still facilitates groups when needed. Juli was joyful, and smiled a lot during the interview. She was very relaxed, with one foot under her on the chair, as she spoke about how she always liked working with teens. That once she observed a group session at the behest of a friend, she loved it and knew it was what she wanted to do.

Toni is an African American female over 40 years of age who holds a bachelor's degree in psychology and is currently working on her master's degree in Human Services, which she will complete in 2 months. Toni has not attended training on the Duluth model. She has been facilitating batterer groups for 6 years at a BIP which is

located in Baltimore, MD, an inner city area. She believes the Duluth model may not be the best tool to use with her clientele who have so many issues.

Table 1

Participants' Characteristics: Personal Demographic Variables

Name	*Age Range*	*Gender*	*Education Level/Concentration*	*Duluth Training?*	*Race*	*City/County State*	*Geographical Area Type*
Marc	41-50	M	Master's degrees Education & Theater	No	AA	Baltimore County, MD	Metro
Sunny	Over 50	F	Master's degree Community counseling	Yes	Caucasian	Steelton, PA	Inner city
Rob	Over 50	M	Bachelor of Science Mental Health Technology	Yes	Caucasian	Steelton, PA	Inner City
Patrick	41-50	M	Master's Degree / Social Work/ Licensed LCSW –Pending PhD.	No	AA	Prince George's County, MD	Metro
Richard	41-50	M	Master's degree Counseling /certified CAC-AD	No	Caucasian	Carroll County, MD	Suburban
Juli	41-50	F	Master's degrees Education /Counseling	Yes	Caucasian	Morristown, NJ	Inner City
Toni	41-50	F	Bachelor's degree//Psychology Pending Master's degree	No	AA	Baltimore City, MD	Inner City

Generating data and recording themes

The four primary research questions guided the interviews, with several supporting questions (Appendix A-2) to encourage open-ended responses. Using the primary and supportive research questions as an interview guide, I engaged the participants in dialogue that focused on their perceptions of the Duluth model anger management course, the strengths and weaknesses of the program and processes, and their perceptions and feelings of efficacy when working with abusers/batterers of domestic violence. These interviews were recorded and transcribed verbatim. The documents were kept in a binder in a locked cabinet, and copies were also stored on computer disk. During the interview process, I took notes and made observations including notable facial expressions, tone of voice, or other visible emotive expressions.

There were two variations to the data collection from the plan presented in Chapter 3. First, I observed only one actual group facilitation as was indicated in Chapter 3 for facilitators with less than 6 months of experience. Since all of the participants had several years of experience, this was not necessary. In addition, only one of the participants agreed to be observed. Secondly, two questions were added to the supporting interview questions (A-2). Concerning their education, I asked if the participants themselves had attended specific Duluth model training. Also, a debriefing question was added at the end of the interview. "What would you add or change to Batterer Intervention Programs". It became evident with the first interview that the facilitators were compassionate and serious about their work, and wanted to provide their input. In addition to securing additional information for the researcher, this gave the facilitators an opportunity to exhale from the in-depth interview. It gave them a voice of "if I could, I would". The debriefing role fits this qualitative study regarding interviewing. The interpretive research process demonstrates the value of using debriefing questions as part of a qualitative research study (Frelis, K.F. & Onwuegbuzie, A. J., 2012). The debriefing question allowed the interview to come to a close with ease.

Reflexive Journal

According to Brand and Anderson (1998), a reflexive journal is "a technique used to help ensure the trustworthiness of qualitative findings" (p. 214). I maintained a reflexive journal to record my thoughts and comments during the research project. During the interview process, I made observations including notable facial expressions, tone of voice, or other visible emotive expressions. These observations were used to add

richness to the narratives. Using a journal helped me identify themes that emerged from the interviews. It was also useful in developing ideas. I identified several themes from the interviews that are discussed further in conjunction with the primary research questions.

Evidence of Trustworthiness

Credibility

Creswell's (1998, 2007, & 2009) method of validity shows the accuracy of qualitative studies is conducted by clarifying researcher bias, and by using the member-checking method To be mindful of biases, I followed Creswell's theory of being open minded while conducting the study. Creswell (1998) theorizes that in order to clarify researcher bias the researcher must openly express any preconceived opinions and/or perceptions that could influence the results of the findings. In securing the lived experiences of facilitators of batterer intervention groups who participated in the study, I discussed theories that were mentioned in chapter 3 regarding prevention of biasness and reliability of the data.

Interpretive and reflexive theories were used to bring an absolution in avoiding biases. The interpretive and reflexive approach was used given that it consents to researcher sharing, participating, and validating the partnership role in the study. Since I once worked as a facilitator (seven years ago) I thereby related emphatically to facilitators who currently implement the Duluth model. To avoid the pitfalls of biases, interpretive and reflexive components allowed me to maintain objectivity, and keep a scholarly voice throughout the data analysis. The elimination of biases derived from sticking exclusively to the study interpretations and findings that solely derived from the

lived experiences and perspectives of the participants via audio tape recordings and field notes

Member Checking

Trustworthiness includes member checking to ensure validity. Creswell (2009, p. 191 & 2007 p. 2008; Lincoln and Guba, (1985) indicates that member checking is sound proof in regard to ensuring credibility because the researcher does not incorporate their own view. In the beginning of this study, I introduced member checking during the initial interviews by questioning and clarifying participants' responses in order to ascertain that the respondents were clear on their answers' and to ensure that nothing was left out or added. I also did this by validating and reflecting on the audio recordings and in handwritten notes.

My field notes and member checking were imperative to obtaining the findings and also secured and ensured credibility. In utilizing the member checking technique I provided the data analyses, interpretations, themes, and conclusions of the findings to the participants for their review and comments and thus ensured accuracy of the interviews. Member checking was done in stages first by transcribing information from the audio tape recordings and field notes. Each participant saw only their interview transcripts and themes selected from their interview. A second member-check was performed which shared completion of the (semi) final product which included their comments if any, the data analysis findings, and themes of their interview. This was done in person and by email and allowed the participants to review the themes that contained only their specific quotes. The audio taped interviews were transcribed verbatim (entailed laughing, pauses

and in-depth responses) which further established the reliability of the data analysis / findings. The two step processing and purpose was to ensure that perceptions of their experiences and that their original meanings were not lost while analyzing the raw data.

Transferability

Lincoln and Guba (1985) said transferability in a qualitative research refers to the extent in which the study's findings have a connection such as settings, contexts, or individuals who have the same shared experiences or characteristics which is established in this chapter. The generic qualittive theory allowed a technique of the thick and rich information to be compiled that included the participants detailed experiences and perceptions which was a contributing factor and a guide in securing the study's results and findings in reference to clarifying the participants experiences of facilitating batterer intervention programs.

Dependability

Qualitative study incorporates dependability because it refers to the stability of consistency of the inquiry and findings process (Smith, Flowers & Larkin, 2007 & 2013). Dependability concerning this study was derived by an independent research that used a systematic approach and a constant review of each of the participant's outcome. Therefore, before confirming the findings I employed the technique of investigator triangulation with my editor who has experience with qualitative research and understanding of the triangulation approach. This helped to ensure dependability and through numerous reviews was involved to establish dependability. In addition, my methodologist's examination of the findings confirmed dependability. According to the

interpretation phenomenological analysis (IPA), numerous reviews of documents including raw data, findings, samples of open ended chart coding structures, numerous reflections, and in-depth analysis determined that the coding strategy, data analysis, and research findings were consistent (Smith, Flowers & Larkin, 2007 & 2013).

Confirmability

In confirmation of the generic study one must recognize that method has become intertwined into the core characteristics of qualitative research. It recognizes the self-reflective nature of the qualitative researcher and it emphasizes the role of the researcher as an interpreter of the data and individual who represents information only (Percy, Kostere & Kostere, 2015). During analyzation of the data, I had a clear understanding of terminologies because of previous experience as a facilitator which allowed reflection. Corbin and Strauss (2008) stated that it is not uncommon for a researcher to share similar life experiences.

Coding and thematic is an interpretive process which also allowed me to reflect. While reflecting, I noticed how the field of facilitation has changed and how the domestic violence arena has evolved, reflections and moments of identification of experiences. Lincoln and Guba (1985) stated that during the interpretation process researchers will often reflect. To ensure credibility and deter biases during these reflections, the trustworthiness process was maintained by sticking solely to the information derived from the participants' interviews, audio taping, and field notes.

Construct validity was a major facet to deter deviation. Even though Corbin and Strauss (2008) stated that both parties (researcher and participants) can have biases but it

does not have to be negative. To ensure I did not incorporate my own experiences into the data, the interpretive phenomenological analysis theory was utilized which included charting from the largest thematic point to the final themes (charting, matrices and coding). It included transcribing audio tapes and field notes, and coding extensively to ensure that the findings and interpretation were accurate by participants' statements, lived experiences and numerous reviews. The reflexivity, audit trails, technique, and the evidence was used to establish confirmability.

Reflexivity

Prior to chapter 4 the reflexive approach was mentioned for reiteration purposes. The reflexive approach to qualitative inquiry is an ongoing cognitive awareness of the many influences that an investigator brings to assist in the qualitative research analysis process (Etherington, 2004). For the purpose of this study I maintained a record of reflexive notes from the interviews regarding participant's perceptions, insights, and understandings that participants stated during their interviews and data analysis processes.

Interpretive role

As outlined in Chapter 3, the interpretive role in this phenomenological study allowed me to interview participants and secure their responses. An iterative process of data immersion and thematic analysis was then conducted by illuminating the participant's experiences and perceptions, and making sense of their world as facilitators of batterer intervention programs. My role here was interpreting, which involved the

transformation and synthesis of the interview of the participants' into descriptive phenomenological structures, and categories**.**

Audit Trail

Audit trail has components that make it a major contribution to establishing confirmability. The audit trail helps one to remain organized and to ensure that the researcher has the information needed to analyze and secure findings and themes. This was done by outlining each step that entails documenting the research process from start to finish. Creswell (2009) stated that an audit trail is transparent and accounts of all what was included or used in the study. Audit trail is an account for all the information used. For example, in this study the following was used in conducting data collection; coding, evaluation process, face to face interviews, transcripts, demographic forms, audio recordings, consent forms, and cooperation letters. These items were part of the audit trail and are included in the study as appendices.

Interview Results

The individual face to face interviews allowed each participant an opportunity to speak in depth about batterer intervention programs, to discuss and explore their attitudes and perceptions in their role as a facilitator working with batterers, and their lived experiences. As they discussed their perspectives each one was candid, transparent, and blunt. For a clear understanding it is important to provide some backdrop information surrounding each participant's interpretation of their experiences regarding this phenomenological study. The research questions sought to further understand if their attitudes and perceptions vary based upon levels and concentration of education or upon

gender. Since the researcher could find no studies which focused solely on the perceptions of staff working directly with batterers, this research sought to determine if there is indeed a difference in how facilitators approach the Duluth model based on education and gender or if there is a need for additional research on the subject.

Themes

The following seven themes emerged from the interviews:

1. The Duluth model is useful as an opening overview of the counseling session, especially to introduce the "Power and Control Wheel" to set the tone of the counseling.
2. The Duluth model's efficacy is limited as a stand-alone tool because it does not address the needs of diverse cultures and has a limited perspective on how social, psychological, and economic issues impact abusive behavior and domestic violence.
3. BIPs are autonomous. The Duluth model is not the only tool used but some BIPs incorporate other components and curricula to fit their client base.
4. The coordinated community response which is a critical piece of the Duluth model is not always strong, or is missing in most instances.
5. Facilitators see the major causes of abusive behavior as the substance abuse, mental health, and economic stressors that are present in the vast majority of batterers they serve. They believe the Duluth model lacks the components to address these clients' diverse needs (social, psychological, mental health, cultural, and ethnicity to name a few).

6. Major benefits of the Duluth model are that it provides an introduction tool to set the tone of the initial group cycle, and is useful for credibility and funding.
7. The Duluth model has various challenges – The DM is not a universal tool and does not meet the target population holistically
8. The themes are discussed further in the chapter as the individual research questions are addressed.

Each participant spoke in depth about their roles as facilitators of batterer intervention programs and their lived experience. As they discussed their perspectives and opinions, they were candid, transparent and blunt. For a clear understanding it is important to provide some backdrop information surrounding each participant interpretation regarding their experiences regarding this phenomenological study. Corey & Corey (2003). says "The counselor/facilitator role is to create a climate in which clients can examine their thoughts, feelings, and actions and eventually arrive at solutions that are best for them; relying on techniques too much can lead to mechanical counseling." (2003, p. 22 & p. 43). According to him, the techniques that a counselor uses should evolve from the therapeutic relationship, and should enhance the client's awareness or suggest possibilities for experimenting with new behaviors.

Research Questions and Themes

The results are arranged in order of research question, not necessarily in order of importance. Patterns and themes as emerged from the interviews are discussed, as appropriate. To further describe participants, while respecting confidentiality, each

participant agreed to be identified by first name, along with alphabetical letters for education, gender, and geographical location.

Research Question 1 - What are the perceptions of facilitators with varied academic backgrounds i.e.no degree, associate, bachelor, master; varied concentrations of study, i.e. Psychology, Social Work, Education, etc.; and other certifications, licenses and training regarding their approach to delivering the anger management component of the Duluth model?

At the very beginning of the interviews, I found that none of the programs have facilitators with less than a bachelor's degree, albeit in different concentrations of study. Instead, several of them have facilitators who started with a bachelor's degree but have continued their education and now have masters or doctorate level degrees. However, only three of the seven participants attended a training course themselves on the Duluth model. The others were provided on-the-job training in facilitating the course.

Themes1, 2, and 3

The general consensus from the majority of participants regardless of their education level is that they use the Duluth model as a skeleton or orientation tool. Most of the participants believe it to be useful in setting the tone of the session by using the model's "Power and Control" wheel which clearly establishes the feminist view that domestic violence is the willful perpetration of violence by males to achieve dominance over their partner in the relationship. This view demonstrates women and children as victims and males as aggressors. Second, the participants felt that the Duluth model is not adequate as a stand-alone tool, and third, most of the programs use other tools and

incorporate other strategies and curricula to fit their specific populations. There was no discernible difference by education for those who don't use other tools (table 2).

Table 2

Perceptions by Education: Theme Responses 1, 2, & 3 for RQ 1

Education Level / Concentration	*Theme 1 Useful to establish power & control as core of sessions*	*Theme 2 Limited efficacy as a stand-alone tool*	*Theme 3 Must use other programs and curricula to better fit their clients*
Marc–Master's / Ed &theater	Yes	Yes	Yes
Sunny–Master's / community psychology	Yes	Yes	Yes
Rob–Bachelor's / mental health technology	Yes	Yes	Yes
Patrick - Master's /Social Work/Licensed LCSW	Yes	Yes	Yes
Richard - Master's Counseling /certified CAC-AD	Yes	Yes	Yes
Juli–Master's / education &counseling	Yes	Yes	Yes
Toni–Bachelor's /psychology	Yes	No	No

When asked about their perception of the Duluth model's effectiveness:

Marc - The Duluth model has to be tailored to fit the full audience. If you just do it in the raw as it is presented it would not be as effective. Marc pauses and shakes his head. I had to tailor the model at times because in my experience of dealing with people from different social and educational backgrounds; if you just go over the material as it is it can bypass many of the clients or it is even too basic for others. So it can be tailored up or down to fit the population. The clients my program serves are from diverse cultures and the majority are African American males. The Duluth model is a standard tool that doesn't reach that audience. There are various implementations of new ideas in the groups but no specific named

tool. The tools used are videos, music, and personal goal designing which derives from the information given in the group.

Sunny – The Duluth model holds people accountable and the model comes across much better because it can be confrontational.

Robert – The Duluth model is an effective foundation and it gives a great introduction in understanding the concepts that will be used (power and control wheel).We do use other tools that help client identify the impact of their behavior.

Patrick – Yes, I believe the effectiveness stems from the behavior management component which is the power and control wheel of the model. The power and control wheel identifies the core perspective of the abusive behavior, and identifies target areas to educate clients on changing their behavior.

Richard –The model is effective as the ground breaker for a domestic violence counselor and how it addresses the power and control. The Duluth model is a building block. The model helps as an initial core adding again to the power and control which is the real focus of the Duluth model. Other materials are used with the Duluth model, such as the River of Cruelty family initiative from Kansas.

Juli – The Duluth model is effective because it gives accountability regarding one's own behavior and people make choices regarding the abuse they perpetrate. The Duluth model focuses on perpetrators recognizing his behavior. Duluth model shows the abuser that he made the choices. Recognizing behaviors that compromise actions like financial control, abuse to the children, and threats. Blaming and denying and minimizing one's behavior to have control over the

partner. We first use the power and control wheel, but also use some components and curricula from other programs like STOP, a program out of Michigan.

Toni – The model is only effective to those who apply it, not effective when not taken seriously. The tools taught in group are not always used by all participants.

Themes 4 and 5

Irrespective of their education level the majority of participants believe that there are other issues that affect domestic violence. Most of the facilitators believe the major contributing causes of abusive behavior is the substance abuse, mental health, and economic stressors that are present in the vast majority of batterers they serve. They believe the Duluth model needs other components in order to address clients' diverse needs; social, psychological, mental health, cultural, and ethnicity issues (table 3).

Table 3

Perceptions by Education: Theme Responses 4 & 5 for RQ 1

Education Level / Concentration	*Theme 4* *Other issues affect the abuser*	*Theme 5* *Modifications required to address the completeness and diversity of clients' needs*
Marc – Master's / Ed &theater	Lack of employment, low self-esteem, lack of guidance and socialization skills.	
Sunny – Master's / community psychology	Poverty, alcohol, and drugs	More accountability, punishment from the court system
Rob – Bachelor's / mental health technology	Poverty, substance abuse, mental health issues	Better connectivity to court system and other agencies
Patrick - Master's /Social Work/Licensed LCSW	Cultural, mental health, substance abuse, and social economics	Make it more culturally competent and mental health driven. Add a comprehensive initial assessment
Richard - Master's Counseling /certified CAC-AD	Mental health issues, substance addiction, and history of childhood abuse	A round table of programs and services needed to address all of client's needs.
Juli – Master's / education &counseling	Mental health, substance abuse, trauma history, economics, and culture	Sessions longer than 26 weeks, more female strengthening groups, more cultural competence including counselors who reflect group characteristics
Toni – Bachelor's /psychology	Financial, broken family	Stricter guidelines, more accountability for batterer, non-participation should warrant jail time

When asked about other issues that affect the batterer and what they would change or add to improve the Duluth model:

Marc – There are several other factors that affect the abuser. One must look at the client holistically rather than just seeing the batterer side of them. Must look at the factors that contribute to their actions, such as lack of employment, lack of self-esteem, lack of proper guidance, lack of socialization skills, inadequate foundation in a negative role model, or bad influences from a peer or friend.

Sunny – Our client population lives in poverty stricken areas, poverty, alcohol and drugs affect their behavior. Or their childhood, how they were raised is a bi issue. Most of them believe that their behavior is not that bad, the behavior appears to be part of the client norm. I would change accountability – the court may not follow up or punish abusers who don't complete the programs. Each time that happens it sends a message that the program is not important. When clients find out about the lack of consequences for other clients who didn't attend it makes abusers believe that attending groups are not important. I have identified group members that I know will be back or should be placed in jail. If the model was used according to its original design of having community coordination with various programs, there might be a decrease in battering and recidivism.

Robert – Other issues that affect the clients are financial – lack of employment and not having enough money to care for self and family, broken families, living in poverty, substance abuse, and mental health issues. The court system should be more connected to the BIP and incorporating other agencies prior to client

completing the BIP. Both systems such as court and probation are so overwhelmed with work that some clients escape the consequences of not completing the program.

Patrick – Other issues that affect the batterer are cultural, mental health, substance abuse, social economics and the Duluth model does not explore those things. The Duluth model tool should expand by including a component for mental health and substance abuse because it is not covered in the current model. The model is not designed to assist people with mental health and a scale is needed for differentiation to show a diagnosis for a person with a severe mental health issue. The model should be adjusted for culture consideration because everyone does not define themselves as the Duluth model has them aligned. What I would change is making the model more culturally competent and making it more mental health driven. The initial assessment should be more comprehensive and inclusive as far as securing more information.

Richard – A number of other issues affects the batterer. Mental health issues, addiction, their background. They may have witnessed domestic violence as a child or been raised themselves by a father that was brutal. What I would change is that the program should focus on the safety first. Putting a batterer out of the program because the facilitator believes he is not accountable by the end of the session is not keeping the victim safe. I believe a round table of programs for a client should be implemented to address all their needs.

Juli – Men are not born abusive, there are contributing factors. I have learned of perpetrators who were victimized as children, physically and sexually abused, or witnessed domestic violence which may be contributing factors to their mental health issues. Substance abuse doesn't cause domestic violence but can exacerbate it. Trauma history, economics, and culture also play a part. Gender socialization / gender roles are also issues. What I would change is the length of the sessions. New Jersey mandated sessions for BIP is 26 weeks. This is not enough time, the sessions should be longer; people need more time because they have years and years of abusive behavior to address. They need more time to process the material if it is to be effective. I would also add more female strengthening groups. I think more counselors should reflect the make-up of the group. We have had Spanish speaking groups, and south Asian clients, Indians, and Pakistanis who have participated in groups.

Toni – Other issues that affect the batterer are financial, broken family, batterers are apprehensive in leaving because of transportation, child care and education. The program should have stricter guidelines, hold the batterer accountable, and non-participation should warrant jail time.

Research Question 2 What are the perceptions of facilitators of different genders regarding their approach to delivering the anger management component of the Duluth model? There were minimal appreciable differences in perceptions by gender.

Themes 1, 2, and 3

As with education, the general consensus from the majority of participants regardless of their gender is that they use the Duluth model as a skeleton or orientation tool. They believe it to be useful in setting the tone of the session by using the model's "Power and Control" wheel which clearly establishes the feminist view that domestic violence is the willful perpetration of violence by males to achieve dominance over their partner in the relationship. This view demonstrates women and children as victims and males as aggressors. Most of the programs use other tools and incorporate other strategies and curricula to fit their specific populations. There was no discernible difference by gender for those who don't use other tools (table 4).

Table 4

Perceptions by Gender: Theme Responses 1, 2 & 3 for RQ 2

Male / Female	*Theme 1* *Useful to establish power & control as core of sessions*	*Theme 2* *Limited efficacy as a stand-alone tool*	*Theme 3* *Must use other programs and curricula to better fit their clients*
Marc – Male	Yes	Yes	Yes
Sunny – Female	Yes	Yes	Yes
Rob – Male	Yes	Yes	Yes
Patrick – Male	Yes	Yes	Yes
Richard – Male	Yes	Yes	Yes
Juli – Female	Yes	Yes	Yes
Toni – Female	Yes	No	No

Themes 4 & 5

There was minimal difference by gender when facilitators described what they perceived as other issues that affect the batterer or what they felt was needed to improve the batterer intervention programs (table 5).

Table 5

Perceptions by Gender: Theme Responses 4 & 5 to RQ 2

Male / Female	*Theme 4* *Other issues affect the abuser*	*Theme 5* *Changes or additions required to address the completeness and diversity of clients' needs*
Marc – Male	Lack of employment, low self-esteem, lack of guidance and socialization skills.	
Sunny – Female	Poverty, alcohol, and drugs	More accountability, punishment from the court system
Rob – Male	Poverty, substance abuse, mental health issues	Better connectivity to court system and other agencies
Patrick - Male	Cultural, mental health, substance abuse, and social economics	Make it more culturally competent and mental health driven. Add a comprehensive initial assessment
Richard - Male	Mental health issues, substance addiction, and history of childhood abuse	A round table of programs and services needed to address all of client's needs.
Juli – Female	Mental health, substance abuse, trauma history, economics, and culture	Sessions longer than 26 weeks, more female strengthening groups, more cultural competence including counselors who reflect group characteristics
Toni – Female	Financial, broken family	Stricter guidelines, more accountability for batterer, non-participation should warrant jail time

Research Question 3 - What are the perceived benefits for facilitators when using the Duluth model while interacting with batterers? The consensus from the facilitators is that the greatest benefit of the Duluth model is that it serves as a good introduction tool to use for the initial group sessions. Also the Duluth model is useful to establish program credibility and funding.

Theme 6

The facilitators were in accord that there is some benefit to the Duluth model, although findings show that the benefits are limited. The model has credibility for use as a building block for introduction of the initial group cycles. It is used in the initial groups for identification of one's behavior. The use of the model is also a crucial contribution in securing grant funding for batterer intervention programs. Although the model is not used in its entirety, the most popular piece of the model used is the power and control wheel (table 6).

Table 6

Theme 6 & 7: Responses to RQ 3 and RQ 4

Participants	*Theme 6* *DM best use for introduction to initial group cycle*	*Theme 7* *DM has challenges and does not meet the client holistically*
Marc – Master's / Ed &theater	It is used as a road map for abuse intervention for initial group cycle.	The DM is not challenging or impactful.
Sunny – Master's / community psychology	The model is more of teaching skills behavioral changes	Not sure – believes being a woman is what is challenging.
Rob – Bachelor's / mental health technology	It's a tool to start the initial cycle, introduce power and control concepts.	DM is not the only tool used.
Patrick - Master's /Social Work/Licensed LCSW	The DM helps with best practices by giving program credibility and for securing grants.	DM does not meet all the needs of the client
Richard - Master's Counseling / certified CAC-AD	DM is a building block – the model helps as an initial core	The challenge is in the beginning.
Juli – Master's / education &counseling	DM is good for getting men to see that they are responsible for their own behavior. DM is good for credibility securing grants.	only use part of the Duluth Model
Toni – Bachelor's /psychology	Once I came familiar with the DM it became easier to facilitate groups	facilitator challenge is having participants to engage and being a woman

Marc The Duluth model is a good tool to use as a skeleton. It has a perceived impact in trying to bring about behavior change. The Duluth Model is used to build the program. We use a piece of the Duluth model as a skeleton and road map for introduction to the initial group cycle.

Sunny The DM it is realistic, draws from various areas, not strictly therapeutic it is psycho educational. Lot of the clients do not need therapy but their experiences and where they come from are contributing factors to their behavior. The model is more of teaching skills for behavioral changes. I use the state fatality report and it impacts the population

Patrick DM helps with best practices by giving credibility and help with securing and writing grants, establishing reputation. Secondly, it at least provides a foundation since it can show abusive behavior.

Robert Yes the tool help client to identify the impact of their behavior. The DM it's the foundation to the introduction of batterer intervention groups.

Juli benefit is getting men to see that they are responsible for their own behavior and from when angry and it focuses on choices and giving them the ability by group to make better choices. Also a major use of the DM is in getting grants since it is a major part of our funding.

Richard The DM is a Building block – the model helps as an initial core, adding again to the power and control wheel which is the real focus of the DM. Other materials are used with the DM. The model helps as an initial core. The power and control wheel is the ongoing catalyst for DM regarding BIP.

Toni Once I became familiar with the DM it became easier to facilitate the groups.

Research Question 4 - What are the perceived challenges for facilitators when using the Duluth model while interacting with batterers? The facilitators again generally agreed that the Duluth model has various challenges with the greatest being that it is not a universal tool and does not meet the targeted population holistically (see table 6).

Theme 7

One of the major agreements among facilitators was that the Duluth model does not address all the group members' needs. The Duluth model is not a universal tool and does not meet the target population holistically, which prevents the tool being used successfully. In view of the fact that the Duluth model does not speak to all the needs for the group members, other tools are implemented. Moreover, the Duluth model is not used

in its original design which limits the progress as well. Findings showed that facilitators have implemented other tools that are more impactful for them and the group members' success (table 6).

Marc – The model is challenging. When I strictly utilize it the way it was intended to be used, it is non effective. I feel restricted when using the Duluth model because it is not impactful. I use the model as a skeleton to facilitate group. Piggy backing on tailoring up and down to fit the client, I have to come up with strategies that are impactful for the client. In stage one session the Duluth model can be helpful because it gives clients information about their negative behaviors. Also this is the stage that clients are still angry. Session two consists of role playing, explaining concepts in-depth, conversations on changing behaviors, and full accountability for their behavior. The role playing is incorporated in the Duluth model but not at the level our program uses because our program uses role playing to address all participants and our understanding of the diverse cultural groups that we serve. The clientele here is 20% Caucasian, 75% AA.

Sunny – Not sure if they are challenges regarding DM. I believe being a woman is what is challenging. Clients question why a woman is leading the group, but it does not last long. They are playing the Bitch tape meaning a woman role is home raising kids.

Robert – The Duluth model does not have a component to work through initial group. The attitudes that come with being mandated to attend groups and the consequences they might have to face for non-compliance are challenging.

Patrick Speaking from the client perspective, the Duluth model is not culturally sensitive; does not have a perspective on how choices impact abuser decisions, and it does not talk about female perpetrators/abusers nor mental health, substance abuse or social economics. The Duluth model does not explore these issues that are connected to battering which is the greatest challenge.

Richard – In the beginning of their attendance at group the challenge is the client's reluctance to participate. The Duluth model does not address the number of issues such as mental health, addiction, abuse they may have encountered or witnessed as a child.

Juli – Our program only uses part of the Duluth model. When using the Duluth curriculum, there is a combination of tools used such as the STOP model and Paul Kibble model that we use. The only part of the Duluth model used is the power and control wheel to introduce gender socialization, male privilege. The greatest challenge is that the Duluth model does not address physical and sexual abuse, and other contributing factors to the client's mental health. Perpetrators are complicated there is a lot going on.

Toni – It's a challenge being a female facilitator convincing participants to engage in the process, to participate and apply taught information to their lives. Clients behave differently when a male facilitator leads the group.

Group Observation

The group members and the co-facilitator names are fictitious to secure their identity. Marc explained to Alice (co-facilitator) in the presence of me, the researcher that a letter of cooperation was signed by the program director consenting to group observation by this researcher. Marc, Alice, and I walked into the group and Marc addressed the group members by asking if they would mind if I observed the group. He informed them that all information is confidential and their names would not be mentioned but notes would be taken. Questions were asked by group members about why the study was being conducted. I explained it is a part of the researcher academic process and provided an explanation of what a dissertation represents and why the topic was chosen.

I observed a group in a Baltimore County batterer intervention program which was facilitated by an African American male (Marc) who holds a master's degree in education and theatre. The co-facilitator, a Caucasian female (Alice) is a licensed graduate social worker (LGSW) and the group members were all African American males. Marc spoke with authority and the co-facilitator spoke softly. Each time the male facilitator spoke he held the group members attention. When Alice spoke there seemed to be some resistance and reluctance in communication.

Alice spoke with directness; "Henry do you believe you could of handled that situation better?" Henry responds in a high voice "You do not understand my situation, and you do not know how my girlfriend started arguments which made me respond to her the way I did." Marc interjected "Would you say you are taking responsibility for your

behavior? And what could you have done differently?" Henry responds (calmer voice) "After I reacted then I thought about last week's group on how to think proactive and not reactive". For the most part Alice did a lot of listening; however, she knew when to speak directly to a group member.

After group Marc, Alice and I spoke about the group and I asked if there were any African American female facilitators at the program, to which Marc responded "Yes". Alice and Marc spoke about how the group members treat the female facilitators and Marc added that African American female facilitators are also tried. He said that female facilitators have to set precedence in the beginning of the group cycle. This is sometimes done by asking a group member to leave the group for that evening if he openly disrespects the facilitator, or sometimes he is spoken to at the end of the group. Caucasian male and female facilitators are tried a little more with the African American group members but eventually respect is established.

Alice added "also I have worked in suburban areas and the group members were mostly Caucasian males but I had resistance there too, therefore, I do not see it to be a race issue but being a female". Alice said that group members are so angry with their female counterparts that attending groups with a women facilitator in this arena takes some adjusting to. Questions are directed to me that are not asked of the male facilitators, for example "You know how you women are, why do women nag so much, why are women so cranky", etc.

Summary

This study investigated the lived experiences of seven facilitators who deliver the Duluth model curriculum at batterer intervention programs in the Mid-Atlantic area of the United States. The research was conducted through in-depth face to face interviews to gather information about participants' perceptions of the Duluth model's effectiveness when interacting with batterers. The interviews were memorialized using a tape recorder, and were transcribed verbatim. The researcher also took notes during the interviews and maintained a reflexive journal throughout the research process in order to outline and define insights, understandings, and perceptions.

The overall research issue that guided the study is contained in the title, "A study of the impact of education and gender on facilitation of the Duluth model anger management course". The four primary research questions investigated if there is a perceived difference in how the model addresses the needs of batterers when implemented by facilitators with differing levels and concentrations of education and training. Transcripts of the recorded interviews and the research field notes were analyzed during the data analysis process which resulted in the development of several categories, codes, and themes.

Seven qualitative themes emerged from the data analysis process. These themes addressed the participants' perceptions of the issues that affect the batterer, and their perceptions about effectiveness of the Duluth model batterer intervention program. The research presented evidence of trustworthiness via evidence of credibility through member checking, transferability, dependability, confirmability, and audit trail to ensure

rigor and trustworthiness of the study. Chapter 5 presents a discussion of the study's findings, with limitations, recommendations, and social change implications.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The manifold purposes of this phenomenological study were: (a) to acquire an in-depth understanding of the perceptions of facilitators with different levels and concentrations of education who deliver the Duluth model curriculum when working with domestic violence batterers; (b) to examine and clarify the meanings the participants ascribe to their experiences; and (c) to interpret participants' experiences within the context of the feminist theoretical framework. This research study was conducted to address a significant gap in the literature on Duluth model BIPs; the voice and approach of the facilitators and counselors in the intervention. The findings generated by the study will inform BIP administrators in the hiring of facilitators. It is also anticipated that the findings of the study will expand the knowledge base of human service professionals and practitioners who are interested in developing culturally and psychologically relevant interventions for batterers.

A sample of seven facilitators was recruited from several Duluth model batterer intervention programs in the Mid-Atlantic area. These facilitators had different levels of education: two bachelor's degrees, five masters, one pending masters, and one pending Ph.D. Their degrees were in different concentrations; education and theater, mental health technology, social work, psychology, and community counseling. One participant was licensed in clinical social work (LCSW), and another certified in addictions counseling (CAC-AD). Three of the participants had received a formal training course on facilitating the Duluth model. The others received on the job training for the Duluth model.

However, this training primarily consisted of the facilitator being given a copy of the curriculum to use without any in-depth guidance.

During face-to-face interviews conducted at their worksites, the participants agreed to share their perceptions and opinions of the Duluth model curriculum throughout their interactions with batterers. After the interviews and an extensive qualitative data analysis, seven prominent themes emerged from the study:

- Power and control is the underlying basis of the Duluth model.
- The Duluth model does not address the needs of diverse cultures.
- BIPs must use other curricula to fit their client base.
- A major piece of the Duluth model, the coordinated community response, is inadequate in geographic locations outside of Duluth.
- The Duluth model does not address serious issues that cause or contribute to the battering such as addictions, mental disorder, psychological, social, economic, and other serious issues that affect the batterer.
- Benefits of the Duluth model are limited to providing an overview of the program by describing physical, sexual, and emotional violence and ways to achieve nonviolence, and to securing funding.
- Using the DM is challenging because it does not address the needs of diverse populations.

Based on the data analysis, regardless of education level or concentration, and irrespective of gender, the participants were in agreement that the Duluth model is useful as an orientation tool at the beginning of counseling to discuss violent behaviors and

behavior modification. Phase 1 of the program is an introduction tool used to introduce the Power & Control wheel which show clients how to identify and change their behaviors. The majority (six out of seven) stated the Duluth model is not adequate to be used solely in their interactions with batterers and they must use other tools. All of the facilitators agreed that other issues affect the batterer and that the Duluth model requires modifications and additions in order to be effective.

Interpretation of the Findings

The results of this study validated various findings in the literature concerning the Duluth Domestic Abuse Intervention Program (DAIP, 1984) known as the Duluth model. For instance, all of the participants agreed that the Power and Control Wheel is used to set the tone of the counseling at the beginning of the session. It ensures that the counseling will be conducted through a strictly feminist lens. The Power and Control Wheel (DAIP, 1984) lists eight specific ways that men use to control women: (a) economic abuse; (b) coercion and threats; (c) intimidation; (d) emotional abuse; (e) isolation; (f) minimizing, denying, and blaming; (g) using children; and (h) using male privilege. It teaches that men use physical and sexual violence to achieve power (DAIP, 1984). All references in the wheel specify what happens to “her”, (Appendix E). Dutton and Corvo (2006; 2007) say the Duluth model is biased because it was built on this feminist premise that domestic violence is always the willful behavior by men in a deliberate effort to establish power and control over women. According to them, the primary goal of the model is to get male clients to acknowledge male privilege and how they use power and control to dominate their female partners (Dutton & Corvo, 2006).

The program then attempts to change male's behavior, even though studies (Jackson, et al., 2003; NIJ, 2004; Eckhart, 2006; Corvo, et al., 2010) found that batterer intervention programs had no effect on men's attitudes and very little effect on behavior. Dutton and Corvo (2007) stated this type of counseling is contrary to effective therapeutic counseling because facilitators must assume a strong adversarial stance which disbelieves any claims of mutuality. They stated that because of the negative techniques it uses, the Duluth-CBT is contradictory to true cognitive behavior therapy (Dutton & Corvo, 2007). Also, Corvo, et al. (2010) clearly believed Duluth counseling is in direct conflict with the American Psychological Association code of ethics which requires evidence based practice for psychological interventions that the Duluth model lacks. The Duluth model also rejects any therapeutic approach outside of group and same gender strategies (DAIP, 1984). However, a DSM-5 diagnosis might determine the individual to have mental illness or a disorder that may require intensive one-on-one psychological counseling or psychiatric therapy (Corvo, et al., 2010).

The feminist view overlooks the more than 800,000 yearly male victims of domestic violence (Hoff, 2012) or same sex partners who are abused. In this feminist view, no other issues i.e. stress, poverty, chemical dependency, psychological issues, etc. are considered risk factors. This gender bias has a direct impact on policy, funding, and services for men's domestic violence issues. Hamel (2012) posited that same sex groups like the Duluth model are not successful because they focus only on the male, do not take into account the complexities and prevalence of mutual abuse dynamics, and does not provide treatment for both partners (Hamel, 2012).

The next three themes that emerged from the data were all connected to how and where the Duluth model was created:

- The Duluth model does not address diverse cultures.
- Other curricula are used to fit their client base.
- A major piece of the Duluth model, the coordinated community response, is lacking or non-existent in their areas.

To reach this conclusion, I examined the geographic area type, and U. S. Census data (2015) for demographics and statistics of Duluth, MN in comparison to the areas that were included in the study, as seen in table 7.

Lacks diversity

It is apparent that the Duluth model was developed by and for the Duluth population, a small city that is very predominantly White, while the make-up of other areas has a larger population and a greater percentage of African Americans, Hispanics, and other races. Two of the areas in the study have a majority of African Americans. Lacking a diversity of cultures in Duluth, it is evident that little or no effort was used to develop a culturally diverse program. Although research indicates that there is little invariance of race in perpetrating domestic violence, males living in socially disorganized neighborhoods are more likely to engage in domestic violence than those in more advantaged neighborhoods (Benson et al., 2004).

The Duluth model, which uses a one size fits all approach, worked in a small city but does not necessarily work in a large metro area like Prince George's County, MD for instance, with a population of 909,535 (U.S. Census Bureau, 2015) that is 10 times larger

than Duluth's. In addition, in Prince George's County, there are 27 separate municipalities, the largest number of any Maryland County, and several of the neighborhoods are very poor and socially disorganized.

Cities like Baltimore, a city with a predominantly Black (64%), very large population (621,849) that has many distressed neighborhoods and large pockets of urban decay, are not reflected in the Duluth model. The Duluth model offers no avenue to address the frustration and anger of Black males living in a city like Baltimore where although they represent the majority of the population, they are faced with gross income disparities and higher unemployment than Whites. Maryland is the richest state in the country, with an overall 5.3% unemployment rate, 7.4% in Baltimore City (U.S. Bureau of Labor Statistics, 2015). Yet, in Baltimore, Black men between ages 20-24 make up 37% of the unemployment rate while White men of the same age only comprise 10% (U.S. Bureau of Labor Statistics, 2015). There is a large chasm, almost $40,000, between the median incomes of all Marylanders ($73,538) when compared to Blacks in Baltimore with a median income of $33,610 (U.S. Bureau of Labor Statistics, 2015).

Even smaller areas such as Steelton, PA with a population of less than 6,000, is 38% Black and 13% predominantly Hispanic (U.S. Census Bureau, 2015), has a different cultural make-up than Duluth. Steelton participants say the Duluth model does not fit their client base that live in poverty stricken areas. Facilitators from Morristown, NJ, a city four times smaller than Duluth, also say the Duluth model is not culturally relevant to their client base. Morristown's population has a very large number (23%) of Hispanics (U.S. Census Bureau, 2015).

Table 7

Demographics by Area: Population Statistics

City/County, State	*Geographical Area Type*	*Total Population*	*White*	*African American*	*Other (includes Hispanic, Asian, Native American)*
Duluth, MN	Small city	86,238	91%	2%	7%
Baltimore County, MD	Large Metro	831,238	64%	28%	8%
Steelton, PA	Inner city	5,951	49%	38%	13%
Prince George's County, MD	Large Metro	909,535	27%	64%	9%
Carroll County, MD	Suburban	167,627	93%	4%	3%
Morristown, NJ	Inner City	19,085	63%	14%	23%
Baltimore City, MD	Large City	621,849	32%	63%	5%

Requires use of other curricula

Because of the reasons cited above, the vast majority of the batterer intervention programs included in the study (six of seven) stated that the Duluth model is not culturally relevant to or appropriate for their populations. Most of the participants found it necessary to use a variety of different programs, approaches, and curricula to reach their clients.

Coordinated Community Response is deficient

Other studies (Dag et al., 2009) showed that the success of batterer intervention programs hinges on the way courts, departments of probation, and the program intervene with the offender. The Duluth model was developed on this premise of a coordinated community response. When the Domestic Abuse Intervention Project (DAIP, 1984) was established, it was in response to a particularly vicious domestic violence homicide that occurred in Duluth, MN. Because of it, the Duluth community was outraged and its agencies were mutually committed to making the Duluth model work. A series of interagency workgroups were held and agreements were reached among the nine

participating agencies to coordinate their responses to victims and perpetrators of domestic violence (DAIP, 1984). Each agency in Duluth, from police to prosecuting attorneys to criminal court officers to social services, agreed to a specific new role as part of a larger, coordinated effort to support safety for women and children, while holding perpetrators of violence accountable for their behavior.

However, in at least three separate locations of my study, facilitators indicated that the coordinated community response in their program was inadequate. They stated that the program needed more connectivity, accountability, follow up, and punishment from the other systems and agencies in order to be effective.

Also, the coordinated community response worked in a small city like Duluth where the participating agencies were familiar with one another and came to a mutual agreement they were all committed to, and should be easy to replicate in another small city, such as Steelton. Yet, even the Steelton participants complained that the court may not follow up or punish abusers who do not complete the program.

In a large mega-city like Baltimore, MD with a central booking department, four district courts, seven parole and probation (P&P) field offices, and hundreds of prosecuting attorneys, judges, P&P officers, and other employees in the criminal court system (Maryland.gov), coordinated community response is not a reality. According to a facilitator from Baltimore, there should be stricter guidelines in the court system to ensure accountability for nonparticipation in the program. It is frustrating because offenders who do not comply with the court order by failing to participate or complete

the counseling are rarely given jail time. It depends on which parole and probation officer gets the report, how busy they are, and how they prioritize their cases.

Doesn't address cause

All of the participants said their clients have other issues that affect them which the Duluth model does not address. They believe that other things which cause or contribute to domestic violence such as mental health, addiction and substance abuse, economic, cultural, and other psychological and social issues are not adequately addressed or not addressed at all in the counseling (Meloy, 2006).

What these facilitators said is consistent with the literature reviewed on causes of domestic violence where researchers found that the violence may stem from a complex of processes with neurological, psychological, interpersonal, situational, and cultural influences (Dutton, 2001; Meloy, 1996; Schore, 2003). Researchers (Dutton & Corvo, 2006; Laroche, 2005; Pimlott, et al., 2003) believed that domestic violence has long-term development that sometimes stems from early family influences like witnessed violence. Dutton and Corvo (2006) also cited studies which indicate that domestic violence is not committed because of sex role beliefs but begins from a broad array of psychological risks which occur in both genders (Serbin, et al. 2004).

Benefits of the DM are limited

As identified in Theme 1, the best use of the Duluth model is to establish the feminist concept of power and control as the basis of the counseling. Four of the participants indicated the Duluth model is used for introduction to the initial group cycle, or used as a building block or initial core to the other materials they use. Two participants

said it helps with teaching skills for behavioral changes. The most practical and beneficial use of the Duluth model, according to two participants, is its use in giving credibility to the program for securing grants. This confirms peer reviewed literature that in spite of numerous studies identifying psychological risk factors for both genders, many states provide funding only to interventions based on the Duluth model (Dutton & Corvo, 2006; Eckhart, 2006).

Using the Duluth model is challenging

Participants specified various challenges to using the Duluth model such as not meeting the needs of clients and having to rely on other tools and material. Some say it is only challenging in the beginning and others say it is not at all challenging, nor is it impactful. Two of the three female participants believe that being a woman facilitating an all-male program is a challenge in itself. Unlike the male facilitators, they believe they have to establish a certain level of respect and deference at the beginning of the group cycle in order to be an effective facilitator.

Limitations of the Study

As described in Chapter 4, every effort was made to enhance the rigor and trustworthiness of the study. The aim of the study was to determine if there is a perceived difference in how facilitators with different levels and concentrations education implement the Duluth model by obtaining an understanding of the participants' lived experiences. With this objective in mind, the results of the study should be weighed against limitations that are typical of qualitative research.

First and foremost, the results of the study may not be generalized to larger populations of Duluth model facilitators because the study described the experiences of only the seven facilitators who took part in the study.

Secondly, the study was limited to Duluth programs in the Mid-Atlantic region. Yet, while the results may not represent programs in other regions, the participants themselves were representative of diverse racial groups.

Third, researcher bias is considered a limitation. However, by using verbatim information the research virtually eliminated any biases. Member checking ensured that no skewing of the data or insertion of the researcher's thoughts or feelings transpired.

Finally, the facilitators' stories were obtained by conducting in-depth interviews, which translates to participant self-reporting. There were no objective measures to corroborate their stories as this was beyond the scope of the study. It was therefore presumed that because they voluntarily participated and there was no financial gain, participants would be truthful in providing information about their experiences.

Recommendations

Based on the strengths and limitations of this study, a few recommendations are proposed for future research. To begin, additional phenomenological studies should be conducted to examine the lived experiences of Duluth model BIP facilitators in other regions of the country. As illuminated in Chapter 2, researchers say that facilitation and counseling of the intervention is the key to its effectiveness (Feder & Dugan, 2003). Yet, there is a significant gap in the literature concerning facilitation of the Duluth model and the voice of the facilitator or counselor in the process. This study was limited to a small

sample, seven participants from Duluth model BIP's in the Mid- Atlantic region, whose experiences may not be representative of facilitators in other areas of the country.

Second, qualitative phenomenological studies should be conducted with facilitators of non-Duluth programs such as those that treat both partners, to examine their perceptions and lived experiences.

Third, further studies along this line should include mixed method studies to compare the efficacy of BIP programs where the couple is assessed to determine the best fit between treatment and client profile and referred for the appropriate services, against the Duluth model's mandatory all male group counseling BIP's.

Fourth, future research endeavors should explore the mental health correlates of domestic violence perpetrators. Studies could examine the effectiveness or futility of batterer intervention programs on perpetrators who have been properly assessed and classified with a mental disorder through the Diagnostic and Statistical Manual 5th Edition (DSM-5).

Fifth, similar research should examine the efficacy of batterer intervention on perpetrators with substance abuse and addiction complications.

Finally, future research should examine the coordinated community response element of Duluth model programs. The coordinated community response component is a vital piece of the Duluth model. It is seen as the chain that holds the Duluth model together. It includes links from all agencies in the community; when a link is missing at any juncture it causes a break in the chain. Many of the participants in this study considered the coordinated community response element inadequate or missing, which

justifies taking a closer look to determine if this is representative of other Duluth model BIP's.

Implications

Potential for Social Change

This research uncovered significant implications for positive social change regarding facilitators and their interactions with batterer intervention groups. It is clear that, as stated above, research regarding this population is lacking. More research into various aspects of facilitators and their counseling practices is definitely indicated. The study provided an initial understanding of the experiences and perceptions of facilitators and their influence on batterers. It provides a picture of what the facilitators believe to be strengths in the Duluth model but more importantly, it describes and expresses what those who work directly with the abusers believe is needed in the model to improve outcomes.

The study contributes to the knowledge base of the Duluth model anger management course and its level of effectiveness. For instance, all of the facilitators in the study believe that although it is the preferred curriculum used in the domestic violence arena as a solution to abuse, it is not the sole treatment model that fits all the needs of the abusers. Instead, they believe that some clients require different or additional curricula to fit their specific needs, and others require more in-depth psychological counseling to address their abusive behaviors. Addressing the facilitators' concerns and developing solutions would create positive social change at the individual and family level. Improvements and recommendations suggested by the facilitators would enhance

organizational as well as societal efforts to reduce and erase the scourge of domestic violence.

Recommendations for Practice

The study generated the following recommendations the participants believe would emphatically improve batterer intervention treatment, increase program success, and decrease recidivism:

1. Refer batterers for a psychological evaluation before being admitted to a BIP. At intake, conduct a comprehensive assessment to identify those with mental disorders or addiction complications through the Diagnostic and Statistical Manual 5th Edition (DSM-5), determine the issues and level of care needed, and if indicated, make referrals for the appropriate treatment either prior to or simultaneously with batterer intervention treatment. Ideally, all facilitators should have a psychological/therapeutic background that enables them to do this. Realistically, the program should have at least one staff person on board who is licensed or state certified to conduct a DSM-5 assessment and is knowledgeable of state resources for the appropriate recommended treatment.
2. Have a certified substance abuse counselor on board. Clients who have substance abuse issues, and as stated above, certain mental health disorders should attend BIP counseling simultaneously while in treatment for these issues. This multi-pronged approach works on various factors that contribute to clients' violent behaviors.
3. Revise the Power and Control Wheel used in Duluth model programs. Instead of the feminist language that clearly blames the male as the perpetrator from the outset of

the program; the wheel should reflect gender-neutral language. For instance instead of "making her afraid" it should say "making the person afraid". This is only a step in removing the gender bias that is inherent in Duluth type programs.

4. Treat both partners in the relationship when indicated; if the couple remains together. There should be a recognition and admittance that there are dynamics, i.e. the lethality potential between the couple, which may require counseling of both partners either individually or in couples counseling. The Duluth model is a male only group counseling intervention, created and governed by a policy framework that forbids and denies funding to other methods of intervention (Corvo, et al., 2008). According to Hoff (2012), the feminist advocacy approach has a direct impact on research, public policy, and funding. Therefore, since the Duluth model is for males only, at minimum the partner should be referred out for treatment to ensure gender neutrality.
5. Replace or improve the coordinated community response. The coordinated community response is not possible in most cities whether large or small. Therefore, it is not currently used in its original design. Since it is inadequate or not used at all, there should be an on-site BIP monitor in the court system to ensure interagency sharing so that clients who are not in compliance with mandated batterer treatment (i.e. not attending all sessions), are appropriately penalized. This person would have ongoing frequent contact with the BIP facility and report directly to the parole/probation office concerning the violation of probation. Clients could be mandated to submit weekly attendance sheets to the BIP monitor to verify compliance, or the court could vacate the prior ruling if the client remains non-

compliant. This would prevent clients who do not attend treatment mandated by the court from slipping through the cracks and avoiding treatment and/or punishment.

Conclusion

This phenomenological study initially sought to determine if the level of education and the gender of facilitators of the Duluth anger management had an impact on their perceptions of the model and implementation of the curriculum. The short answer is yes because the study found that batterer intervention programs already require facilitators to have a bachelor's degree at a minimum. This led the research to a further inquiry, "Should the bachelor's degree be in a specific concentration of study?" The facilitators had degrees in various concentrations, from psychology to education and theater, and all had various levels of training in implementing the Duluth model, yet their responses to the researcher's interviews, their concerns, and their recommendations for improvement were remarkably similar and consistent. Therefore, the answer to this question is "No".

This leads the research to conclude that while the education and training of the facilitator is indeed an important factor, it is not the benchmark which determines the success or failure of the Duluth anger management course. Instead, it points out that despite the education and training background of the facilitator, the Duluth model curriculum for batterers cannot stand alone as a treatment medium. The batterer intervention programs involved in the study recognized this limitation and uses other clinical tools that are available to them.

The facilitators all shared the belief that clients who are repeat offenders are clearly beyond their help, and require more to address the root causes of their abusive behavior than what is offered in the Duluth model. One solution to this dilemma is a DSM-5 assessment (Diagnostic and Statistical Manual 5th Edition) prior to beginning a batterer intervention program. This evaluation would screen out those who are in need of treatment beyond that provided in mandated same-sex group therapy, which is the only type of therapy offered in the Duluth model. These batterers would be referred to the appropriate level of care according to the DSM-5 assessment, whether that is drug and alcohol treatment, one-on-one psychological counseling, couples/family counseling, or more intensive therapy such as psychiatric treatment. These clients would attend Duluth counseling simultaneously with that treatment, if it is not in conflict with their DSM-5 treatment protocol. If there is a conflict, the batterer intervention program would only receive the client's attendance records from the treating agency to ensure that the client is complying with mandated treatment.

Findings from this study not only contribute to the knowledge base of the Duluth model, but may be used to alter and amend it. The Duluth model was formulated more than 40 years ago as a plea for help arising from the women's movement to treat the sources of male abusive behavior toward women. While the need for programs to address domestic violence through batterer intervention programs still exists and may be even more intense and necessary today, facilitators say the Duluth model as it was formulated 40 years ago is not the solution. Counselors who facilitate the Duluth model anger management curriculum believe it is not a culturally and psychologically relevant

intervention for batterers. They say other components of the DM, such as the coordinated community response was never possible for many communities outside of Duluth. The social change implications of this research have the potential to affect the victims and perpetrators of domestic violence, as well as batterer interventions programs, researchers, policy makers, human service professionals, and practitioners in the domestic violence arena.

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Appendix A-1: Key Informant Information Form

Section 1
Interviewee Code: **Date of interview**

Name of Program: **City** **State:**

Section II
Gender: Male_____ Female_____

Age range: 20-30____ 31-40____ 41-50____ over 50____

Section III **Education:**

1. High school/GED_____

Some college/ no degree _____

Associate degree (specify type)_____

Bachelor degree (specify type_____

Graduate degree (specify type)_____

Other licenses, certificates (specify) _____

(To be completed by key informant)

Appendix A-2 Interview Questions:

:

Interviewee Code: **Date of interview**

1. Do you think the Duluth model anger management course is effective? Why? Why not?

2. Are you aware of other issues besides abusiveness that affect the batterer?

3. Do you know of any referrals the batterer may have had prior to this session?

4. What challenges do you face as a facilitator of the Duluth anger management curriculum?

5. What are the perceived benefits to you when using the Duluth anger management curriculum?

6. Do you think batterers change as a result of the Duluth anger management counseling? Why? Why not?

7. What type of follow-up (if any) is offered to batterers after they complete the courses?

8. What is the approximate no-show rate for batterers?

9. What reinforcements are in place to ensure batterer compliance?

10. Have you had batterers return for subsequent counseling? Yes? No?
If yes, approximately what percent? less than _10% _ 0-25% _ 25-50% _ more than 50%

11. Is there a different anger management curriculum for returning batterers? (if yes-name program/curriculum)?

12. What referrals are made for returning batterers other than anger management counseling?

13. What do you think is needed for returning batterers?

14. What led you to become a facilitator for domestic violence program?

15. How long have you been a facilitator for a program of this kind (Domestic violence Batterer intervention program).

16. Do your program incorporate any other tools with the Duluth Model yes or no if yes explain)?

17. What would you add or change concerning BIP?

(To be completed by researcher)

Appendix B Potential BIP Program for Study

Program / location	Contact Person	Uses Duluth Model?	Program certified/licensed to operate
Pennsylvania Coalition Against Domestic Violence	Agent that responded	Assisted with giving research certified program for their state.	This is the program that gave certified programs for their state.
Maryland Coalition Against Domestic Violence	Agent that responded	Assisted with giving research certified program for their state-	This is the program that gave certified programs for their state.
New Jersey Coalition Against Domestic Violence	Agent that responded	Assisted with giving research certified program for their state	This is the program that gave certified programs for their state.
New York Coalition Against Domestic Violence	Agent that responded	Assisted with giving research certified program for their state	This is the program that gave certified programs for their state.
Victim Services- SEOSA – Gov Washington DC	Princess Duffie , Valerie Collins Branch Chief	Yes	Yes
Family Children Services, Maryland	Katie Cashman Director and Sheryl Ladota	Yes	Yes in California
Suffolk County Pre-Trial Pennsylvania		Yes	Yes
Battered Intervention Program Brooklyn, NY	Carrolyn Sullivan Program Director	Yes	Yes
Battered Intervention Program Bronx New York	Carroly Sullivan Program Director	Yes	Yes
Center for Families and Relationship Queens, NY		Yes	Yes
House of Ruth, Maryland	P. Johnson, Abuser coordinator	Yes	Yes
SOLAIS Steelton, PA	Sunny Fuller Owner/Director	Yes	Yes
Turnaround, Inc Maryland	Rosalyn Braxton CEO	Yes	Yes
New Carrolton Counseling Center New Carrolton, MD	Richard Salkin CEO/Owner	Yes	Yes
Jersey Battered Women's Services Inc. Morristown, NJ	Juli Elm-Helprin Program Coordinator for BIPs	Yes	Yes
Family Crisis Center of Prince Georges County Prince George, MD	Patrick Miller Program Director	Yes	Yes

Appendix C Participant Letter

Program Name
Address

Dear Madam/Sir

This is a follow-up to confirm our discussion on (date goes here) where an agreement was reached concerning conducting my research study at your program. As a doctoral candidate at Walden University, one of the requirements for fulfillment of the degree is to conduct a research study/dissertation. The focal point of my study is the Duluth Model tool which is used in some batterer intervention programs (BIP).

Currently, as a child welfare worker, and having previously been a facilitator for a domestic violence BIP in Maryland and New York, I am very aware that domestic violence is evolving and has increased regarding perpetration by adolescents and populations from 20 to 45 years of age. According to the NIJ, recidivism is high among batterers of domestic violence. My work experience and extensive research shows batters/perpetrators have attended BIP programs at least twice.

Research revealed there is a gap in the literature concerning voices from facilitators of domestic violence intervention programs regarding their perception of the tool used for the BIP. While researching participants/programs for the study I read your agency/program mission statement and believe that the study would be successful with a program of your kind. Your program would be a contribution towards social change regarding domestic violence intervention.

As agreed, at the meeting with your staff I will explain what the study entails in depth. I am hoping to interview and observe facilitators of domestic violence programs (anger management or the healthy relationship groups for victims and batterers programs).
I thank you in advance for your time and assistance. Please do not hesitate to contact me via email or telephone. Contact information:

Sincerely,

Candidate of Walden University Doctoral Program

Appendix D - Consent Form For Participation in a Research Study

To: Key Informant's Name

Program Name:

You are invited to participate in a research study conducted by Ms. Charlise Hogue-Vincent, doctoral candidate of Walden University. Research revealed that there is a gap in the literature concerning voices from facilitators of domestic violence intervention programs regarding their perception of the tool used for the batterers intervention programs (BIP). The purpose of the study is to survey whether facilitators of the Duluth Model believe it to be effective or non-effective; to gather their opinions on what is needed to ensure efficacy. The study examines "A Duluth Dilemma: Should facilitators of the Duluth Anger Management Course be required to have a certain level of education and training?" You were selected as a possible participant in this study because your program objective indicates that your agency utilizes the Duluth Model. You would be an asset to the study as well as contributing to social change.

If you decide to participate, the process consists of: 1) a one-on-one interview with the facilitator and; 2) observing the individual's facilitation of a group session at their location. The individual interview is expected to last one and a half hours or less. The observation lasts through whatever time the group is in session. The tools used are: 1) audio taping the facilitator at the individual interview and; 2) hand-written notes only during the group observation. The group's participants (clients) are not involved in the study.

No compensation is connected to the study and participation is strictly voluntary. Limitations of the study, such as unavailability of the facilitator at the scheduled time, are rescheduled at the location if possible, or via Webcam, Skype, or telephone meeting with the researcher. If group is cancelled, a new date of group observation is scheduled. To ensure that researcher's notes are accurate, participants may review the notes after they are transcribed, for trustworthiness and approval before final submission to Walden University research department.

Any information obtained in connection with this study that can be identified with you is confidential. Anonymity of participants is ensured. Subject identities are kept confidential through use of a coding method that includes letters and numbers only. Participants' information is handled only by the researcher and her research assistant and secured in a locked file cabinet at all times. Study information is only released to Walden University.

Again, your participation is voluntary. Your decision concerning participation will not affect your relationship with Walden University. If you decide to participate, you may withdraw your consent and discontinue participation at any time without penalty. If you have any questions about the study, please feel free to contact or irb@waldenu.edu.

Your signature below indicates that:

1. you have read and understand the information provided above,
2. you willingly agree to participate,
3. you may withdraw your consent at any time and discontinue participation without penalty,
4. you are not waiving any legal claims, and
5. you will receive a copy of this form.

Signature

Signature_____ Date: _____
(Program Administrator, Director, Supervisor, President or Vice president)
Signature_____ Date_____