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# Batterer'S Intervention Program: The Partner'S Perspective

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**BATTERER'S INTERVENTION PROGRAM: THE PARTNER'S PERSPECTIVE**

**PROFESSIONAL DISSERTATION**

**SUBMITTED TO THE FACULTY**

**OF**

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY  
WRIGHT STATE UNIVERSITY**

**BY**

**MEGAN NICHOLS, M.A.**

**IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF  
DOCTOR OF PSYCHOLOGY**

**Dayton, Ohio**

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**SCHOOL OF PROFESSIONAL PSYCHOLOGY**

February 1, 2013

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **MEGAN NICHOLS, M.A.** ENTITLED **BATTERER'S INTERVENTION PROGRAM: THE PARTNER'S PERSPECTIVE** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Kathleen Malloy, Ph.D., ABPP  
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## **Abstract**

The following study attempted to determine the effectiveness of the Preventing Abuse in the Home (PATH) batterer's intervention program from the perspective of the partners of men enrolled in the program. The partner's perspective was obtained through the collection of qualitative data from interviews conducted with women who were currently or recently involved with men who had been participating in the PATH program for a minimum of 16 weeks. Interview questions were created based upon several variables including review of empirical literature and specific questions that researchers were interested in addressing in regards to PATH. Results highlighted the various types of abuse that each victim experienced prior to her partner becoming involved in PATH, obstacles and assistance the victim had in regards to her decision to end or maintain the relationship, and behavioral changes the victim noticed in both herself and the batterer during his enrollment in the PATH program. This study is part of a larger study that will attempt to determine the effectiveness of the PATH program from multiple perspectives. Although it is recognized that both men and women can be the perpetrators/victims of domestic violence, this study will focus only on male batterers because the PATH program serves male clients exclusively.

## Table of Contents

<b>Literature Review</b> .....	1
Domestic Violence and Intimate Partner Violence .....	3
Types of Intimate Partner Violence .....	4
Patterns of Intimate Partner Violence .....	7
Coercive Controlling.....	8
Violence Resistant .....	10
Situational Couples Violence.....	11
Separation-Instigated Violence.....	11
The Partner .....	12
The Barriers Model .....	13
Batterer’s Intervention Programs .....	20
The Duluth Model.....	20
Limitations of Batterer’s Intervention Programs .....	21
Preventing Abuse in the Home (PATH) .....	25
<b>Method</b> .....	27
Participants .....	27
Materials .....	28
Design and Procedure .....	28
<b>Results</b> .....	30
<b>Discussion</b> .....	38
<b>Appendix A: Client Demographic Sheet</b> .....	46
<b>Appendix B: Questions for the Partner</b> .....	48
<b>References</b> .....	53

## **List of Figures**

Figure 1: Pence and Paymar's Power and Control Wheel.....	9
Figure 2: The Barriers Model (Grigsby, 2007).....	15

## **List of Tables**

Table 1: Identified Themes Among Partner Interviews .....	3
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## **Batterer's Intervention Program: The Partner's Perspective**

### **Literature Review**

Americans today are at an increased risk to be victims of violence. Aggression and hostility can occur anytime, anywhere, and between anyone. According to the Centers for Disease Control (CDC), the term *violence* can be defined as “causing injury to oneself or another.” It can be “deliberate or accidental” and is often rooted in “power and control.” Violence not only results in the direct harm of victims, it also indirectly impacts society as a whole. For example, in 2006 the CDC estimated that the United States spends approximately \$4.5 billion each year on various expenses related to violence. It, therefore, should be of no surprise that numerous efforts are being made to develop methods aimed at preventing violence (Centers for Disease Control [CDC], 2006).

The following discussion will focus on a specific form of violence, intimate partner violence (IPV). The discussion will focus on the effects of IPV in the context of a batterer's intervention program, Preventing Abuse in the Home (PATH) located in Dayton, Ohio. The PATH program was designed to provide treatment to *men* who have been involved in violent relationships with their female intimate partners. In the context of the present study, therefore, the focus will be on female victims and male batterers.



Although the PATH program focuses its treatment on *male* batterers and *female* victims, it is important that the reader note that IPV can occur within any relationship (i.e., heterosexual or homosexual).

While the PATH program follows the generally accepted protocols of batterer intervention programs, the effectiveness of the program from the (female) partner's perspective has not been previously evaluated. This study is one of several studies currently being conducted to determine the success of the PATH program. The present study will focus primarily on the impact of the program on the victims of IPV.

It is important to note that the following study (and subsequent results) will not represent *all* victims of IPV or *all* women suffering from other forms of abuse. The specific facts, patterns, barriers, and other factors provided here are intended to describe a particular dynamic between partners who are involved in IPV; specifically, the relationship in which the batterer is currently enrolled in a treatment program in hopes of ending the abuse. Goals of the study have been designed to determine whether or not the batterer's involvement in the PATH program has impacted the partner's relationship with him and how her indirect involvement with the program has impacted her.

In this study, the partners of men enrolled in the PATH program were contacted via telephone and asked a number of questions related to their experiences. Questions covered topics such as what the partner believed the program would do for her, her partner, and their relationship, what her experience with PATH was like, and how PATH impacted her relationship. In order to fully appreciate the dynamics between PATH members and their partners, it is important to understand issues such as abuse, IPV, and

obstacles victims face when they attempt to leave. The discussion, therefore, will begin with an overview of IPV and the dynamics that such couples typically engage in.

### **Domestic Violence and Intimate Partner Violence**

Americans today seem to be at an increased risk of violence of all forms. The following discussion will focus on a particular form of violence that occurs between men and women who are in a close, intimate relationship: intimate partner violence (IPV). IPV is very closely related to domestic violence (DV). In order to fully understand IPV, therefore, it is important to differentiate between the two terms.

The term “domestic violence” was originally adopted as a phrase to describe the occurrence of physical violence between a husband and wife. This type of abuse was considered to be a “family affair” that occurred in the home and was not often intruded upon by outside institutions. It was argued, however, that this narrow definition of “abuse” did not address other forms of harm a victim may experience which could be just as, if not more, harmful than *physical* abuse. It was also argued that the implication of the definition was that the abuse always occurred in the home, between the husband and wife. This limited view of domestic violence did not account for abuse that occurred between other family members or in various settings outside of the home (Corbally, 2010).

The definition of DV has evolved over the last two decades. Although there are many variations, all definitions recognize that “abuse” can include any of the following: physical/injury abuse, sexual abuse or assault, intimidation, verbal abuse, emotional abuse, or threatening behaviors. The primary distinction between DV and IPV is that IPV refers to acts that occur only between spouses, ex-spouses, boyfriends/girlfriends,

ex-boyfriends/girlfriends, boyfriends/boyfriends, girlfriends/girlfriends, or dates, while DV can include abuse from other household members (including roommates or caretakers), intimate partners (including dating partners), or a non-spouse family member (whether or not they live with the victim) (Oregon Department of Human Services, 2009). For purposes of this discussion, however, only IPV and the occurrence of DV between romantic partners will be considered.

### **Types of IPV**

In the United States, IPV is a very serious public health concern that affects millions of individuals every year. According to the National Coalition Against Domestic Violence (2007), an estimated 1.3 million women are victims of assault by an intimate partner each year. This form of violence is complex and can manifest in several ways. In 1999, Saltzman, Fanslow, McMahon, and Shelley identified the following four types of IPV: physical violence, sexual violence, threats of physical or sexual violence, and psychological/emotional violence.

Physical violence describes an intentional use of physical force with the possibility of causing death, disability, injury, or harm to another individual. This form of violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, or burning. Physical violence can also include the use of a weapon, restraints, or one's body, size, or strength against another person (CDC, 2006; Saltzman et al., 1999).

Sexual violence occurs when one forces a partner to take part in a sex act when the partner does not consent. This form of violence can be broken down into the following three subcategories: (1) use of physical force to make a person engage in a

sexual act against his or her will, regardless of whether the act is completed; (2) an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate an unwillingness to engage in the sexual act (e.g., because of illness, disability, or the influence of alcohol or other drugs), or because of intimidation or pressure; and (3) abusive sexual contact (CDC, 2006; Saltzman et al., 1999) .

The next form of IPV is the threat of physical or sexual violence. This form of abuse is characterized by the use of words, gestures, or weapons to communicate *intent* to cause death, disability, injury, or physical harm. Although the victim is not directly *physically* harmed by such acts, this form of abuse can have an immense negative impact both psychologically and emotionally (CDC, 2006; Saltzman et al., 1999).

The final form of IPV, described by Saltzman et al. (1999), is psychological/emotional violence. This form of violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics which can continue to take place even after the relationship has ended. Here, the abuser threatens his or her partner directly, threatens loved ones, or causes harm to the partner's sense of self-worth. This form of abuse includes, but is not limited to, humiliating the victim, controlling what he or she can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources (CDC, 2006; Saltzman et al., 1999). Such behaviors can be considered to be psychological/emotional IPV regardless of whether or not there has been prior physical or sexual violence in the relationship. For example, Stith, Smith, Penn, Ward, and Tritt

(2004) found that, while psychological/emotional abuse could serve as a precursor to physical violence, such forms of abuse could also occur without the manifestation of physical violence all together. In another study (Faver & Strand, 2007), it was found that perpetrators will often direct physical violence towards treasured objects such as a family pet, which can also lead to the psychological/emotional distress of the victim.

Stalking is also considered to be a form of psychological/ emotional IPV. This behavior generally refers to repeatedly engaging in harassing or threatening behaviors such as following a person, appearing at the person's home or place of employment, making harassing phone calls to the person, leaving written messages or objects for the person to find, or vandalizing the person's property. (CDC, 2006; Saltzman et al., 1999; Tjaden & Thoennes, 1998). With the advancements in current technology, stalking can now take place in a less "personal" form as well. In 2007, Southworth, Finn, Dawson, Fraser, and Tucker identified a form of computer and telecommunication-based harassment termed *cyberstalking*.

The term *cyberstalking* describes a variety of behaviors that involve repeated threats and/or harassment by the use of electronic mail or other computer-based communication. Such intimidation is described as severe enough that *any* reasonable person would be afraid or concerned for his or her safety (D'Ovidio & Doyle, 2003; Fisher, Cullen, & Turner, 2000; Southworth et al., 2007). In 1998, Westrup argued that the definition of cyberstalking should also highlight the fact that such behaviors are perceived as "unwelcome and obtrusive" by the victim. Research on cyberstalking has identified many forms of computer and telecommunication-based harassment including: monitoring e-mail communication either directly on the victim's computer or indirectly

via spyware programs on the abuser's computer; sending emails of a threatening, insulting, or harassing nature to the victim; flooding the victims e-mail inbox; sending a virus to the victim's email; using the victim's email to send false messages to others; purchasing unwanted goods or soliciting undesired services via the victim's email; and utilizing the internet to gather personal information about the victim to use against him or her (Southworth et al., 2007).

According to the National Institute of Justice, more than 1 million individuals are stalked each year (Tjaden & Thoennes, 1998). Of this number, 59% of female stalking victims reported being harassed by an intimate partner and 81% of those women were later assaulted by that person. Although research on the involvement of cyberstalking in such cases is extremely limited, the number of reports related to online harassment is increasing. In 2010, for example, a nonprofit organization, Working to Halt Online Abuse (WHOA), reported receiving an average of 50 to 75 requests per week for guidance and support to stop cyberstalking. In addition, Finn (2004) conducted a study with college-age students and found that 9.6% has received repeated and unwanted emails from a current or prior significant other that were of a threatening or harassing nature.

### **Patterns of IPV**

A growing body of research has demonstrated that IPV is not a unitary phenomenon and that different *pattern* types can be distinguished with respect to partner dynamics, context, and the immediate consequences of abuse. Such distinctions between the different patterns of IPV may lead to better decision-making, appropriate sanctions, and more effective treatment programs tailored to the different characteristics of violence

between intimate partners. While the utility of such distinctions can be argued, it is important to state that there will always be individuals, couples, and situations that *do not* fit into *any* of the identified patterns. Thus, a primary concern for women's advocates is that research focusing on differentiating between the *types* of IPV will lead to the confusion or misapplication of typologies and that battering, as a result, will be missed (Kelly & Johnson, 2008). The following *patterns* of IPV, therefore, should be viewed as guiding, but not exhaustive, models for conceptualization, intervention, and treatment. According to Kelly and Johnson (2008), there are four primary patterns of IPV: Coercive Controlling Violence, Violent Resistance, Situational Couple Violence, and Separation-Instigated Violence.

**Coercive Controlling Violence.** In 2008, Kelly and Johnson defined Coercive Controlling Violence (CCV) as a “pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against partners.” This form of abuse can be further distinguished by the unique pattern of power and control in which it is embedded. An adaptation of the Power and Control Wheel (see Figure 1), developed by Pence and Paymar, provides a useful graphical illustration of the major forms of control that are involved in CCV: intimidation; emotional abuse; isolation; minimizing, denying, and blaming; use of children; asserting male privilege; economic abuse; and use of coercion and/or threat tactics. It is important to note that not all abusers will utilize every form of violence, but rather will employ whatever combination of techniques is most likely to work for them to obtain a desired outcome.



Figure 1. Pence and Paymar’s Power and Control Wheel

It is important to highlight that the CCV can be very effective without the use of “physical” force. While CCV does not always involve frequent and/or severe violence, on average, this form of abuse is more frequent and severe than *other* patterns of IPV. For example, a study conducted on male perpetrators in the Pittsburgh area found that the median number of violent incidents was 18. In 76% of the cases of CCV, there had been at least one incident involving some form of severe violence (Johnson, 2006). In addition, a number of recent studies have focused on the likelihood that a victim of IPV will be injured. Such findings have suggested that there is a high likelihood that a victim will be severely injured as a result of CCV (Johnson, 2008).

In addition, victims of CCV may suffer psychological consequences in lieu of, or in addition to, physical effects. In 2008, Kelly and Johnson argued that the emotional and mental consequences of CCV often have a more devastating impact on victims than



physical abuse. For example, victims of CCV often experience depression, fear and anxiety, loss of self-esteem, and symptoms related to post-traumatic stress (i.e., nightmare, flashbacks, avoidance of reminders of the event, and hyper-arousal).

Finally, it is important to note that the specific relationship dynamics found in CCV can be related to certain groups. For example, in 2005 Dutton collected data from women's shelters, court-mandated treatment programs, police reports, and emergency room facilities. Results suggested that such sources are more likely to receive referrals regarding victims of CCV than another pattern of IPV. In addition, it was found that the majority of the perpetrators were men who targeted female victims.

**Violent Resistance.** According to Kelly and Johnson (2008), the term *Violent Resistance* regards the reality that “women may, in an attempt to get the violence to stop or to stand up for themselves, react violently to their partners who have a pattern of Coercive Controlling Violence.” This pattern of violence is very similar to self-defense in that the violence takes place as an immediate reaction to an assault and is intended primarily to protect oneself from immediate harm or danger. However, with the current mandatory and pro-arrest laws, there has been an increase in the number of women who are arrested for such acts. Such a negative response is likely to cause women to feel as though responding with violence is ineffective (i.e., they may be the one who is punished/arrested, which may result to her behaviors being called into question if the police are called in the future), and may even make matters worse (i.e., serious repercussions from the abuser). For example, Bachman and Carmody (1994) found that women who defend themselves against attacks from their partners are twice as likely to sustain future injuries versus those who do not try to defend themselves.

**Situational Couple Violence.** The term *Situational Couple Violence* is used to describe a pattern of abuse in which the relationship has no prior history of power and control. This pattern of violence generally results from situations or arguments between romantic partners that escalates, on occasion, to physical violence. Situational Couple Violence occurs less often than CCV and generally involves less-severe forms of physical abuse (i.e., pushing, shoving, grabbing, etc.). In addition, victims of this form of abuse generally do not report being “afraid” of their partners (Kelly & Johnson, 2008).

Situational Couple Violence does involve some forms of verbally aggressive behaviors (i.e., cursing, yelling, and name calling) that closely resemble the emotional abuse of CCV. However, the emotional abuse found in Situational Couple Violence is not accompanied by a chronic pattern of controlling, intimidating, or stalking behaviors. While this pattern of IPV should not be perceived as “less severe” than other forms of violence, it is less likely that Situational Couple Violence will escalate over time compared to CCV. In fact, most cases will result in the separation of the couple and the violence will subsequently cease (Babcock, Green, & Robie, 2004).

**Separation-Instigated Violence.** The pattern of IPV that tends to result from divorce or permanent separation is Separation-Instigated Violence. In this pattern of abuse, there is no prior history of violence in the relationship between the romantic partners or in any other setting. Partners experiencing this form of abuse do not report any of the aspects of CCV such as intimidation, fear, or the use of controlling behavior at any point during their marriages. Here, the abuse is triggered by experiences such as a traumatic separation (e.g., the home is emptied and the children are taken while the partner is at work), public humiliation, and allegations of child abuse. This form of

violence is typically limited to one or two episodes and ranges from mild to more severe forms of violence (e.g., sideswiping partner's car, throwing clothes into the street, etc.) (Kelly & Johnson, 2008).

It is important to emphasize the distinct differences between separation-instigated violence and the violence that can surround the separation of couples who have been engaged in CCV; specifically, homicide rates are higher for women who attempt to leave a relationship where CCV is occurring (Hotton, 2001). For example, one study comparing victims of intimate partner femicide (the killing of a woman) with a control group of non-lethally abused women found that 66% of femicide victims had experienced high levels of CCV during her relationship compared with 24% of non-lethally abused women (Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, et al., 2003). Another study of 30 women who had survived an attempted intimate femicide found that 83% of the victims had been attacked during the separation process with her abuser (Nicolaidis, Curry, Ulrich, Sharps, McFaralane, Campbell, et al., 2003).

### **The Partner**

Thus far, the discussion has focused on various characteristics of IPV and provided “clues” for recognizing it. For example, the various forms of abuse (e.g., physical violence) as well as the relationship patterns (e.g., coercive controlling violence) that a woman is likely to find herself in have been addressed and explored. With such a vast amount of information and knowledge about the issue of IPV, it is important to address the following question: “Why doesn't she just leave?” This question is often one of the first responses a victim of IPV hears when she reaches out to those around her for help and advice. However, such a simplistic question reflects a great deal of ignorance

and unawareness that the present society holds about IPV and the various obstacles that women face when they do try to leave. In addition to internal struggles that victims may be experiencing (e.g., personality issues, spiritual beliefs) there are many external and internal obstacles or *barriers* that may be preventing her from escaping the situation. The following section will focus on the various forms of external obstacles women of IPV face if and when they attempt to leave.

**The Barriers Model.** While the number of resources available to victims of IPV has greatly increased in recent years (i.e., more shelters, more community resources, an increase in the number of therapists specializing in family violence, etc.), victims of IPV often report a number of obstacles or external “barriers” in terms of accessing and receiving such services. Such barriers not only prevent women from accessing much needed social and legal resources, they also impede them from increasing their levels of safety. In the following section, the Barrier’s Model (BM) (Grigsby, 1997), which looks at the various dimensions of “obstacles” presented to victims of IPV, will be discussed.

The BM was developed in the 1980s following the social movement that termed the violence between intimate partners *codependency*. This movement placed the focus or “blame” of IPV on personal variables or pathology of the victim while ignoring the extreme levels of external and internal oppression such individuals were facing (Grigsby, 1997). During this time, victims of IPV were viewed as codependent or active “participants” in IPV by demonstrating attitudes or *symptoms* such as: external referencing, martyrdom, poor self-esteem, controlling behaviors, demoralization, and “needing to be needed” (Hagan, 1993). In 1997, Grigsby argued that what advocates of this movement failed to recognize, however, was that “these symptoms identified as

codependency may not have been a disorder resulting in unhealthy intimacy, but instead, the very behaviors that allowed women to survive relationships with violent partners.”

Although, it has been argued that the response patterns of victims of IPV are methods of surviving abusive relationships, it is understandable why both the victim of IPV and her therapist would be tempted to go along with the idea that the victim is to blame. Grigsby (1997) stated that victims of IPV, for example, often feel more comfortable placing the blame on themselves because it fits with their learned socialization as women. Hagan (1993) added that victims often prefer to believe that problems between them and their partners are rooted within themselves and, therefore changeable. This limited focus on personal flaws often prevents victims from acknowledging the lack of social and legal controls over their abusive partners and the small chance that the relationship will become nonviolent.

It is also understandable why many therapists working with the victims of IPV would be tempted to collude with a victim’s acceptance of blame. Grigsby (1997) stated that this is largely due to the fact that many traditional mental health professionals are trained to identify and treat client struggles from an individualistic versus societal level. It is a key goal of the BM, therefore, to facilitate a paradigm shift for therapists working with victims of IPV; specifically, to remove the focus and blame from the client/victim and to begin focusing on how the culture in which she lives is creating and maintaining her situation.

The BM places victims of IPV at the center of four concentric circles (see Figure 2). Each circle represents a group of obstacles a victim is likely to experience that can potentially impede her safety. It is important to note that the levels of the BM are not

linear; every victim does not have to experience barriers in each level. While some victims may suffer from obstacles in each level, others are likely to experience some combination of barriers from different levels.

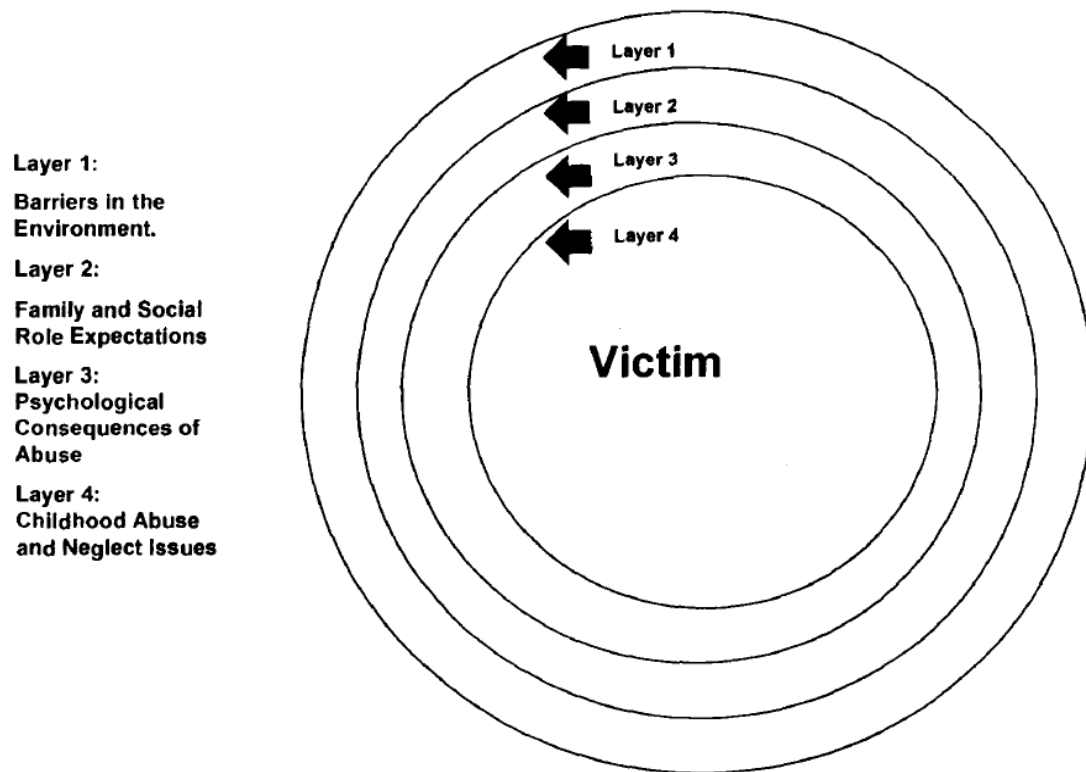


Figure 2. The Barrier's Model (Grigsby, 2007)

While every victim may not experience all forms of barriers, it is likely that level one, Barriers in the Environment, will have some impact on her access to safety. In working with victims of IPV, therefore, mental health professionals should begin with a focus on this layer of obstacles. Until such barriers have been addressed, focusing therapy around issues presented in the other three layers will be ineffective. It is also likely that an initial focus on the other three layers could contribute to the victim's isolation and self-blame, and her immediate danger. By identifying external causes of the abuse, the victim will be more likely to remove herself from the dangerous situation,

which could possibly save her life. Additionally, an initial focus on external barriers versus internal ones will reinforce that the victim is not to blame or that it is something about her history that warrants the abuse (Grigsby, 1997).

Depending on the resources in any given community, the environmental variables in layer one may or may not be influencing a victim's perception or experience of the resources needed to escape her abusive partner. It is unlikely that a victim of IPV will experience all of the following environmental barriers, but many battered women experience several of them. According to Grigsby (1997), the barriers present in layer one of the BM include the following: information/misinformation; the batterer; money; transportation; police assistance; criminal justice system; attorneys; religious counseling/guidance; mental health system; and physical and cultural accessibility to shelters/services.

Oftentimes, the most *immediate* environmental obstacles women face are those related to lack of information, the batterer himself, and financial insecurity. The *information/misinformation* factor of IPV refers to the limited accessibility that battered women have to information about the dynamics of abuse, where they can go for safety, and community/legal resources. For many victims, the abuser is the only source of information about the abuse. Victims often hear messages such as “no one will believe you,” or “if you go to a shelter, they will take the kids.” Since the batterer generally limits the victim's contact with outside sources (i.e., friends, family, church) such messages are not contradicted and the victim remains in the relationship out of fear of not being believed (Grigsby, 1997).

Most batterers attempt to cut off all communication between their partners and her friends and family. By limiting the number of individuals the victim contacts, the batterer creates an atmosphere of dependence and control. By isolating the victim from those who care about her, the batterer ensures that she will be unable to send out a “distress call,” which fosters a sense of helplessness/hopelessness about the situation. A recent study (Anderson et al., 2003) examined the isolation techniques of 485 cases of IPV. Results revealed that 42.7% of victims were physically isolated whereas 71.1% of victims were controlled emotionally.

The *batterer* himself can also serve as an environmental obstacle in situations of IPV. In severe and advanced battering situations, the abuser physically prevents the victim from leaving. In such situations, the abuser will employ tactics such as locking the victim in or out of the house away from medication, the children, and other resources. Other methods such as locking the victim in a closet, sitting on her, or accompanying her in public at all times are also used by the abuser to physically prevent the victim from leaving (Grigsby, 1997).

The influence of *money* and *transportation* also play a key role in the prevention of a victim leaving an abusive relationship. Leaving an abusive partner can be an expensive decision that many women are not financially prepared to make. Expenses such as attorney fees, obtaining transportation, paying rent, and furnishing a new home are some of the reasons that women find themselves unable to leave (Grigsby, 1997).

Layer two of the BM focuses on obstacles related to family, socialization, and role expectations. Such factors are going to have an immense impact on the way a victim of IPV will view herself if she chooses to leave. For example, when a woman gets



married and has children, it is socially “expected” that she will learn to put the needs of her husband and her children before her own needs. Such messages encourage victims of IPV to “tough it out” and to avoid defacing the family (Grigsby, 1997).

Another aspect of this level that can be very influential on a woman’s ability to leave an abusive relationship is her perspective on “abuse.” Oftentimes, women have a distorted view on what constitutes abuse. This may be due to the fact that American society accepts, and in fact encourages, violent behavior in men and boys. Additionally, contemporary culture depicts obsession and jealousy as romantic and valued traits of a male partner. Women, therefore, interpret such behaviors as indications of their partner’s love and commitment to them and their relationships (Grigsby, 1997).

Finally, the woman’s religious and family beliefs on marriage and abuse can have a great impact on her ability to leave. For example, many religious institutions encourage women to “honor and obey” their husbands and refuse to sanction divorce, even when there is evidence of abuse. Additionally, if a victim’s family does not believe in divorce, she will be less likely to consider this as an option and, therefore, will be less likely to leave (Anderson et al., 2003; Grigsby, 1997).

The third layer of the BM describes the psychological impact of the abusive relationship. Fear, hypervigilance, and lack of trust are all hallmarks of long-standing abuse (Walker, 1994). Women who have endured such feelings over extended periods of time often develop certain coping strategies to manage or “get through” the pain. Defense mechanisms such as minimization and denial of the abuse are commonly used, as well as feelings of self-doubt, low self-esteem, and self-blame. Such psychological factors, along with isolation from friends, family, or others, which would likely combat

such thoughts, decreases the chances that a victim of IPV will be able to “just leave” (Anderson et al., 2003; Grigsby, 1997).

The final layer of the BM addresses issues related to childhood abuse and neglect. Grigsby (1997) argues that, if a woman has experienced childhood trauma or neglect, she will be more susceptible to the negative effects of the barriers in each of the other three layers. For example, if a woman experiences physical or sexual abuse as a child, she is more likely to believe that anyone is capable of, and entitled to, abuse her. She is also likely to believe that there is no escape from the abuse and, therefore, make minimal attempts to escape the situation.

In conclusion, the BM addresses the various forms of obstacles or “barriers” that women face when they attempt to, or think about, removing themselves from an abusive relationship. The focus of this model is to help therapists understand the behavior of battered women previously attributed to more pathological factors such as co-dependency and resistance. By expanding the focus to more external factors that influence her ability to leave, professionals are also conveying the idea that the woman is not to blame. Additionally, by removing the focus from the victim’s behaviors, the responsibility of the abuser and other external sources becomes clearer and the question of “Why doesn’t she just leave?” can be considered in a more informed manner.

The present study will focus on identifying both internal and external barriers that the partners of men involved in the PATH program faced when they considered leaving their relationships. Specifically, victims will be asked to identify specific variables that influenced their decision to remain in the relationship as well as those factors that

prevented them from leaving. Victims will also be asked to identify any expectations or feelings of hope that they had regarding their partners involvement in the PATH program.

### **Batterer's Intervention Programs (BIPs)**

The shift in focus from the role that the victim plays in situations of IPV (i.e, “victim blaming”) to the role of the batterer has led to the development of a specific mode of treatment that focuses on the education and prevention of future abuse; specifically, batterer's intervention programs (BIPs). Most BIPs are rooted in the feminist perspective, which holds the batterer both responsible for the occurrence of the violence as well as for stopping the violence (Malloy, McCloskey, & Monford, 1999). BIPs were developed over 25 years ago, following the feminist movement, and are mostly based on the fundamental framework of the Duluth model (Smith & Randall, 2007).

**The Duluth Model.** The Duluth model is based on the feminist theory that men are encouraged to control their partners, which results in domestic and intimate partner violence. The model is characterized as a gender-based cognitive-behavioral approach to counseling and educating men who have been arrested for IPV or whom the courts have mandated programs that focus on IPV. Due to the fundamental, feminist, assumption of the model that men exercise a great amount of power and control onto their partners, this model is most often used in the identification and treatment of CCV (Gondolf, 2007; Smith & Randall, 2007).

The Duluth model first assists batterers in confronting their attitudes about power and control as well as assisting them in the identification of various behaviors that fall within the constellation of abuse and violence noted in the “Power and Control Wheel.”

This model logically attempts to challenge the denial or minimization that is often associated with abusive behaviors that are particularly prevalent among court-ordered men. This model also focuses on teaching batterers alternate strategies in order to avoid falling back into abusive cycles of behavior and promotes “cognitive restructuring” of attitudes and beliefs that reinforce such strategies (Gondolf, 2007; Smith & Randall, 2007).

From a therapeutic standpoint, focusing on the fundamental aspects of power and control in situations of IPV serves to counter denial and help batterers take responsibility for their behaviors. It is important that batterers be educated about and acknowledge that IPV can take many forms (i.e., physical violence, forced isolation, economic dependency, etc.). By implementing the power and control wheel in the treatment process, the Duluth model argues that batterers will gain self-awareness and behavior monitoring skills that are vital in the treatment process (Gondolf, 2007; Smith & Randall, 2007).

**Limitations of BIPs.** Victims’ advocates often question the effectiveness of BIPs. Common concerns such as: Do they really work? Do batterers who go through such programs stop abusing their partners? Do these programs have an impact on the lives of the victim and the abuser? Do BIPs give victims a sense of “false hope” that their partner will be cured? Does this hope jeopardize their safety? Do BIPs indirectly place victims at an increased risk? Does the BIP itself become a barrier? While studies on the effectiveness of BIPs are currently attempting to address such issues, it is important that victims whose partners are currently enrolled or will soon be enrolled in BIPs know that nothing is 100% certain. The following sections will focus on important

issues that victims of IPV need to be aware of when considering what a BIP can do for them, their partners, and their relationships.

One of the biggest questions about BIPs is: do they work? While much research still needs to be done to address such concerns, a limited number of studies suggest that participation in BIPs does yield positive results. For example, Gondolf and Jones (2001) found that completing a BIP reduced the likelihood of re-assault by 44% to 64%. However, earlier studies suggested that the positive benefits of the treatment programs might be short lived. For example Gondolf (1997) found that, while only one third of batterers who had completed a BIP re-assaulted within three months of program completion, nearly two thirds re-assaulted within six months of completion. Such findings suggest that, while BIPs are generally impactful in reducing re-assaults, it is important to keep in mind that well-established programs appear to contribute to a short-term cessation of assault in the majority of batterers.

Victims and victim advocates also question whether or not participation in BIPs will “stop the violence.” Victims who encourage their partners to enroll in BIPs often report that they do not wish for their relationships to end, only the abuse. But how realistic is the hope that a BIP can stop *any* abuse from reoccurring? Studies have indicated that, even if BIPs are successful at ending physical assaults, the perpetrator may simply turn to other forms of violence such as intimidation, psychological control, stalking, etc (Bullock, 1997). Additionally, other studies have looked at the patterns of violence in the 15 months following the completion of a BIP. Results indicated that, while only 19% of women had been physically bruised or injured, the proportion of

women subjected to controlling behaviors, verbal abuse (70%), and threats (43%) was relatively high (Gondolf, 1997).

It is also important to consider whether or not BIPs indirectly place victims of abuse at an increased risk; specifically, increasing feelings of hope that the program will “fix” the batterer and, in turn, save the relationship. Smith and Randall (2007) found that victims of IPV often feel that their relationships can “get better” if only the abuser would enter a BIP and learn to “control his temper and stop being jealous and controlling.” In this study, common themes were heard in victim’s comments about what they expected from the BIP such as: “he’s not all that bad...his temper gets in the way...if he can learn to control his temper, he would be a better person,” “I knew he had to learn...he had to be taught...the bad behaviors...and the jealousy...had to stop.” Additionally, victims in this study identified admittance to a BIP as their partner’s “last chance” at restoring and maintaining the relationship and demonstrate high expectations that this will occur as evidenced by comments such as: “he knows that if he crosses the line again, disrespects me, then I’m gone.”

Identifying “false hope” or unrealistic expectations of victims related to their partner’s participation in BIPs is critical. It is important not to lead victims to believe that such programs are guaranteed to work or are a “quick fix” to their problems. Practitioners need to ensure that battered women are receiving clear messages regarding the limitations of BIPs in order to avoid creating feelings of false hope that may lead to a choice to stay in a dangerous environment that she might otherwise have left. Studies have demonstrated that, when a woman begins to feel safe and “hopeful” about her relationship, she is at an increased risk for re-assault because she will be less likely to

remove herself from the dangerous situation (Heckert & Gondolf, 2004; Smith & Randall, 2007).

A final criticism of BIPs is that the men who are involved in such programs, oftentimes, do not want to be there or do not believe that the goals of the treatment program *match* their personal goals or because they are not ready to change their abusive behaviors or even to recognize such behaviors as *wrong*. Such individuals typically drop out of treatment or are not fully invested in the process, resulting in little or no positive change. To improve retention and treatment effectiveness, therefore, it has been suggested that BIPs adopt the basic components of the Transtheoretical Model of change (Eckhardt, Babcock, & Homack, 2004).

According to the Transtheoretical Model of change, individuals who successfully change an unwanted or maladaptive behavior go through the following five stages: (1) *Pre-contemplative*, in which the individual has no desire to change the behavior, (2) *Contemplative*, in which the person is interested in changing the behavior, but has made no plan to do so, (3) *Preparation*, in which the individual is committed to change and is making decisions about *how* this change will occur, (4) *Action*, in which the person carries out the plan for change, and (5) *Maintenance*, in which the person has successfully worked to eliminate the problem behavior and is continuously working to prevent relapse (Eckhardt, Babcock, & Homack, 2004). It is important to determine where individuals are in the process of change before recommending them to a BIP. Specifically, if the batterer is stuck in the pre-contemplative stage, in regard to abusive behaviors, it is unlikely that he or she will benefit from being in such a program (Babcock, Canady, Senior, & Eckhardt, 2005; Eckhardt, Babcock, & Homack, 2004).

**Preventing Abuse in the Home (PATH).** The Preventing Abuse in the Home (PATH) program is a BIP housed at the Wright State School of Professional Psychology in Dayton, Ohio. This program utilizes the fundamentals of the Duluth model and focuses on explaining battering behaviors as a series of bad choices in response to an underlying belief system that promotes male domination over women. The basic goal of the PATH program is to stop battering behavior and to replace it with more adaptive strategies. The PATH program teaches batterers how to relate to their partners in healthier ways through a number of techniques such as anger management, skill building, teaching expanded definitions of abuse, building empathy, confrontation, examining and challenging male socialization, and taking personal responsibility for violence (Malloy, McCloskey, & Monford, 1999).

The PATH program offers services to men involved in IPV. Batterers undergo approximately 23 weeks of group therapy, which focuses on educational as well as process components. During this time, clients are challenged to break through their denial or minimization about their involvement in the abuse, which results in taking responsibility for their actions. During this time, clients are taught to distinguish between “anger” and “abuse,” to become educated about the dynamics of control, to increase their ability to be empathetic towards their partner, and to understand and appreciate the stereotypical beliefs about men and women and how such internalized views can impact their behaviors (Malloy, McCloskey, & Monford, 1999).

While the PATH program does not currently provide couple/family therapy, it is important to take into consideration the impact that the program has on the batterer’s partner and his relationship. The following study, therefore, will focus on the effects of



this specific BIP in regards to the *victim's perception*. Investigating what the partners of men in BIPs have experienced will not only provide a comparison for data received by batterer's in terms of the impact the Program had on their abusive behaviors, but it will also allow researchers to determine if the overall goals of the PATH program are being met; specifically, whether or not the program is effectively reducing IPV and re-assaults among victims.

## **Method**

### **Participants**

Participants consisted of three women who were currently or recently involved with a male batterer who was enrolled in the PATH program during a 12-month period. All participants were contacted when their current/past partner had been attending the PATH program for a minimum of 16 weeks. All participants were informed about the research study by a PATH employee during routine partner contacts and verbally consented to being contacted by the primary investigator at a later date to participate in the study.

All responses were reviewed to identify themes. A full list of themes can be found in Table 1. Participant 1 shared that she and her batterer were married over 40 years. She described their marriage as “very abusive” as evidenced by repeated and escalating physical, sexual, and emotional abuse. In regards to what led her husband to enroll in the program, she reported that a counselor recommended that he attend. Participant 1 also shared that she was currently receiving support services from a local mental health center. In terms of their current relationship, she stated that, while she was not planning to file for a divorce, she and her batterer were “not together.”

Participant 2 shared that she and her batterer were married over 19 years. She described their marriage as very abusive in terms of emotional (e.g., controlling behaviors) and sexual abuse. She reported that the incident that led her batterer to enroll in the PATH program involved her husband punching her oldest son in the face. At this

time, she reported it was “jail or some other program.” Participant 2 also shared that she was currently receiving support services from a local mental health center. In terms of their current relationship, Participant 2 stated that she was going to “wait to see how things go,” before making a decision to end or maintain the relationship with her batterer.

Participant 3 reported that she was married to her batterer (time unknown). She described her relationship in terms of physical and emotional abuse. She stated that the incident that led her husband to enroll in the PATH program involved him becoming intoxicated and physically abusing her. At the time of the interview, she stated that she planned to leave the relationship and to file for divorce. She denied any communication between her batterer and herself.

## **Materials**

Participant names and contact information were gathered from the batterer’s “Client Demographic Sheet” (see Appendix A) completed at the time of intake. Interviews were conducted via telephone and were recorded using a Universal Serial Bus (USB) Phone Call Recorder System. This allowed the primary researcher to transcribe and review participant responses as well as provided documentation of client consent for participation. All interview recordings were transcribed for analytical review.

## **Design and Procedure**

The focus of this study was to gather information from the partners of men enrolled in a BIP. During routine partner contacts, all participants agreed to be contacted by the primary investigator in regards to the study. Participants were contacted (by telephone), informed of the intent and purpose of the study, and a confidentiality statement was read to them. Individuals gave verbal consent prior to the interviews and

were informed that they had the right to decline to answer any question(s) or to stop the interview at any time. Participants were then asked to give consent to be recorded. Once the recorder was turned on, participants were asked to re-state their consent to participate in the study. All phone conversations were taped using a USB Phone Call Recorder System. Participants were then asked a series of questions regarding their relationship with the man who was in the PATH program as well as their personal experiences with the PATH program (see Appendix B). At the completion of the phone interview, participants were given contact information for local victim's advocacy centers. Each interview was transcribed and all identifying information was removed from the transcription. Each participant was assigned a random number to assist in data organization. The original taped interviews were destroyed in order to maintain confidentiality of the participants. Approval from Wright State University's Internal Review Board (IRB) was obtained prior to data collection.

Transcribed interviews were reviewed for commonalities and themes in terms of how the participant viewed her experience with the PATH program as well as how the participant viewed the impact of the PATH program on her relationship. Themes were identified and defined by a team of three individuals who were currently working or who had previously worked within the PATH program.

## **Results**

The qualitative information gathered during participant interviews was analyzed using a thematic approach. After transcription of each interview, the primary investigator coded each interview using an open-ended coding process. Each response could be assigned multiple codes. At the next step of analysis, two members of a research team independently coded each interview using the same open-ended coding process. The next step of analysis involved the primary investigator collaborating with the research team members to compare coding results, discuss discrepancies, and agree upon final coding of each response. In the event that the team could not arrive at a unanimous decision in regards to coding, discussion continued until an agreement was made or the response was placed in multiple categories. Interview questions that solicited quantitative data were not analyzed due to lack of variation in responses.

The research team identified several themes among participant interviews. Identified themes can be seen in Table 1. While several themes were directly related to the participants' experiences with the PATH program (i.e., expectations of PATH, outcomes of PATH) other themes related to the participants' unique experiences (e.g., reasons partner left, barriers, demonstrated an understanding of the dynamics underlying intimate partner violence, assistance/support) and their relationships with the batterers (e.g., reasons for entering PATH, insight/change, status of relationship, peer influences) were also identified.

All participants were directly asked if they had any expectations about PATH prior to their batterer's enrollment in the program. Upon analysis, it was determined that participants offered both expectations about the PATH program as well as specific expectations they had in regards to their batterers. In regards to the PATH program, one participant stated, "I believed it would help him stop drinking." Another participant stated, "I really didn't know too much about it...all I knew it was another form of anger management...I didn't know too much about it other than what he would tell me." In regards to expectations of batterers, one participant shared, "It would be so great to see this man stand up, walk straight, following his faith...and when he speaks, he is speaking because he cares, not being demanding but pitch in and help...that is what I hoped he would benefit from the program."

All participants were also directly asked to comment on perceived outcomes of the PATH program. While all participants were able to identify positive outcomes of the program they also shared negative as well as mixed responses. In regards to positive outcomes, one participant shared, "Most helpful is that it changed how he was when he drank." Another participant stated, "The most helpful for him was for him to get up there and to finally admit to the abuse because he never would do that." Negative outcomes of the PATH program were identified in responses such as, "it's [controlling behavior] is the same as it was," and "I believed it would help him stop drinking, but it hasn't." Finally, mixed outcomes such as, "I feel like there's a lot of emotional still. No, there's no physical and there's not sexual at this time at all. There has not been since he started the program," and "I think it's been helpful in a lot of ways. I think it's just him not being receptive to certain things."

In addition to comments related directly to the PATH program, participants also offered several responses in regards to their own personal experiences before and during their batterer's enrollment in the program. These themes included reasons the participant left the abusive relationship (e.g., "my kids and myself and just being happy"), demonstration of an understanding of the dynamics underlying intimate partner violence (e.g., "he told me that I was a victim...I don't consider myself a victim...it is not a word choice I would use for myself"), barriers to leaving the relationship (e.g., "He was helping to raise our son"), and assistance/support received (e.g., "I have an individual counselor at [local support center]).

Each participant was also asked a series of questions that prompted her to describe her relationship to the batterer prior to his enrollment in PATH as well as the status of her current relationship with him. Prior to enrollment, themes identified in responses included and increased frequency/intensity of abuse (e.g., "...then he started lashing out physically with the kids...that's what did it for me"), better alternative than jail (e.g., "I would have never wanted him to be condemned or in jail, I just wanted him to get help"), impact on family (e.g., "I could not tolerate him yelling in front of the grandchildren..."), and encouragement from external agency/support (e.g., "He went to a counselor...she highly suggested that he enroll in the PATH program"). In regards to the status of the participants' relationships with the batterers at the time of the study, two of the participants stated that they are not currently living with their batterers, but have not ended the relationship (e.g., "We are together. He is not in the home. I haven't filed for divorce or anything," "we are married but we do not live together...sometimes we try to go out and have a nice day...to see the children and grandchildren.") One of the

participants clearly expressed her intent to end her relationship with her batterer (e.g., “I’m leaving the relationship and getting a divorce...me and him are not together.”).

In addition to direct responses to questions asked, two participants responses revealed a degree of insight/change in themselves (e.g., “I told him I will admit that I have made mistakes, but the program is about you”) and their batterers (e.g., “it was at the counseling session he mentioned the physical and psychological abuse he had done...I had waited so many years for him to admit it...”). One participant also identified the impact that her batterer’s peers had on his progression in the program (e.g., “He would talk about me with his friends...they would bad mouth me. Which, in turn, I think would make him come here and be aggressive”).

Table 1

*Identified Themes Among Partner Interviews*

Thematic Category	Number of Participant Responses in Category	Sample Response
Reasons for entering PATH		
Increased frequency/intensity of abuse	3	“... then he started lashing out physically with the kids...that’s what did it for me”  “I would say it was a volatile relationship and he had to leave...It was just more frequent”
Better alternative than jail	3	“I didn’t call the police because I was trying to spare him... I thought of the longevity of everything. That he would most likely be charged and lose his job”
Impact on family	2	“I could not tolerate him yelling in front of the



		grandchildren...the result of this abuse led to the children and grandchildren moving away from us...I don't just mean physically...they don't call...even the grandchildren are now taken away...I don't have contact with my family"
Encouragement from external agency/support	2	"He went to a counselor... she highly suggested that he enroll in the PATH program"
Insight/change Batterer	1	"It was at the counseling session he mentioned the physical and psychological abuse he had done...I had waited so many years for him to admit it because it was always placed upon my shoulders"
Partner	2	"I need to stop being the caregiver for everyone else and to start giving myself some care...so I put up boundaries"  "I have learned through all of that, it's been a long process for myself, that I can make it on my own if I have to. I do feel stronger and I realize that, if I have to, I will. And I realize its still a possibility, but it all really depends on him"
Reasons partner left	2	"My kids and myself and just being happy"
Demonstrated an understanding of the dynamics underlying	2	"He raped me...he held the knife over me... he tried to

intimate partner violence		make it sound like it was my fault...it wasn't"
		"violence and abuse is not tolerated... we do have rights"
Barriers	3	"My spiritual beliefs, you know of there not being any adultery. I feel like I am supposed to stay married and try to work it out and having all of these kids together and I think now, I've done more harm than good"
		"I've never worked until this past year and I now work. I've just always been a stay at home wife and mom and he's been the main bread winner"
Assistance/support	2	"I have been in counseling since before he went into the program, we are working toward me improving my life...I also used spiritual counseling...to me, it has taught me how to handle the abuse...these are the things that have helped me...they improve my quality of life"
Peer influences	1	"He would talk about me with his friends... they would bad mouth me. Which, in turn, I think would make him come here and be aggressive"
Status of relationship	3	"I'm leaving the relationship and getting a divorce... me and him are

			not together”
			“We are together. He is not in the home. I haven’t filed for divorce or anything”
Expectations PATH	3		“I was just hopeful, I guess...and its come highly recommended with other people; some of my friends I’ve talked with who have known someone who has had to go through the program and they’ve had wonderful outcomes with it”
Batterer	3		“I thought with these programs and my encouraging, maybe he would see something”
			“I guess I just keep hoping that I will continue to see more [change in him]”
Outcomes of PATH Positive	3		“The most helpful for him was for him to get up there and to finally admit to the abuse b/c he never would do that”
			“I know he recently approached someone about having individual counseling through the center there so I’m excited that he’s interested in that...that’s a huge improvement for him”
Negative	3		“I just think that my husband is still in a lot of denial of the problems he has. I think he has still not

		<p>taken full responsibility for the things that he has done. He's blamed the kids and myself"</p> <p>"it's [controlling behavior) just the same as it was"</p>
Mixed	2	<p>"When he is around, the abuse is the same as far as what he tries to do with controlling when we see him right now, I don't see a big change in that. Um, there are some areas where I see that he's done a little better. At times, he will open up to me more, he will actually try to talk about things sometimes"</p>

At the end of each interview, participants were asked if they had any feedback or suggestions for improving the PATH program in the future. Two participants offered specific suggestions. One participant suggested that the program needed to be stricter with batterers (e.g., "If you find out that people in PATH are still drinking that you recommend some jail time or something...find a way to make it more stricter"). The second participant suggested that the program should emphasize the safety of the partner vs. resolution of the relationship (e.g., "...I know that the emphasis of the program is not to move away from the partner, but to work together to move it forward, but when I see the psychological abuse picking up I see a threat of the physical").

## **Discussion**

### **Summary**

Current trends in the United States have recently demonstrated that the level of DV and IPV are on the rise. While there are several intervention modalities for perpetrators of DV and IPV (e.g., incarceration, mandated individual or group therapy), the number of BIPs continues to increase as well. While empirical studies have found mixed results in regards to the effectiveness of BIPS, it is important to continue to evaluate such programs in terms of their effectiveness in decreasing occurrences of violence in intimate relationships. The present study focused primarily on two aspects. First, it was designed to determine the effectiveness of the PATH program through the perspective of the partner; specifically, to identify specific expectations that partners had as well as perceived outcomes of the program. Second, the present study evaluated the experiences of the partners while their batterers were enrolled in the PATH program. All participants were either currently or recently involved with a man who was enrolled in the PATH program during a 12-month period. Although this study did not yield enough information to constitute an outcome study, based on low response rate, the qualitative data that was gathered during participant interviews provided valuable information about the impact of the PATH program on the partners of male batterers.

Results indicated that all three of the participants had positive expectations of the PATH program prior to their partners' enrollment. However, participant feedback on the outcomes of the program included mixed comments. One possible explanation for the

discrepancy between positive expectations and mixed outcomes may be lack of partner knowledge about the focus and goals of the PATH program. For example, one participant stated that she expected that PATH would help her batterer stop drinking. This participant also described her batterer's continued drinking as a negative outcome of the program. While, it is a goal of PATH to assist the batterer in identifying maladaptive behaviors related to the abuse, alcohol and substance use are not directly targeted during treatment. While the present study did not consider information that partners received at the beginning of the PATH program, if participants were not given specific information about the goals and focuses of treatment, they may have had misguided expectations of the program.

Another possible explanation for the discrepancy between expectations and outcomes may have been related to the partners' limited knowledge about power and control and the dynamics underlying IPV. For example, one participant stated that although she was no longer being physically and sexually abused, her batterer was still engaging in emotional abuse. According to Bullock (1997) this is a common pattern in the batterers' responses to the treatment of IPV; specifically, the batterer may stop physically abusing his partner relatively quickly but ending less direct forms of abuse (e.g., verbal, emotional) may require more lengthy treatment.

In regards to PATH, while the goal of the program is to end all abusive behaviors, one must acknowledge that 26 weeks may not be a sufficient amount of time for all batterers to be successful. In other words, while the occurrences of physical abuse may decrease relatively quickly in response to treatment, other, more obscure, forms of abuse may continue or even increase. In addition, it is also important to consider whether or not

employees explore and address issues related to alternate forms of abuse (e.g., emotional, verbal) during routine partner contacts.

Results also suggested that, while all participants experienced an increase in frequency/intensity of abuse prior to their batterers enrolling in the PATH program, all of the partners expressed a desire to keep their batterers out of jail. When considering possible explanations for this finding, it is important to note that several factors (e.g., financial resources, spiritual beliefs, children, feelings of guilt, loving feelings for the batterer) can play a key role in influencing the steps a partner is prepared to make in regards to her relationship with her batterer (Grigsby, 1997). For example, one participant stated that her batterer had been the “main bread winner” for several years. While she did not directly state it, one can assume that she and her family would experience significant financial hardship if her batterer were sent to jail and suddenly unable to provide for them financially. Taking such information into consideration when evaluating a program such as PATH is critical. For example, if a partner knows that she will be unable to financially provide for herself and/or her family if her batterer goes to jail, she may be more likely to give a more positive report (i.e., minimize abusive behaviors) when contacted by PATH employees. This would not only provide false information about the batterers progress in the program it could also place the partner at an increased risk of abuse.

Study outcomes also indicated that partner involvement with agencies such as local mental health centers, children’s services, courts, etc. was important. For example, two of the participants identified local agencies that had provided them with support and information regarding their abusive relationships. Participants also shared that such agencies either ordered or referred their batterers directly to the PATH program. While

more than half of the participants in the present study reported involvement with community agencies prior to their batterers enrolling in the PATH program, Grigsby (1997) stated that many women are unaware of such resources.

It is crucial to consider such information in the evaluation of a program such as PATH. Specifically, it is necessary to note the PATH program is not the only resource that partners of batterers can access. In fact, data from the present study suggest that many of the women involved with men who are receiving services from PATH are, in fact, receiving services from multiple providers within the community. This may impact not only types/amount of information partners receive about the dynamics of IPV, it may also influence what information partners choose to share about their relationship with employees of the PATH program. For example, if a partner is receiving services from an outside agency and her provider is encouraging her to end all contact with her batterer, the partner may be reluctant to discuss her experiences with employees of the program.

Finally, results revealed varied opinions in regards to outcomes of the PATH program. While all participants reported positive outcomes (e.g., "...he recently approached someone about individual counseling...that's a huge improvement for him"), negative outcomes (e.g., "it's [controlling behavior] just the same as it was") were noted as well. As noted previously, limited knowledge about the goals of the program may lead to misguided expectations. However, other factors such as length of treatment and individual characteristics of the batterer and partner as well as the relationship dynamic must be considered as well.



## **Program Recommendations**

Based on the information gathered during this study, a couple of recommendations can be made in regards to the PATH program. First, program administrators may want to consider providing partners of men enrolled in the program an “orientation” within the first week. In order to promote safety and confidentiality of the partners, it is recommended that the orientation be held at a location away from the batterers’ meetings. Additionally, while this orientation should be strongly encouraged, in order to maintain partner empowerment and personal decision-making, it should not be a requirement of the PATH program. The focus of such an orientation should be to provide partners of men enrolled in the PATH program basic information regarding focus and goals of the program as well as provide partners the opportunity to ask questions related to the program. Such an orientation would also allow facilitators to provide partners with information about IPV. Specific dynamics related to IPV could be provided and facilitators would be able to correct any misguided assumptions or expectations. At this time, facilitators would also be able to assess partners’ interest in becoming involved with community support services if they are not already engaged. Finally, while the orientation meeting will likely increase rapport between partners and PATH facilitators, issues of confidentiality should also be addressed. For example, PATH facilitators should clearly outline limitations of confidentiality (e.g., duty to warn) regarding information that partners share with them as well as clearly explain the dynamics between all parties involved (e.g., batterer, partner, referring system, PATH).

Results also suggested that partners have a strong desire to keep their batterers out of jail. While there may be many possible explanations for this (e.g., feelings of guilt,

children, loving feelings for batterer), one theme that emerged in this study was related to strong financial dependence on their batterers. Therefore, partners may inadvertently underreport abusive behaviors during routine partner contacts. Based on this information, it is recommended that program administrators consider strategies to strengthen partner relationships with employees of the PATH program. This may involve assigning each partner a primary contact person from the staff with whom she would speak with on a regular basis. By having a specific person to speak with, partners may feel more comfortable sharing details of their relationships while their batterers are involved with the PATH program. In addition to providing routine support, program primary contacts may also be able to facilitate contact between partners and resources in the community that assist with housing, finances, employment, etc.

The present study also suggested that more than half of the participants had been involved with a community agency prior to or during their batterers' involvement with PATH. Therefore, in addition to determining if partners are interested in working with an outside agency (and providing relevant contact information), it is also recommended that administrators of the PATH program reach out to local community agencies and become a presence in the community. Not only would this allow employees of the program to learn about resources offered by community agencies, it would also promote appropriate referrals to the PATH program. Finally, by increasing communication between the PATH program and agencies in the community, administrators would gain knowledge about the information each agency may provide to women experiencing abuse (e.g., dynamics of violence, responsibility, promoting safety).

## **Limitations and Future Research**

While the present study provided information about the effectiveness of the PATH program from the partners' perspectives, limitations can also be identified. First, the sample size of this study was very small. More participants may have provided researchers with more information in regards to different viewpoints, examples, and experiences related to the program. Additionally, such a small sample size may have indicated that the partners who were willing to participate in the study had strong feelings (positive or negative) about the PATH program. More participants would have increased the likelihood of gathering information from partners with varying experiences with the program.

A second limitation of the study was that all information was gathered from participants' self-report. Therefore, the accuracy of their reports may have been skewed. Before participating in the interview, each participant was told the purpose of the study. Because participants knew the purpose of the study, they may have had an unconscious desire to please the researcher. Such a desire may have led participants to express ideas or respond to questions in a way that they believed the researcher wanted to hear. This phenomenon is called the "good-subject" effect (Nichols and Maner, 2008) and could have impacted the results of this study.

Finally, all of the information provided in the present study was of a qualitative nature. Therefore, no statistical analysis could be conducted. By asking open-ended questions and allowing the participants to answer questions in an open manner, participants were given the opportunity to provide specific details about their experiences and to share information that they felt to be essential and relevant. While this method is

beneficial and provides an open forum for data collection, this interview style does not allow for statistical analysis.

The present study provided researchers with significant information regarding the effectiveness of the PATH program from the partners' perspectives. However, information from other sources is needed to support such findings. Additional information such as reports from batterers, re-arrest records, and review of co-facilitator evaluations would provide more information about the effectiveness of the PATH program.

**Appendix A: Client Demographic Sheet**

Client Demographic Sheet

Client Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Current Partner Name: \_\_\_\_\_

Current Partner Number: \_\_\_\_\_

Partner Name During PATH: \_\_\_\_\_

Partner During PATH Number: \_\_\_\_\_

Incident Partner Name: \_\_\_\_\_

Incident Partner Number: \_\_\_\_\_

Age (Current): \_\_\_\_\_

Age (During PATH): \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Referral Source:  
\_\_\_\_\_

Mental Health History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Abuse History:  
\_\_\_\_\_  
\_\_\_\_\_

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Prior Record:

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Sassi Score: \_\_\_\_\_

Alcohol/Drug Use:

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Goals To Treatment:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Appendix B: Questions for the Partner**

*Hello (participant's name). My name is Megan Nichols and I am calling from Wright State's School of Professional Psychology. The purpose of this call is to speak with you about your experience with the Preventing Abuse in the Home (PATH) program that (PATH member name), participated in during (year of participation). Would you be willing to talk with me about this?*

***(If no): I understand that you would not like to speak with me about the PATH program. I appreciate your time. If you happen to change your mind or have any questions, please feel free to contact the PATH office at 937-775-4344.***

***(If yes) Is this a good time for you to talk?***

***(If no): What time would work better for you?***

***Great, is this a good number to reach you?***

***(Yes): Okay, then I will call you at this number on (day) at (time). Thank you (participant's name)!***

***(No): what number would be better to reach you?***

***(If yes): Great! In order to make sure that I get all of your ideas/opinions correct, this conversation will be recorded. Is that all right with you?***

***-(No): Okay that is fine. I will not record this conversation. Just so you know, the data collected from this call is going to be used in a research project that will be focusing on whether or not the PATH program is beneficial as well as identifying any information that can be used to make it better. While I will be considering your individual opinions and perspectives, all of the data will be kept confidential. In other words, all of your information will be put into a database with all of the other partners who participate. There will be no identifying information so no one will be able to find out exactly what you said. Also, it is important that you know that your participation in this study is completely voluntary. If, at any point, you decide you no longer would like to participate, you may stop. Also, if there is a question that you do not feel comfortable answering, you do not have to do so. Does that make sense? Do you have any questions?***

*Okay, let's begin. What I am going to do is ask you a series of questions. Please feel free to share anything that comes to mind. If there is something specific topic that you did not cover, I will ask for clarification. There is no right or wrong answer. Everything is based on your opinion and your personal experience with the PATH program. Do you have any questions?*

*-(Yes): Okay (name), I am going to turn on the recording device now. Just to clarify, you are agreeing to talk with me today about your experience with the Preventing Abuse in the Home program that (PATH member name) participated in during (year of participation) and you have agreed to allow me to record this conversation, correct?*

*Just so you know, the data collected from this call is going to be used in a research project that will be focusing on whether or not the PATH program is beneficial as well as identifying any information that can be used to make it better. While I will be considering your individual opinions and perspectives, all of the data will be kept confidential. In other words, all of your information will be put into a database with all of the other partners who participate. There will be no identifying information so no one will be able to find out exactly what you said. Also, it is important that you know that your participation in this study is completely voluntary. If, at any point, you decide you no longer would like to participate, you may stop. Also, if there is a question that you do not feel comfortable answering, you do not have to do so. Does that make sense? Do you have any questions?*

*Okay, let's begin. What I am going to do is ask you a series of questions. Please feel free to share anything that comes to mind. If there is something specific topic that you did not cover, I will ask for clarification. There is no right or wrong answer. Everything is based on your opinion and your personal experience with the PATH program. Do you have any questions?*



- 1. If you were with (*PATH member name*) prior to PATH, what was the relationship like for you?**
  - What lead up to his entering the PATH program?
- 2. What lead to your decision to either leave or stay in the relationship?**
  - What kept you in the relationship?
  - Did you ever consider leaving the relationship?
  - What, if any, obstacles did you face in terms of leaving the relationship?
- 3. What relationship did you have with (*PATH member name*) while he was in the PATH program?**
  - Intimate partner, friend, father of your children, etc?
  - Other relationship?
  - (If no relationship reported): **Do you currently have a relationship with (*PATH member name*)?**
- 4. What expectations did you have about the PATH program?**
  - Did you believe it would make him better or worse?
- 5. What changes did you expect to see in him as a result of the PATH program?**
  - Was this his “last chance?”
  - Did you believe it would fix him?
- 6. What changes, if any, did you notice in your partner as a result of the PATH program?**
  - At what point did you notice these changes?
- 7. Has your partner been arrested since the completion of the program?**
  - (If yes): **Please describe.**
  - What was he charged with?
- 8. What changes, if any, did you notice in yourself as a result of your partner being in the PATH program?**

- 9. Are you still with the man who was in the PATH program?**
- **(If yes): Please describe your current relationship.**  
  
-Is your partner still physically, emotionally, or sexually abusive or controlling?
  - **(If no): What lead to the end of this relationship?**
- 10. What did you find to be the most and least helpful about the program?**
- 11. On a scale of 1 to 5 (where 1 = completely unsatisfied and 5 = completely satisfied) how satisfied are you with your experience with the PATH program?**
- 12. On a scale of 1 to 5 (where 1 = completely unhelpful and 5 = extremely helpful) how helpful do you believe the PATH program was in ending the abuse in your relationship?**
- 13. What suggestions do you have for how we can improve the PATH program for future partners?**
- 14. Would you like to add anything else?**

*I want to thank you for your time and excellent feedback on the PATH program. Can I offer you any resources for victim's advocacy centers in the Dayton area?*

*(If no): Okay, If you are interested in the outcome of this study, please call the PATH office after April 1<sup>st</sup>. While we cannot give you individual results or information, we would be happy to share the overall, group, results of the project.*

*If you have any questions or think of anything else, please don't hesitate to call the PATH office at 937-775-4344. Thanks again and have a great day!*

*(If yes): Here are the names, addresses, and phone numbers of two local resource centers:*

*Artemis Center  
310 W. Monument Ave  
Dayton, OH 45402  
937-461-5091*

*Ellis Human Development Institute  
9 Edwin C. Moses Blvd.  
Dayton, OH 45402  
937-775-4300*

*If you are interested in the outcome of this study, please call the PATH office after April 1<sup>st</sup>. While we cannot give you individual results or information, we would be happy to share the overall, group, results of the project.*

*If you have any questions or think of anything else, please don't hesitate to call the PATH office at 937-775-4344. Thanks again and have a great day!*

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