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# Examining Outcomes Following Batterer's Intervention: A Follow-Up Study of the PATH Program

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**EXAMINING OUTCOMES FOLLOWING BATTERER'S INTERVENTION:  
A FOLLOW-UP STUDY OF THE PATH PROGRAM**

**PROFESSIONAL DISSERTATION**

**SUBMITTED TO THE FACULTY**

**OF**

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

**BY**

**JESSICA VIRZI, Psy.M.**

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

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May 24, 2012

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **JESSICA VIRZI** ENTITLED: **EXAMINING OUTCOMES FOLLOWING BATTERER'S INTERVENTION: A FOLLOW-UP STUDY OF THE PATH PROGRAM** 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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Associate Dean for Academic Affairs

## **Abstract**

This study will attempt to determine the effectiveness of the Preventing Abuse in the Home (PATH) batterer's intervention program through the collection of qualitative data from interviews completed by men who had previously had contact with the program. Interview questions were created based upon several variables that researchers were interested in gathering information on. Results highlighted differences based on how individuals who had completed the program and those who had not participated in the program spoke regarding their abusive behavior and behavior changes they had made. Results also indicated the importance of working with clients based on which stage in the change process (Prochaska & DiClemente, 1984) that clients appear to be in while participating in the PATH program. This study is part of a larger study that will be attempting to determine the effectiveness of the PATH program. Although women can also be perpetrators of domestic violence, this study will focus only on men because each of the PATH groups are male-only groups.

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## **Examining Outcomes Following Batterer's Intervention:**

### **A Follow-Up Study of the PATH Program**

#### **Literature Review**

##### **Incidence of Domestic Violence**

Domestic violence was largely ignored until the rise of the feminist movement in the 1960s and 1970s. Prior to that time period, domestic violence was viewed as a family matter that should be handled within the home (Malloy et. al., 1999). Women were regarded as property into the 19<sup>th</sup> century, and whipping and beating of wives was not uncommon (Harway & Hansen, 1993). While intimate partner violence was historically seen as a private, occasional occurrence, the rates of domestic violence are extremely high. Gondolf stated that "...if any other crime had such high numbers as intimate partner violence, a national emergency would be declared (Gondolf, 1985)." In 1993, it was estimated that 1 of every 22 women is a victim of physical abuse by an intimate partner and these numbers are only continuing to rise. These incidence rates are believed to be impacted by underreporting (Harway & Hansen, 1993). While women are often cautioned about safety with strangers, women are more likely to be killed by their intimate partner than by a stranger, and men are more likely to behave aggressively toward their partner than anyone else with whom they are in contact (Rosenbaum et. al., 2000).

## **Impact of Domestic Violence**

A perpetrator's abusive behavior has the most significant impact on the victim, who is most often his intimate partner. However, domestic violence also impacts children who have been raised in violent homes. It is estimated that 62% of women who are victims of domestic violence are assaulted during pregnancy (Harway & Hansen, 1993), thus the development of the unborn child is impacted. Children who witness domestic violence are more likely to have poor school performance and develop delinquent behaviors. Children may also experience mental health issues, including depression and anxiety as a result of their experiences as victims or witnesses of domestic violence (Gondolf, 1985).

Batterers are considered to be a heterogeneous group, therefore no typical "batterer profile" exists. However, a majority of batterers have one variable in common: being a witness to domestic violence as a child. Thus, not only do the effects of domestic violence impact the children when they are living in the home, but these effects can extend into adulthood (Gondolf, 1985).

## **Early Batterer's Intervention**

As the rates of homes reporting incidences of domestic violence increased, so did the need to find ways to intervene with men accused of intimate partner violence. Domestic violence intervention began with various forms of assistance for victims, including the creation of shelters and agencies specifically for them. However, it was soon recognized that direct intervention with perpetrators of domestic violence was needed in order to assist in the decrease of intimate partner violence. Training police officers to be more aware of domestic violence and the implementation of more strict arrest policies began in the 1980s (Gondolf, 2000). While holding batterers accountable



for their behavior, policies leading to arrests also contributed to overcrowding in jails with little change in the batterer's abusive behavior, thus establishing the need for different, more effective, and less costly ways for intervening with batterers. Batterer intervention programs were created around the country and referrals to these programs became popular with judges, probation officers, and children's services case managers (Gondolf, 2000). As the rates of domestic violence continue to rise, so does the importance of batterers intervention programs. Although the safety of victims is important and should continue to be a focus of communities, responsibility for the battering behavior belongs with the batterer himself; therefore, the batterer needs to be the focal point for treatment designed to eliminate partner abuse. Interventions with batterers provide communities with the best chances of lowering domestic violence recidivism rates.

As stated, the first intervention used in working with domestic batterers is often arrest and jail sentences. However, legal sanctions have been statistically associated with little reduction in recidivism rates (Murphy et. al., 1998), indicating the need for interventions designed specifically for batterers. Although various forms of treatment may be beneficial for batterers, programs created specifically for perpetrators may be most beneficial (Bennett & Williams, 2001).

Some people working with domestic violence may see the violence as a problem caused by all members of a system and therefore suggest family therapy. However, several problems exist with using family therapy when violence is occurring in the home (Hansen, 1993). Some of these problems include ignoring the historical context of women in families as well as ignoring the social inequality that exists between males and

females. Family therapy often assumes that both parties have equal power within the family. Issues of safety for the victim based on her honesty or behavior in the therapy session are also often widely ignored by family therapists (Hansen, 1993). This form of therapy gives the impression that all parties need to work on improving their behavior to benefit the relationship, thus giving victims the message that they are also a cause of the abusive behavior. Not only does this type of treatment give batterers an “excuse” for their behavior, it also makes the victim less likely to leave because she receives the message that she can make personal changes to make the victimization stop (Hansen in Hansen, 1993).

While arrest, jail sentences, and family therapy are all options for intervening with batterers, a batterer intervention program is often the best choice. Batterer intervention programs provide more specialized treatment to both batterers and victims than family therapy (Gondolf, 1985). First, psychoeducation is an important piece of batterer intervention programs that other forms of treatment may not provide. Second, batterer intervention programs continually assess for safety and coping skills of the batterer and the victim. Batterer intervention group facilitators are trained to listen for minimization, rationalization, and denial from the batterers and to confront these behaviors, while individuals who conduct individual or family therapy may not be similarly trained (Gondolf, 1985). Finally, batterer’s intervention programs hold the batterer accountable for his behavior and expect each group member to take responsibility for his abusive behavior (Gondolf, 1985). These examples highlight the need for programs designed specifically for working with batterers.

## **What is a Batterer Intervention Program?**

Several models of batterer's intervention programs exist, though each share the common goal of eliminating abusive behavior (Gondolf & Dutton, 2000). In 1985, Gondolf discussed three types of programs that intervene with batterers. First, mental health programs are considered a form of psychotherapy and focus on stress management, anger control, and conflict resolution techniques. These programs are typically run by mental health professionals who have likely been trained to work in the area of domestic violence. Referrals to these programs may be from judicial services or self-referrals. The second type of intervention programs is called an adjunct shelter program. These programs get referrals from victim's shelters and are beneficial because they are easily accessible to clients. Finally, supervised self-help programs focus on batterers taking responsibility for their behaviors and learning alternatives to dealing with stress and anger. These programs are similar to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) in that they are run by the members themselves with the help of facilitators, but they do not utilize mental health professionals (Gondolf, 1985).

Most domestic violence programs fall under the category of mental health programs. There are several programs for intimate partner violence, each with a different focus. Malloy, McCloskey, and Monford (1999) discussed several types of mental health programs created to work with batterers. The first type of programs is cognitive "trigger" types of programs, view battering behavior as a series of bad choices. These programs attempt to focus on the batterers' thought processes that led them to choose to batter their partners. The second type of batterer intervention program discussed by Malloy, McCloskey, and Monford (1999) are Attitudinal Change intervention programs. These

programs operate under the assumption that batterers abuse their partners because of an underlying belief system that causes men to believe they have the right to exert power and control over their partners. These programs attempt to focus on the origin of these beliefs as well as to re-educate members and hold them directly responsible for their choices. The third type of batterer intervention program focuses on the Cycle of Violence in abusive relationships. These programs see battering behavior as an emotion-driven escalation and believe that battering occurs in three phases: tension building, abuse, and a honeymoon phase. Cycle of Violence focused programs attempt to teach batterers how to break the cycle and begin to relate to their partners in healthier ways.

A fourth type of batterer intervention program discussed by Malloy, McCloskey, and Monford (1999) is referred to as an Instrumental program, which views battering as behavior that leads to immediate rewards, therefore conditioning the batterer to continue to behave abusively when he wants certain rewards or behaviors from his partner. A final type of batterer intervention program is referred to as a Structural or Systems program, which believes that battering behavior is used to help keep a family together. In such systems, the batterer may believe that abusive behavior will continue to keep the family behaving how he wants them to, thus making the family closer and more isolated from outside forces (Malloy, McCloskey, & Monford, 1999). Although many of these types of programs can exist independently, other programs attempt to integrate parts of each in order to create a more comprehensive program.

While several forms of mental health programs for domestic violence exist, they each have similar goals, interventions, and expectations for their participants. Most importantly, such programs want batterers to stop being abusive (Gondolf & Dutton,

2000), particularly physically and sexually abusive. While completely eliminating abusive behavior is the primary goal of batterer intervention programs, it is also recognized that these are life-long, learned behaviors that may take a significant amount of time to “un-learn” (Malloy, McCloskey, & Monford, 1999). Batterer’s intervention programs have subordinate goals for batterers, as well, including accepting responsibility for their behaviors, understanding the role of power and control in their relationship, understanding the impact of gender stereotypes, the development of better communication skills, and the development of better anger management techniques (Gondolf, 1993).

### **Are Batterer Intervention Programs Effective?**

As the number of referrals to batterer intervention programs continues to rise it becomes increasingly important to demonstrate the effectiveness of such programs. It has also become important to determine the effectiveness of programs in gaining support from other community organizations, including the judicial system, mental health institutions, and victim’s advocacy programs. Batterer intervention programs are only one part of a larger community system of intervention, thus it may be difficult to determine how much change may be due to a batterer intervention program alone (Carney, Buttell, & Muldoon, 2006). Research can provide information about what types of programs are most successful. Several studies have been conducted to attempt to determine the success of different programs, the results have been mixed.

In 1989 Chen and his colleagues attempted to determine the effectiveness of “Time Out,” a batterer intervention program consisting of eight, two hour group sessions. Chen compared 120 batterers who had completed an intervention program with 101

batterers who did not take part in any type of intervention program. It was found that the treatment had no impact on a binary measure of recidivism. However, Chen also found that the more sessions attended by an individual, the less likely they were to reoffend. The “Time Out” program required that batterers attend eight sessions, but these findings indicate that programs with more sessions may have a greater impact on recidivism rates.

One of the most extensive studies involving the impact of domestic violence intervention programs on its participants was the San Diego Navy Experiment (Dunford, 2002). This study attempted to evaluate the effectiveness of cognitive-behavioral interventions in different treatment settings for men convicted of domestic violence by military courts. Individuals were placed in one of three conditions: a group of men who received no treatment (included weekly monitoring for six months followed by monthly monitoring for six months), conjoint group (groups of batterers and victims that met once a week for 26 weeks and then monthly for six months), or the rigorously monitored group (including partner contacts once a month for twelve months, weekly monitoring of the batterer’s behavior, and individual counseling). The batterer’s progress was measured through self-reports of abusive behavior, re-arrest records, and use of the Modified Conflict Tactics Scale (given at the beginning and end of the individual’s treatment). Results revealed no statistically significant differences amongst the three groups (Dutton, 2002). However, these results cannot be generalized because the batterers were all currently enlisted in the military, adding several variables that may not be present in the lives of civilian perpetrators, such as consequences for abusive behavior from military courts and close supervision of the individuals who have been charged in military court.

The New York City Evaluation, an evaluation of several domestic violence intervention programs in New York City, was conducted in 2001 to attempt to determine the effectiveness of batterer intervention programs (Gondolf, 2000). Men convicted of domestic violence were randomly assigned to one of two groups: a batterer intervention program that met twice a week for two months, or a group of batterers required to do an equivalent amount of community service hours. Both the batterer and his partner were interviewed immediately after the completion of the groups, 6 months afterwards, and 12 months afterwards. No change of the batterers' attitudes towards battering behavior and domestic violence was found in either group (Gondolf, 2000).

A similar study was conducted in Broward County, Florida on the effectiveness of several batterer intervention programs in the area (Gondolf, 2000). Men convicted of domestic violence were sentenced to either a six-month batterer intervention program or one year of probation. Both the batterer and his partner were contacted immediately after the completion of their group or probation, 6 months after, and again after 12 months. Although results showed no differences in attitude changes of the batterers after their sentence had been completed, it was found that the more sessions of group the batterer attended, the less likely he was to have a probation violation (Gondolf, 2000). These results indicate that longer batterer intervention programs with strict attendance policies may be more likely to reduce recidivism rates.

While many research studies may indicate relative ineffectiveness of batterer intervention programs, many other studies have found just the opposite. Some researchers have found that 60-80% of individuals who have completed batterer intervention programs have been able to stop their violent behavior by the end of treatment

(McCloskey et al., 2003). Other programs have reported recidivism rates of less than 15% when batterers complete all recommended sessions (Gondolf, 2000).

Hamberger and Hastings (1988) attempted to review the effectiveness of a batterer's intervention program with the use of several scales. The researchers compared batterers who had completed all 15 sessions of a domestic violence program with batterers who had dropped out of the group before their fourth session. The batterers were compared based on their rates of recidivism, as well as on their scores on several measures pre-group and post-group, including the Beck Depression Inventory (BDI), the Million Clinical Multiaxial Inventory (MCMI), the Novaco Anger Scale (NAS) and the Conflict Tactics Scale (CTS). Several results were found. First, results showed that batterers were significantly more likely to drop out of the groups early if they were African American or of low socioeconomic status. Second, batterers who completed the violence abuse program were significantly less likely to recidivate than the batterers who had dropped out of the program. Among those who had completed the program, it was also found that physical aggression was almost completely eliminated. Finally, significant changes were found on several of the pre-group and post-group measures (the CTS, BDI, and NAS) amongst individuals who had completed the program. Completers showed that they were better able to handle conflict on the CTS, showed lower levels of depression on the BDI, and also showed lower levels of anger on the NAS (Hamberger & Hastings, 1988). The results of this study indicate that participation in a batterer's intervention program may reduce the number of re-arrests that occur, increase a batterer's ability to deal with conflict, decrease his levels of depression, and decrease feelings of anger.



Researchers in Baltimore, Maryland attempted to determine the impact of domestic violence intervention programs on males arrested for domestic violence in three different police districts (Murphy et. al., 1998). Several groups were compared, including batterers ordered to domestic violence counseling, men ordered to drug counseling, batterers put on probation, and batterers who were given “stay away” orders (i.e. protection orders). Individuals were compared based on the number of re-arrests for domestic violence after the completion of their particular treatment. Results indicated a statistically significant difference between batterers who were ordered to domestic violence counseling and batterers who were ordered to any of the other three groups (probation, drug counseling, or stay away orders). Specifically, batterers in the domestic violence group were 56% less likely to be arrested for domestic violence after the completion of their program. Batterers who committed more severe forms of domestic violence were most likely to be sent to domestic violence treatment, but were still the least likely group of individuals to recidivate (Murphy et. al., 1998).

A similar study was conducted in Minneapolis, Minnesota to determine the effectiveness of batterer’s intervention programs (Murphy et. al., 1998). Results indicated that arrest alone of domestic batterers was not significantly associated with reductions in recidivism rates, but arrest along with domestic violence counseling was associated with significantly lower recidivism rates over the next twelve months. Therefore, while these studies speak to the importance and success of batterer’s intervention programs, they also highlight the importance of coordinated community interventions and their benefits when working with batterers.

Based on the findings of the Baltimore and Minnesota studies, other researchers attempted to examine recidivism rates of batterers following coordinated community efforts to intervene (Babcock & Steiner, 1999). Batterers who successfully completed a domestic violence intervention program were compared to batterers who dropped out of treatment and to batterers who were incarcerated after their arrests. Batterers who were considered successful completers attended 24 or more sessions of the intimate partner violence intervention program. This program focused on anger management, taking responsibility for the violent behavior, power and control tactics, problem solving, communication skills, and alternatives to violence. Researchers found a difference between batterers who completed treatment and those who did not. Specifically, completers had less prior criminal history than individuals who had not completed the domestic violence intervention program. Eight percent of treatment completers later committed another domestic violence offense, while 23% of non-completers and 62% of batterers who had been incarcerated were later arrested for domestic violence. Those who had been incarcerated were also more likely to be re-arrested for other crimes, particularly violent crimes. These results suggest that although individual differences may exist between batterers who attend intervention programs, treatment programs can have an impact on participant's abusive behaviors and decrease the amount of domestic violence present in their homes.

In 2002, Gondolf completed a meta-analysis of several domestic violence intervention programs in order to gather a wide breadth of information about several programs and their general level of effectiveness. Results indicated that 32% of successful completers of an intimate partner violence intervention program had re-

assaulted their female partners, but that 75% of re-assaults occurred within the first 15-months of completion, with the majority occurring within the first six months. Gondolf (2002) also found that participants who self-referred to treatment were over two times as likely to drop out of the program, as they had no legal requirements to attend group and could leave with no consequence. Voluntary participants of group were therefore found to re-assault their partners at a much higher rate. Gondolf's (2002) results showed that even though most programs are not culturally competent, African American and Latino men are able to perform at a similar rate to Caucasian batterers and share similar recidivism rates. The results of Gondolf's study (2002) show that most batterers do in fact stop their violent behavior, but the behavior change may take more time in some than others. As in other studies examined, findings suggest that batterer intervention programs that require batterers to attend more sessions may also be more successful.

Babcock (2004) also completed a meta-analysis of batterer's intervention outcome research to attempt to determine the treatment efficiency for domestically violent males. Babcock's goal was to summarize the findings to date on the effectiveness of batterer's intervention programs and their effect on recidivism, while also attempting to determine which types of programs are most successful. Babcock collected data from 22 separate studies. She divided the studies into those with a true experimental design and those that had a quasi-experimental design. Overall, results indicated a small statistical effect size for batterer's intervention programs. More specifically, results indicated that programs working from the Duluth model and with feminist principles and programs working from a cognitive-behavioral model both showed a statistical effect on recidivism as compared to individuals who received no treatment. This study concluded

that any type of treatment for batterers is better than receiving no treatment, and while there is a slight difference in effect size between Duluth programs ( $d=.35$ ) and cognitive-behavioral programs ( $d=.29$ ), the difference is not large enough to state that one program may be more beneficial over another.

The results of intimate partner violence intervention programs vary significantly. There may be several possible reasons for these findings that will be discussed below.

### **Issues Surrounding Batterer Intervention Program Outcome Research**

Several studies have indicated that batterer intervention programs have positive effects on batterers and their behavior. Others, however, have shown batterer intervention programs to be ineffective. The discrepancy in these numbers may come from several issues that surround outcome research in such programs. One problem with this outcome research may be the small number of participants available to use for research (Hamberger & Hastings, 1988, Chen et. al., 1989, & Gondolf, 2000). Gaining accessibility to batterers who have participated in domestic violence groups may be difficult, particularly with confidentiality and privacy laws. Even if access is granted to these programs, it may be a challenge to find a way to contact the batterers. Domestic violence programs who allow access to their current clients may have a difficult time providing information about the batterer's previous or current partners (Hamberger & Hastings, 1988), thus making it difficult to gather information. Obtaining samples of batterers who are willing to respond accurately and honestly may also be a challenge, as these individuals may not want to continue talking to facilitators or researchers about their previous battering behaviors (Hamberger & Hastings, 1988). Similarly, while finding participants may be challenging, it may be even more challenging to find a group

of batterers who can be used as a control group (Chen et. al., 1989), as gaining access to groups of batterers that have not been through a domestic violence program may be difficult. This is particularly true when attempting to compare batterers who have completed an intervention program with batterers who have not completed (Hamberger & Hastings, 1988), as batterers who have not completed the group may be more resistant to talking about their experiences or may be more difficult to reach.

Another obstacle that exists in the work of outcome research is the challenge of attempting to find a practical outcome measure that may be used to compare groups. Currently, no tool exists for the measurement of intimate partner violence (McHugh, in Harway & Hansen, 1993). Some studies have attempted to use the Conflict Tactics Scale to measure the effectiveness of domestic violence programs (Hamberger & Hastings, 1988). One problem with the CTS is that it does not provide a context for the batterer's behavior; rather, it asks questions about conflict situations in general (Hamberger & Hastings, 1988). Based on the limited number of measures related to domestic violence, most studies are based on questionnaires created by researchers, qualitative interviews done with batterers or partners, or from re-arrest records.

Outcome research on domestic violence intervention programs may also be impacted by methodological problems. Issues such as high attrition rates and weak attendance policies may cause flaws in outcome research (Hamberger & Hastings, 1988). Problems related to outcome follow-up may also exist. The use of short-term as well as long-term follow up is recommended to allow for more information gathering and several research studies may lack a long enough follow-up period (Gondolf, 2000). Another major methodological flaw of batterer intervention program outcome studies is the wide

variety of terms often used by different researchers (Hamberger & Hastings, 1988). First, each study may have a different definition of the term “successful” treatment. While some may view successful completion as completing all required groups in a program, others may view success as attending more than half of the sessions. These different definitions of successful completion may impact outcome data significantly. Other terminology issues that exist are more specific to the behavior of the batterer. Words such as “abuse,” “battering,” and “assault” may be used interchangeably, but may also mean different things to different researchers (Hamberger & Hastings, 1988). This may cause problems when attempting to review another’s research to determine the success of their program.

A final issue that may exist surrounding batterer intervention outcome research is the use of an experimental research design versus the use of a quasi-experimental research design. Specifically, it is important to determine if an experimental design is even possible. Many researchers see experimental designs as providing the most accurate data on the success of an intervention program. However, there are limitations to using an experimental design in this situation (Gondolf, 2000). First, experimental designs require random assignment. Using random assignment with batterers may be seen as highly unethical, as it is difficult to refuse treatment to batterers who are in need. It may also be seen as unfair if legal systems are choosing to refer to an intervention program, jail, or probation based solely on the needs of research. Secondly, many uncontrolled variables exist when attempting to compare groups of batterers who have been referred to a treatment program to those who have not. Some of these variables could include referral source, the amount of time spent in jail, the swiftness of punishment given, the

involvement of other agencies such as children's services, and so forth (Gondolf, 2000). Given these limitations, some authors say that the use of a quasi-experimental design when researching the effects of domestic violence intervention programs is the best approach. Most quasi-experimental designs attempt to compare batterers who have completed groups to those who have dropped out, thus not interfering with the sentencing of judicial systems or the opportunity for individuals to receive necessary treatment. Quasi-experimental designs also allow for less uncontrolled variables to be present when comparing two or more groups (Gondolf, 2000).

### **Preventing Abuse in the Home (PATH)**

Preventing Abuse in the Home (PATH) is a batterer intervention program in Dayton, Ohio that works from an integrated theory of cognitive-behavioral and feminist perspectives. It also incorporates the use of the Duluth Model. The Duluth model is a gender-based approach which attempts to interrupt the violence of batterers and stop the abuse of women (Pence & Paymar, 1993). The Duluth model believes that batterers abuse women to maintain power and control in their relationships and that batterers have been taught to exert power over time. Facilitators working from this model hope to teach batterers alternative ways of relating to women.

The PATH model is convergent around several fundamental beliefs. The program believes that batterers need to be confronted and prompted to take responsibility for their behaviors. They also believe that batterers need to address their thought patterns related to gender, power, and control. PATH encourages the creation of a safe environment where men feel comfortable talking about their abusive behaviors as well as their thoughts and feelings associated with their behaviors so they can begin the process of

change towards becoming non-abusive. Batterers should then learn to recognize where those thought patterns related to abuse come from, and should be willing to consider ways to change these types of thoughts and beliefs (Gondolf, 2000). Facilitators believe that battering behavior comes from a series of poor choices made by the batterer based on a learned belief system of male privilege and power. Facilitators also believe that the victim in no way caused the abuse and that batterers are fully responsible for their behaviors. The primary goal of the PATH program is to treat batterers in an attempt to end all abusive behaviors. PATH attempts to reach batterers through a series of interventions.

Batterers referred to PATH first attend an in-depth intake interview. During this interview, clinically relevant information is gathered, including information about drug or alcohol use, history of past intimate partner violence, information about previous family violence, and specific details regarding the incident that brought them to PATH. When the intake appointment has been completed, the information is brought to a team meeting, and the case is assessed for appropriateness of services. If a client is considered appropriate for services, the man will then begin Phase One. A batterer is found to be appropriate for services if the client is believed to have engaged in intimate partner violence and is able to participate in group treatment. Phase One consists of three, three-hour psychoeducational sessions. During these three sessions, batterers are taught the expectations of PATH as well as given important information about domestic violence. They discuss some of the myths about battering, such as battering behavior can be “caused” by alcohol or drug use. Phase One groups also begin to discuss several types of abuse such as physical abuse, sexual abuse, emotional abuse, verbal abuse, and



controlling behavior. The batterers are provided information about gender stereotypes, the use of power and control as the foundation of intimate partner violence, and discuss having unrealistic expectations of their intimate partners. Finally, Phase One participants also learn basic behavior management principals encouraged in PATH, such as how to use a “Time Out” technique.

Once members have completed Phase One, they will then be expected to attend Phase Two for a minimum of 23 weeks. These process groups meet once a week for one and a half hours. While attendance each week is mandatory, attendance alone does not guarantee that the batterer will complete Phase Two in 23 weeks. Members are required to participate each week during group and progress is provided to each member during his 8<sup>th</sup>, 16<sup>th</sup>, and 23<sup>rd</sup> sessions. At each evaluation date, batterers are rated on behaviors including how often he blames others for his abusive behaviors, how well he participates in group, and his level of understanding of the negative impacts of his abusive behavior, amongst other things. While the overarching goal of these groups is to eliminate abusive behavior, there are several subordinate goals that exist, as well. Facilitators hope to assist batterers in breaking through their denial and taking responsibility for their behaviors, particularly their abusive behaviors. Batterers are expected to learn the difference between anger and abuse. They should be able to recognize that anger is a normal and acceptable emotion, but that abuse is a learned reaction to this anger that is not acceptable. Phase Two facilitators also discuss the dynamics of power and control with men as well as stereotypical beliefs about men and women. Finally, batterers learn and practice several behavior management techniques, as well as increase their ability to feel empathy towards their partners. Batterers also have the chance to use the group for skill

building, as a chance to challenge male socialization, and to practice giving and receiving feedback with other members of the group.

The PATH program has been providing services to the community since 1988, and to this point no outcome research has been completed. While several studies have been done in a variety of formats to attempt to measure the outcome of a specific program, none have looked at the process of the program to determine its effect on the batterers. This study was designed to gather data regarding program effectiveness by speaking to individuals who had prior contact with the PATH program.

## **Method**

### **Participants**

Researchers attempted to contact 135 men who had previously been referred to PATH. Approximately one half of these individuals were considered batterers who had completed PATH. To be considered a completer, the individual must have completed at least 26-weeks of group, and facilitators must have stated that they believe the individual had made enough progress that their likelihood of being abusive again had been decreased. The other half of the participants are batterers who were referred to PATH and were deemed appropriate for services, but chose not to begin group. This group will be referred to as the “intake only” group. Participants were chosen if they met one of the two criteria discussed above between the years of 2003 and 2008. Of the 135 participants called, researchers were able to contact 17, ten who had completed PATH and seven men from the intake only group. Each of the 17 participants were contacted by phone and were asked to give consent to participate in this study. Fifteen men, nine of which were completers and six non-completers, agreed to participate in the interview. Two individuals, one from each group, stated that they did not want to participate. Nine participants identified as Caucasian, five identified as African American, and one participant identified as Biracial. The mean age of participants was 34.4 years. A short biography of each of the participants is presented below. Information provided below about each participant was collected during his initial intake.

Participant C1 is a 36-year old, Caucasian male who was referred to the PATH program by his probation officer. Participant C1 admitted to being physically abusive (endorsing: grabbing, punching, pushing, pulling hair, twisting arm, pinning to the ground, and beating up), being verbally aggressive, controlling behaviors, and engaging in property damage (endorsing: breaking objects, tearing clothes, and throwing objects). Participant C1 reported no history of domestic violence in his family or any history of abuse as a child. He stated that he had no prior legal record. Participant C1 acknowledged a history of mental health treatment, including alcohol treatment and couples counseling. He stated he had no goals for treatment. Participant C1 completed the PATH program.

Participant C2 is a 38-year old, African American male who was referred to the PATH program by his probation officer. Participant C2 admitted to being physically abusive (endorsed grabbing his partner), being verbally aggressive, and controlling behavior (telling his partner what she can and cannot do). Participant C2 reported no history of domestic violence in his family or any history of abuse as a child. He stated that he had no prior legal record. Participant C2 acknowledged a history of couples counseling. Participant C2 reported some goals for treatment, including learning to control his anger and to learn more appropriate coping mechanisms. Participant C2 completed the PATH program.

Participant C3 is a 28-year old, Biracial male who was referred to the PATH program by his probation officer. Participant C3 admitted to being physically abusive (endorsing: slapping, grabbing, punching, pushing, pushing to the ground, and beating up), verbally aggressive, engaging in property damage (breaking objects, tearing clothes), and controlling behavior (telling his partner what she can and cannot do). Participant C3

reported no history of domestic violence in his family or any history of abuse as a child. He reported previous legal charges, including Domestic Violence and Possession of marijuana. Participant C3 acknowledged a history of receiving mental health treatment, including anger management, batterer's intervention, and drug treatment. Participant C3's goals for treatment were to learn different ways to deal with his anger as well as learn ways to leave a violent situation. Participant C3 completed the PATH program.

Participant C4 is a 40-year old, Caucasian male who was referred to the PATH program by his probation officer. Participant C4 indicated that he had been physically abusive (endorsing: slapping, grabbing, punching, pushing, kicking, pushing to the ground, pulling hair, holding, and pinning to a wall), verbally aggressive, had engaged in property damage (breaking down a door, punching fist through wall), and had threatened his partner. Participant C4 reported no history of domestic violence in his home, but indicated that he was often spanked with a belt while he was a child. He stated that he had a previous legal history including a Domestic Violence charge approximately ten years ago and a DUI at age 18. Participant C4 stated he had participated in a batterer's intervention program ten years ago. Participant C4 reported his goal for treatment was to learn better anger management techniques. Participant C4 completed the PATH program.

Participant C5 is a 40-year old, Caucasian male who was referred to the PATH program by his caseworker at Children's Services. Participant C5 indicated he had grabbed his partner once, but had not been abusive in any other ways. He reported no history of domestic violence or any history of abuse as a child. Participant C5 stated he had a previous legal history including being charged with Domestic Violence. He stated he had previously received alcohol treatment, but that he had never been in a batterer's

intervention program before. Participant C5 reported not having any goals for treatment. Participant C5 completed the PATH program.

Participant C6 is a 42-year old, African American male who was referred to the PATH program by his probation officer. Participant C6 admitted to being physically abusive (endorsing: grabbing, punching, pushing to the ground, and pinning to a wall), being verbally aggressive, and property damage. Participant C6 reported that he was physically and psychologically abused as a child, which led to him being removed from his parent's home and being placed in foster care. He stated he has received mental health treatment in the past, including while he was in foster care, drug rehabilitation, and family counseling as a child. He also reported an extensive legal history, including three Domestic Violence convictions, Robbery, Fleeing and Eluding, Disorderly Conduct, and Assault. Participant C6's goal during treatment was to learn to let things go. Participant C6 completed the PATH program.

Participant C7 is a 46-year old, Caucasian male who was referred to the PATH program by his lawyer. Participant C7 admitted to being physically abusive (endorsing: grabbing, pushing, and pushing to the ground) and to engaging in property damage (breaking objects and breaking down a door). Participant C7 reported no history of domestic violence or any history of abuse as a child in his home. He stated he had no prior legal record, and reported that he had seen a counselor one or two times in his life. He stated his goal for treatment was to learn to become more self-aware. Participant C7 completed the PATH program.

Participant C8 is a 31-year old, African American male who was referred to the PATH program by his probation officer. Participant C8 acknowledged a history of

threatening his partner, being controlling, and being verbally aggressive. He reported no history of domestic violence or any history of abuse as a child. Participant C8 stated he had an extensive legal history, including being charged with: Driving under Suspension, Factitious Tags on a Vehicle, and Domestic Violence. He reported receiving mental health treatment in elementary school because his teachers thought he was the class clown. Participant C8 stated that he wanted to work on his anxiety and anger issues. Participant C8 completed the PATH program.

Participant C9 is a 47-year old, Caucasian male who was referred to the PATH program by his judge and probation officer. Participant C9 admitted to being physically abusive (endorsing: slapping, pushing, pinning his partner to the wall, holding, and hitting with an object), verbally aggressive, controlling, threatening, and engaging in property damage (breaking objects, throwing objects, tearing clothes, and punching through a wall). Participant C9 reported no history of domestic violence or any history of abuse as a child. He stated he had been charged with Domestic Violence once, but had not previously participated in a batterer's intervention program. He acknowledged previously receiving individual and marital counseling. Participant C9 reported having goals for treatment, including: learning to deal with his stress better, and learning to become a better husband, friend and father. Participant C9 completed the PATH program.

Participant IO1 is a 22-year old, African American male who was referred to the PATH program by his probation officer. Participant IO1 admitted to being physically abusive (slapping, pushing, pushing to the ground, choking), threatening his partner, and being controlling. He reported no history of abuse or neglect in his childhood home. Participant IO1 stated that he had only been arrested one time prior to his Domestic

Violence charge, when he was charged with Selling Stolen Property. He stated that he had previously received mental health counseling for three months during high school for fighting and also participated in counseling for a year and a half for abuse and violence. Participant IO1 stated that his only goal for treatment was to get it over with. He completed his intake interview, but chose not to participate in treatment.

Participant IO2 is a 21-year old, Caucasian male who self-referred to the PATH program. Participant IO2 admitted to being physically abusive (endorsing: slapping, grabbing, punching, pushing, kicking, pulling hair, pinning to a wall, holding, and hitting with an object), being verbally aggressive, feeling intense jealousy, threatening his partner, and engaging in property damage (breaking objects, breaking down a door, and throwing objects). He reported no history of abuse or neglect during his childhood, stated he had no legal history, and reported never having received any type of mental health treatment. Participant IO2's goal for PATH was to find nonviolent ways to communicate with his partner. He completed his intake interview, but chose not to participate in treatment.

Participant IO3 is a 54-year old, Caucasian male who self-referred to the PATH program. Participant IO3 admitted to being physically abusive (grabbing and holding), verbally aggressive, and having feelings of intense jealousy. He reported no history of abuse or neglect as a child, but stated that he and his family went to family therapy when he was a teenager. Participant IO3 stated that he has an extensive legal history, including charges of Public Intoxication, Assaulting an Officer, Possession of Marijuana, and others that he could not recall. Participant IO3 stated that he had no goals for treatment. He completed his intake interview, but chose not to participate in treatment.



Participant IO4 is a 38-year old, Caucasian male who self-referred to the PATH program. Participant IO4 admitted to being physically abusive (slapping, grabbing, pushing, pushing to the ground, kicking, twisting his partner's arm, pinning to the ground, holding, and hitting with an object), verbally abusive, threatening his partner, being controlling, and engaging in property damage (tearing clothes and punching through a wall). Participant IO4 stated that he had been abused as a child, reporting that he was verbally abused, was hit with objects, and was locked in closets for hours at a time. He stated that he has never received mental health treatment and has no legal history. Participant IO4's goal for treatment was to learn how to tell when he is being abusive. He completed his intake interview, but chose not to participate in treatment.

Participant IO5 is a 33-year old, African American male who self-referred to the PATH program. Participant IO5 reported being physically abusive (slapping and pushing his partner), being controlling, and being verbally aggressive. He stated that he had no prior legal history and report no abuse or neglect in his childhood home. Participant IO5 stated that he and his partner had previously tried counseling. He had no goals for treatment. He completed his intake interview, but chose not to participate in treatment.

Participant IO6 is a 51-year old, Caucasian male who self-referred to the PATH program. Participant IO6 admitted to being physically abusive (slapping, grabbing, pushing, choking, and pulling his partner's hair), verbally aggressive, threatening his partner, and expressed feelings of intense jealousy. Participant IO6 reported no history of neglect or abuse in his childhood home, stated he had never received mental health counseling before, and reported he had no prior legal history. He had no goals for treatment. He completed his intake interview, but chose not to participate in treatment.

## **Materials**

Data about the subjects was collected with the use of several forms. First, the “Client Demographic Sheet” (Appendix A) was used to gather demographic information from each subject’s chart. This data sheet also provided information such as the subject’s goals before beginning the program and the types of abuse they used against their partner before beginning PATH.

Next, two forms of the “Batterer Follow-Up Questionnaire” were used to collect data directly from the subject – one form for the completers (Appendix B) and a second form for the non-completers (Appendix C). This questionnaire includes several questions that could be answered on a likert-scale as well as open-ended questions. Questions attempted to gather information regarding arrests since having contact with PATH, how the batterers think they have changed since PATH, what their relationships are like with their partners, as well as their overall experience with PATH.

All phone calls with participants were recorded using a USB Phone Call Recorder System. This allowed for review of tapes to gather more data as well as allowed for a way of documenting client consent for participation. All tapes were transcribed verbatim for use during analysis.

## **Design and Procedure**

This study gathered information about two groups of batterers who were referred to the PATH program for intimate partner violence intervention. The two groups included: a) batterers who were referred to PATH and were considered to have “successfully completed” at least 26-weeks of the batterer intervention program, and b) batterers who were referred to PATH but did not return after the initial intake

appointment deemed them appropriate for services. Information was gathered on subjects based on thirteen variables: age, race/ethnicity, mental health history, abuse history, previous arrest record, alcohol or drug use, the type of injury inflicted on their partner, goals of treatment, referral source, attendance and participation in group, how hopeful they were towards group at the intake session, re-arrest records, and narrative information about changes since contact with PATH from the batterer. Participant data was collected using the “Client Data Sheet,” and the “Batterer Follow-Up Questionnaire.”

Clinical charts of the subjects who fit the criteria for participation in this study were reviewed in order to gather various amounts of demographic information. This information was recorded on the “Client Data Sheet.” Next, subjects were contacted by phone to request their participation in this study. Participants were informed of the intent and purpose of this study the confidentiality statement was read to them. Individuals gave verbal consent to participate prior to the interviews. Subjects were informed that they had the right to stop the interview at any time. Interviews were conducted by phone. All phone conversations were taped, with the consent of each individual, using a USB Phone Call Recorder System. Men who agreed to participate were interviewed using the “Batterer Follow-Up Questionnaire.” Each interview was transcribed and all identifying information was removed from the transcription. Each participant was assigned a letter that was used to help organize data. The original taped interviews were destroyed in order to maintain confidentiality of the participants. IRB approval from Wright State University was obtained before beginning data collection.

## **Results**

Qualitative information obtained from the “Client Data Sheet” and the “Batterer Follow-Up Questionnaire” was analyzed using a thematic approach. After the interviews were transcribed, the primary investigator coded each interview using an open-coding process. Each response could be given multiple codes. Next, the primary investigator asked five members of a research team to code the responses independently using the same open coding, thematic approach. The primary investigator then met with the research team as a whole, and the team worked together to compare coding results and discuss discrepancies. The primary investigator and research team decided on the final code for each response. Some initial discrepancies in coding existed, which allowed discussion to continue further until each of the research team members could decide on one code, or the statement was coded in two categories. The primary investigator analyzed responses by looking for overall themes within participant groups, as well as comparing themes and responses across groups of participants. Questions asked during the interview in a likert-type fashion that attempted to collect quantitative data were not analyzed due to a lack of variation in responses.

### **Completers**

When interviewing individuals who had successfully completed the PATH program, several common themes were present across all of the participants. While each of the men reported having positive experiences throughout the program, each individual also had feedback regarding things

they would have liked to have been done differently while they were receiving treatment. Regardless of the suggestions of each of the participants, they were all able to recognize that they experienced positive outcomes as a result of their time in the PATH program.

Each of the participants in the completers group was able to recognize several things that they enjoyed during their time in the PATH program. Many participants commented on an increased level of comfort in the group as time progressed, thus leading them to want to participate more during sessions. Seven out of nine of the completers stated that they began the group by being passive, but that they were more active and enjoyed their time during group more as they became more involved. One man stated, “In the beginning I was in denial and such but in the end I guess it was very rewarding and I learned a lot.” Another participant acknowledged, “Initially I was very reserved and by the end of it, my 26 weeks, I was the leader of the group.”

A number of completers offered responses regarding the beneficial experiences they had during group. Participants commented on three main aspects of group that were most helpful: the conversations that occurred during group, the impact of the therapeutic alliance, and the benefits related to the consistency and structure of the group.

Two-thirds of the participants who have completed the PATH program reported that the conversations that occurred during group were the most beneficial part of the PATH process for them. Each Phase I and II group covers different topics related to domestic violence and each week group members are encouraged to discuss their thoughts and feelings related to the topic, and are also given the opportunity to give and receive feedback from other group members. One individual who completed the PATH program stated, “The verbal discussions [were most helpful]. You know, the paperwork

was okay and educational, but it's nice to hear some other stories and outlooks on other things." Statements similar to this made by completers indicated that group members recognized the importance of their interactions with their peers and to being open to receiving feedback from individuals who may be in similar situations. Another participant who completed the program stated, "It was almost like a band of brothers, a group of people trying to achieve the same goal and after a while it just sank in and I was able to share more." While several of the completers discussed the impact that alliances with group members had on their experience, others discussed the impact of the alliance that was created between the group members and the co-facilitators.

Approximately one-half of the participants who completed the PATH program discussed the positive impact that the bond with the co-facilitators of their group had on their learning experience. For example, one participant reported, "I saw that Adam (a co-facilitator) was looking at us as people...so I think that had to do with it. He got through to me." Another participant stated, "I really liked Darius and Heather (facilitators). They were really helpful. They were good at getting us to talk and everything." This and similar statements indicate that many of the participants were able to recognize that the role of the facilitators was central to their experience in the program.

Finally, one-third of the participants reported that the consistent schedule and strict attendance policy of the PATH program was beneficial to them. Participants reported that the stringent tardiness and homework rules required them to be responsible for themselves, while also proving that they were dedicated to the program. Other participants commented that being required to meet every week forced them to continue to work on changing outside of the group so that they could report that they had made

changes during check-in of the following week. Based on such responses from participants it is apparent that many of the participants appreciated and benefitted from the structure that is associated with the PATH program.

As previously stated, while each person reported several positive experiences throughout their time in the PATH program, each participant also commented on several things that they wished was different about the program, as well. Two participants stated that they would have liked the program better if it was not so expensive, and three stated that they believed that the program was too long. While these complaints existed, the completers' responses were most often focused on things that were beneficial to them throughout the program.

One-third of the participants stated that they thought the program would be more successful if both parties involved in the referral incident were required to attend. One participant stated, "The only thing that I saw that I don't totally agree with is when you get into some type of domestic dispute it would be good for both parties to go. I went home and shared what I learned with my partner but I don't think she got the impact that I did by attending class and watching videos and that type of thing." Although each participant that stated they thought the program would benefit by including both individuals appeared to do so with good intention, this indicated that these men might not have been clear about why their intimate partners were not required to be part of the program.

Finally, two participants that completed the program stated that they had difficulties with a change in facilitation that occurred while they were part of the PATH group. Each of these individuals discussed the negative impact that they felt changing

facilitators partway through their group process had on them. Feelings of disappointment regarding the changing of facilitation highlighted the importance of the therapeutic alliance that the participants had with the facilitators.

Despite the criticisms that each participant had of the program, all participants that completed the PATH program reported that they have experienced long-term positive outcomes associated with their treatment. Participants were questioned about what they believed led to these long-term changes for them. Seven of the nine completers stated that they believed the information they learned during the program led to their ability to continue to be non-abusive. Similarly, five out of nine participants in the group of completers reported that their level of increased awareness regarding domestic violence and their own behaviors has led to their continued ability to stay non-violent. One participant indicated, “I ended up hearing different stories and listening to different perspectives on things and it made me more interested in learning about the ways I was wrong.” Finally, approximately half of the completers reported that learning new PATH techniques and ways to help them control their behaviors was a beneficial tool that they have continued to use. Many men reported that they still implement the use of the “Time Out” technique as well as other behavior management and communication techniques that they learned while in the PATH program. One participant stated, “It was really helpful and really informative and I just have a lot of the booklets and stuff that I had got from the program that I share with my friends when I see them going through it.”

Although each of the men reported being impacted by different parts of the program in a different capacity, all of the completers reported feeling that the program was a positive experience that created several positive outcomes for them. One



participant stated, “I’ll be honest with you, I was just expecting to just do what it takes to get out of it and be done with it, and it ended up being so much more than just that.”

Another reported, “I think [the program] is beneficial and keep it going for people who have that problem, like I did, because it’s definitely beneficial.”

Based on the responses provided by participants in the completers group it appears that most of the participants started the program in the pre-contemplation or contemplation stages of change. This means that many of the individuals did not believe that they needed to make changes to behavior when they began the program (Prochaska & DiClemente, 1984). While each of the individuals believed that they were not in need of the PATH services, each of the men in the completers group was mandated to attend PATH by a third party: a probation officer, case manager, or a lawyer. This indicates that many, if not all, of these participants attended group because of an external motivation to do so. Responses from individuals in the completers group also indicated that, over time, these persons began to move to later stages of change and began to have internal motivation to continue to come to group: an interest in making personal changes in their behavior.

Table 1

*Themes Found Among Completers*

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Theme	Percent	Example
Positive Experience	90%	“Overall it was a real, real good thing in my life.”
Increased Comfort	70%	“Initially I was very reserved and by the end of it, my 26 weeks, I was the leader of the group.”

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Helpful	70%	“The group ended up really helpin’ me and makin’ me realize a lot of stuff about me.”
Group Conversation	60%	“It was almost like a band of brothers, a group of people trying to achieve the same goal and after a while it just sank in and I was able to share more.”
Therapeutic Alliance	40%	“I saw that Adam was looking at us as people...so I think that had to do with it. He got through to me.”
Strict Schedule	30%	“Just the consistency of it all, the every week thing.”
Complaints About Program	90%	“There were some changes that I wish would have been, like not havin’ to pay for it.”
Both Parties to Attend	30%	“The only thing that I saw that I don’t totally agree with is when you get into some type of domestic dispute it would be good for both parties to go.”
Change in Facilitation	20%	“It just wasn’t the same, like when Cat came in. She was nice and all, I just think that the same people should have finished out when we started with them.”
No Cost/Money	20%	“It wish I didn’t have to pay for it.”
Shorter Length	30%	“It was too long. It could have been done in less time.”
Long-Term Positive Outcome	90%	“I still practice lots of the stuff that I learned there.”
Helpful Information	70%	“We learned lots of good information about domestic violence and the different kinds and stuff.”

Increased Awareness	50%	“I ended up hearing different stories and listening to different perspectives on things and it made me more interested in learning about the ways I was wrong.”
PATH Techniques	40%	“It was really helpful and really informative and I just have a lot of the booklets and stuff that I had got from the program that I share with my friends when I see them going through it.”

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### **Non-Completers**

Several themes were present in the responses of men who did not complete the PATH program. Many individuals discussed their feelings regarding the incident that brought them to the program, while others discussed their experiences during the intake process.

Participants in the intake-only group appeared to be more interested in discussing the incident that led them to being a part of the PATH program than men in the completers group. Of these men, one-half of them believed that they were not appropriate for PATH services because they believed their behaviors did not qualify as domestic violence. All of the participants in this group made statements insinuating that none or only some of the responsibility for their abusive behaviors was their own. Non-completers denied responsibility through two forms of denial: rejection of the existence of a problem or victim blaming.

Rejection of the existence of a problem occurs when an individual admits to the abusive behaviors that he is being accused of, but fails to believe that the behavior was inappropriate. Two-thirds of the non-completer participants in this study believed that

their behavior was not inappropriate and attempted to justify their behavior choices. One individual stated, “No, [I did not need change] at all. I didn’t need to. I didn’t do anything wrong then and so I don’t think I had anything that I needed to change.” Another individual stated, “There was no need for the PATH services based on my behavior.” While these participants were straightforward in their denial of a problem, others believed that their abusive behaviors were unique incidents that they participated in, thus not something that needed to be worked on. While one participant reported that his behavior was “...just so out of the ordinary,” another declared, “I reacted violently I guess you would say. That’s not something I would normally do under any circumstances.” Based on these and similar comments it appeared that several of the intake only participants believed that their violent behaviors were situation specific, therefore allowing for the opportunity to see themselves in a more positive light, rather than view themselves as violent people. While rejecting the presence of a problem within themselves, several participants also believed that a significant amount of the problem during the referral incident was due to their intimate partners.

Victim blaming occurs when an abuser attempts to place fault for an abusive incident on the injured party, rather than taking responsibility for one’s own actions. One-half of the intake only participants made statements that could be categorized as blaming of the victim. One individual affirmed, “I am here because of a manipulation by an ex-spouse.” This individual participated in victim blaming by not only reporting that his partner is responsible for his presence at the PATH program, but also insinuated that an abusive incident never even occurred. Other types of victim blaming were also present among the participants’ responses. Another participant reported, “I had been in numerous

relationships and had never had an issue before this one.” Although this participant did not directly state that the referral incident was not his fault, he insinuated that the responsibility could not be his own because he had never been abusive to previous partners. A third participant stated, “I had been attacked by my ex-wife. She hit me with an object, a coffee pot, and I reacted. I reacted violently back I guess you would say.” The participant engaged in victim blaming by focusing on the behavior of his partner to justify his own abusive reaction, rather than recognizing that he made the choice to respond violently towards her.

While several intake only participants chose not to attend PATH because of their beliefs about the referral incident, several made the choice not to attend because of issues that occurred during the intake process. One-half of the non-completer participants made statements indicating that the intake process made them feel alienated or misunderstood, therefore discouraging them from continuing with the program. Statements such as, “A one time incident and they labeled me,” and, “They have labeled me in such a way that I have to attend an intensive domestic violence course,” revealed feelings of being critiqued amongst these participants. The individuals appeared to feel judged and may have believed that they were being viewed in a negative light or as “bad people.” It can be assumed that these participants did not want to view themselves as being categorized in a group with such a negative connotation (batterers), and that this label did not match their current views of themselves, thus, they chose not to believe this to be the case. Similarly, one participant stated, “...once they figured their questions about you and then all of a sudden they know you.” It appeared that this participant felt like the intake worker generalized the participant’s abusive behavior as a negative trait that spread

across each area of his life. While feelings of being judged were the most common complaint about the intake process, another participant stated that he felt uncomfortable about the intake process itself. He stated, “I would ask questions and they wouldn’t answer all of my questions.” It was apparent that this participant was untrusting of the PATH program because he felt information was being withheld from him, thus not allowing him the opportunity to make an informed choice about attending the program.

Two-thirds of non-completers made statements regarding justifications for not beginning the PATH program that took the responsibility for choosing not to start off of themselves. One participant reported, “It was the financial situation. I was supposed to pay for it.” Another participant reported, “When I studied the program I had some issues with the program itself.” When prompted to be more specific about this statement the participant was unable to cite specific examples. Although several other justifications for not attending the PATH program were provided, many of the responses highlighted the use of alternative coping mechanisms, rather than the use of PATH services.

One-third of the participants that did not complete PATH made statements regarding alternative coping mechanisms. Two individuals stated that they received services from an agency that provided counseling for free. Another stated, “Yah [I’ve changed] ‘cause I’ve been going to church and everything ... I’ve been trying to keep my head above water. And just try to live right instead of backwards.” Comments such as these indicated that these individuals recognized the need for help regarding their abusive behaviors, but stated that they received this help from another source. Because these individuals reported receiving help, these statements may be categorized as positive outcomes, along with other comments made by other participants.

One-third of participants reported some type of positive outcome related to their abusive behaviors, even though they did not attend the PATH program. One participant stated, “I would say I am very careful in approaching things with a new partner. I look out for issues more. I am more aware because of the situation.” Although this statement does not insinuate that this participant took any responsibility for previous abusive behavior, it can be seen as a positive comment because he indicated that he is less likely to be involved in abusive situations in the future. Another individual reported, “When I told them the story about my life and all that, like that helped me just a little bit to be expressin’ myself to a stranger.” This statement can be categorized as a positive outcome because the individual was able to recognize that treatment would be helpful for him and he correlates the therapy process with positive thoughts.

As noted, several statements made by non-completers indicated that these individuals did not believe that their behavior was inappropriate, while others believe that their violent behaviors would not have occurred if it were not for choices made by their intimate partners. Based on such statements it appears that many of these participants can be categorized as being in the pre-contemplation stage of change – they do not recognize any problems in their behavior (Prochaska and Diclimente, 1984). Other participants recognized a need for change, but found external reasons that supported their choices to not begin services with the PATH program, such as financial strains. These participants could most likely be categorized in the “contemplation” stage of change. In this stage, recognition of a problem exists, but the individual does not appear to be ready to make changes (Prochaska and Diclimente, 1984). Individuals in the intake only group began treatment in early stages of change, similar to the participants in the completers group.

The difference, however, appears to be that five out of six participants in the intake only group were self-referred to the PATH program, while all of the individuals in the completers group were referred by a third-party. This indicates that, while each of the participants may have begun the program in the same stages of change, those who attended group were given the opportunity to move through the stages of change, while those who chose not to attend group remained in the pre-contemplation or contemplation stages of change.

Table 2

*Themes Found Among Non-Completers*

Theme	Percent	Example
Referral Incident	85.7%	“When I began to tell my story, why I was there, the person should have seen that I didn’t need to be there.”
Didn’t Feel Appropriate For Services	42.8%	“I didn’t need to be there. There was never an issue to begin with.”
Rejects Existence of Problem	85.7%	“No, [I did not need change] at all. I didn’t need to. I didn’t do anything wrong then and so I don’t think I had anything that I needed to change.”
Victim Blaming	57.1%	“I am here because of a manipulation by an ex-spouse.”
Issues During Intake	42.8%	“There were several issues I had with the program itself.”
Felt Misunderstood	42.8%	“A one-time incident and they labeled me.”
Justified not Starting	42.8%	“I couldn’t afford it.”



Alternative Coping	28.6%	“We went to couples counseling instead and then from there decided we didn’t want to be together.”
Positive Outcome	28.6%	“When I told them the story about my life and all that, like that helped me just a little bit to be expressin’ myself to a stranger.”

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### **Comparisons Across Groups**

Many items on the “Batterer’s Follow-Up Questionnaire” for completers and intake only participants were identical, therefore allowing for comparison across the responses. The responses to five questions were compared across groups, with several differences in responses between groups being recognized.

Both groups of participants were asked if they believed other people had seen changes in them since their involvement with the PATH program. Two-thirds of completers reported that their partners had seen changes in them, while only one-third of the intake-only participants believed that others had seen changes in them. Completers were able to provide several examples of changes that others had recognized. For example, one participant stated, “We don’t fight or anything like that. We actually talk pretty much now, and we don’t argue loudly...” A second individual who completed the PATH program stated, “I don’t get as loud and stuff like that anymore. She sees that.” One participant reported that he had made several changes as a result of the PATH program, and that his partner’s high level of discomfort with such changes led to the end of their relationship. He stated, “Ya believe it or not it was almost to the point where [change] kind of ended the relationship because she was used to the argumentative version of me, but that isn’t me anymore and she didn’t want to sit down and talk.”

Although this participant stated that the relationship ended as a result of his time in PATH, he believed that the end of his relationship was a positive experience in his life. As stated, one-third of the non-completers stated that others had recognized changes in them; however, these individuals were not able to elaborate in the changes that others had seen.

Both groups of participants were asked if they were currently involved in an intimate relationship with the same partner as they were during their involvement with the PATH program. Five out of nine completers reported that they were still in a relationship with the same partner, and one reported that he has been in a new relationship for approximately three years. Only one out of six intake only participants reported being involved with the same intimate partner as they were during the time of their intake, and two stated that they had been in a new relationship for less than six months. Although there may be several reasons for the differences amongst groups in their reasoning for their relationship statuses, it appears that the individuals who completed the PATH program that were interviewed for this study were more likely to find ways to cope with stressors involved with being in a relationship and make the proper changes in their behavior to be able to be involved in a serious, long-term relationship with an intimate partner. There are several reasons that a woman may stay in a relationship with a man that has previously been abusive towards her, therefore it should be noted that success or failure of the program should not be based on the batterer's current relationship status.

Similarly, both groups of participants were asked about their current living situations. Two-thirds of the participants that had completed the PATH program reported

that they were currently living with their partners or with their partners and their children, while two other participants stated that they were living with their children and one stated he was living alone. In comparison, two-thirds of the intake only participants stated they were currently living on their own, while two others reported living in the homes of family members (cousin or nephew). Although one's living situation may not be directly related to their participation in the PATH program it appears that individuals who have completed the program have a more stable home life and living situation.

Next, each participant was asked if they believed that they had been abusive in any way since the time they were associated with the PATH program. Although both groups of participants had low "yes" response rates, the largest difference amongst groups appeared to be the differences in explanations for such a response. For example, two-thirds of the intake only participants responded to this question with "no" and were unable to elaborate when prompted by the interviewer. The remaining third of participants in the intake only group reported that they were never abusive to begin with, thus could not have been abusive afterwards. Although each of the participants that had completed the PATH program also reported that they had not been abusive since the completion of PATH, their responses appeared to highlight the importance of the awareness of their own behaviors that they had learned as well as the ability to use PATH principles and techniques to keep themselves from being abusive. For example, one participant stated, "Well you know I'm sure there have been a few things that I have maybe not handled well but I think that I have been honest with myself along the way to correct those situations." Another reported, "No no no. I definitely learned all of the signs

and types and it's one of those things that just sticks with you forever once you have completed that.”

Finally, each group of participants was asked about their substance use since the time of contact with the PATH program. Although many of the participants in each group reported the use of alcohol within moderation, there were differences between groups as related to the individuals who did not drink. Four individuals that had completed the PATH program reported that they did not use alcohol or drugs. Two of these men stated that they previously drank alcohol, but that they recognized how their alcohol use was related to their abusive behaviors, so they stopped drinking during their time in the PATH program. One individual reported, “No, I used to [drink] and that was part of the problem. I stopped. I went through a whole life transition there. For the better.” Another stated, “Nope, I quit that, too. At first it was tough, it was different for me and tough but I overcame that.” One-half of the participants in the intake only group stated that they did not use substances, but all reported that they had never used substance, therefore did not have any substance-related issues.

Table 3

*Comparisons Across Groups*

Question	Completers	Non-Completers
Believe Others See Change	60%	28.5%
Relationship Status		
Same	50%	14.3%
New	10%	28.5%
Living Situation		

With Partner	60%	0
With Children Only	20%	0
Alone	10%	57.1%
In the home of a family member	0	28.5%
Believe they have been abusive	0	0
Substance Use		
None	40%	42.8%
Quit using substances	20%	42.8%
Moderate alcohol use	30%	0

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## **Discussion**

### **Summary**

Current trends in the United States have recently highlighted the level of domestic violence as being on the rise. While several options exist regarding how judges will choose to respond to men being arrested for domestic violence, the number of batterer's intervention programs has also increased. Previous research regarding the effectiveness of such treatment has been mixed, as each study has been done on unique programs throughout the country. This study was designed to determine the effectiveness of the Preventing Abuse in the Home (PATH) program by gathering information from individuals who have completed the program and from individuals who were found appropriate for the program but who chose not to participate. Although the findings of this study cannot be considered enough information to constitute an outcome study based on the low response rate, the qualitative information that was gathered provided significant information about the effects of the PATH program on those who participated in it.

Results indicated significant changes in the level of insight and ability to take responsibility for one's behaviors in the group of men who completed the PATH program. It was apparent that these individuals were able to take a more realistic look at their behaviors and were able to recognize the impact that their abusive behaviors were having on their partners as well as on themselves. When compared to the group of

individuals who did not complete the PATH program, the completers reported more stable home lives and healthier intimate relationships with partners.

Results also indicated that individuals who did not complete the program were less likely to take responsibility for their abusive behaviors. These participants often blamed the referral incident on their intimate partners rather than focusing on their own behaviors. These men were more likely to justify their behaviors as well as give reasons for not taking part in the PATH program. One theory that may describe the difference in progress between the two groups may be Prochaska and DiClemente's Stages of Change theory (1984).

### **Stages of Change**

As with all forms of therapy, the goal of each batterer's intervention program is a change in the client's behavior. Batterers intervention programs may differ from many forms of therapy, however, because many people involved in treatment are mandated to attend, thus may not believe that any type of change is necessary. Prochaska and DiClemente (1984) recognized that change does not occur in one singular step. Rather, they believed that people go through several stages of change. Based on the particular stage of change that an individual is in, she or he may need different forms of intervention during treatment. Prochaska and DiClemente's stages of change include: pre-contemplation, contemplation, preparation, action, and maintenance.

Individuals who are in the first stage of change, pre-contemplation, do not recognize that there is a problem in their behaviors. These persons often believe that there is no need for any personal behavior change (Prochaska and DiClemente, 1984). Those who are in the pre-contemplation stage may be very defensive and not open to any

feedback regarding different ways to act. Many men who are referred to batterer's intervention programs by outside sources, such as probation officers or children's services case managers, are in the pre-contemplation stage (Prochaska and Diclimente, 1984). Daniels and Murphy (1997), two researchers in the area of domestic violence and stages of change, stated that batterers entering treatment in the pre-contemplative state are most likely to rationalize their abusive behaviors, minimize the impact of their behaviors, and engage in victim blaming.

Second, people may enter treatment in the second stage of change: contemplation. Those people who are in the contemplation phase recognize that changes may need to occur; however, they are still feeling ambivalent about the changes that they are beginning to recognize as necessary (Prochaska and Diclimente, 1984). Many people in the contemplation phase can be described as "sitting on the fence" regarding making a change. Batterers in the contemplative stage may be more open to learning about domestic violence and how they have perpetrated abuse in their relationships (Daniels & Murphy, 1997). Batterers in this stage may also experience a dramatic relief, or an experience and expression of feelings about one's situation as they come to realize the types of abuse they have perpetrated (Daniels & Murphy, 1997).

Next, persons who are in the process of making behavior changes enter the preparation stage of change. These individuals can be described as "testing the waters of change (Prochaska and Diclimente, 1984)." People in the preparation stage have recognized problems in their current behavior, have admitted that they are in need of a behavior change, and are planning to make these changes within the near future (Prochaska and Diclimente, 1984). Batterers in the preparation stage may begin to make



verbal commitments to staying non-violent in their relationships, and may also begin to make plans for how to cope in situations in which they feel like they may become abusive (Daniels & Murphy, 1997).

The fourth stage of change is referred to as the action stage. During this phase, individuals have begun making the changes that they have identified as necessary in their lives (Prochaska and DiClemente, 1984). In the case of batterer's intervention programs, individuals in the action phase may have stopped their abusive behaviors while also implementing anger management techniques and practicing communication skills. Although people in this stage have made behavior changes, they are still considered to be in the process of making their behavior changes permanent. Batterers in this stage have begun to incorporate healthy coping mechanisms for dealing with thoughts and emotions that previously led to abusive behavior. They may have also incorporated other strategies to improve their relationships, such as communication skills. Finally, batterers in this stage have made significant steps towards remaining non-violent (Daniels & Murphy, 1997).

Finally, individuals who are in the process of making behavior changes enter the maintenance stage. During this stage, individuals have made the behavior changes that they wished to make and have made a commitment to continue to sustain their new behaviors (Prochaska and DiClemente, 1984). Individuals enter the maintenance phase when they have made consistent behavior changes for approximately six months and feel like they are facing fewer barriers to permanent behavior change as time progresses. The maintenance stage for batterers is focused primarily on relapse prevention (Daniels & Murphy, 1997).

Some researchers have attempted to study the applicability of the stages of change model to work with batterers and have found it to be successful. Alexander and Morris (2008) attempted to estimate the successfulness of batterer's intervention on an individual based on which stage of change he was in. Researchers administered the University of Rhode Island Change Assessment (URICA) scales to 210 court-ordered male batterers to determine which stage of change they identified with most. Next, batterers were administered the Conflict Tactics Scale (CTS), the Beck Depression Inventory (BDI), the State-Trait Anxiety Inventory-Trait Anxiety (STAI-T), and the State-Trait Expression Inventory (STEI) prior to beginning a batterer's intervention program. Batterers were separated into two clusters: Cluster One individuals, who were assumed to be in later stages of change, and Cluster Two individuals, who were considered to be in the earliest stages of change. Results indicated that Cluster Two individuals reported less distress, less violence, and fewer problems with anger than Cluster One individuals. Batterers were re-assessed with the CTS, BDI, STAI-T, and STEI after participation in a 26-week batterers intervention program. Results at this time indicated that Cluster One individuals showed greater improvement in levels of depression, anxiety, and anger control as compared to Cluster Two individuals.

As previously stated, each client may have different goals and may need different types of interventions based on the stage of change that he is currently in. It is important to know what stage of change each client is in order to better create a model that addresses the needs of the person in that stage, thus increasing the likelihood of the client successfully completing the batterer's intervention program.

The results of this study highlighted the importance of finding ways to motivate clients to move from early to later stages of change in order to gain positive outcomes from the PATH program. While it appears that the majority of participants from both groups began the program in the pre-contemplative or contemplative stages of change, it appears that those individuals who completed the program ended the program in later stages of change, such as the action phase, whereas the intake only participants did not move from the early stages of change. Participants in this study who completed the PATH program were more likely to have external motivation for completing the program (such as a probation officer or a case manager) than those individuals who chose not to begin services. This suggests that, regardless of the stage of change that participants begin the program in, facilitators are able to assist in the movement through to later stages of change if the individual attends group long enough. It also suggests that external motivation for completing the program, such as being court mandated, played a significant role in determining the completion rate of batterers.

### **Program Recommendations**

Based on the information gathered during this study and the feedback received from participants regarding the PATH program, several recommendations can be made. First, intake workers may consider spending more time with the individual that they are interviewing. Many of the men who attend an intake can be considered in the precontemplative stage of change, and intake workers could benefit from viewing the men in this stage and using interventions accordingly. During this time the intake workers can provide the individual with much more information regarding the program, such as the sliding fee scale, how the program works, and what the individual can expect during

their time in the program. By providing the men with more information about the program, any feelings of confusion or uncertainty may be lowered and they may be more interested in continuing with the program. Second, the intake worker may spend more time building rapport with the individual that they are interviewing. Although the intake worker may not be the person's group facilitator, responses from participants in this study have indicated that building a strong working alliance with the potential clients may make them feel less anxious or nervous about starting the program and can give them an opportunity to recognize that they are not seen as a bad person, but as an individual who has made some poor choices. Participants in this study also reported that the working alliance with facilitators encouraged them to participate during group and work hard in treatment, thus impacting the outcome of their experience.

The stage of change that the individual entering the program is in may have a significant impact on their ability to complete the program successfully. Thus, the intake worker may benefit from dedicating time to determining what stage of change each individual may be in. Intake workers may benefit from becoming more aware of signs that indicate which stage of change an individual may be in. For example, many of the participants in the intake only group stated that they felt judged during the intake. While this may be the case, feeling defensive and judged may also be a sign that the individual is in the precontemplative stage of change. Because it takes time for each individual to move through the stages of change, intake workers should not expect immediate change in motivation; however, beginning interventions during the intake to assist in moving through the stages may be beneficial. Because most participants entering the PATH program are in the pre-contemplative or contemplative phase, intake workers may begin

to implement strategies to move participants through these stages during the initial appointment. As previously discussed, batterers may benefit from having their feelings regarding not wanting to change be validated, as well as being encouraged to evaluate their abusive behaviors and how these behavior choices have impacted them personally.

Batterers may also benefit from a feedback session that occurs after the initial intake session and before they begin group to discuss their stage of change and the group more in-depth. This meeting may also provide the therapist an opportunity to begin to build a therapeutic alliance with the client prior to their entrance into group, thus offering more of an opportunity to feel comfortable in the group and encourage more participation at an earlier stage of treatment.

Although there are several things that intake workers can do to encourage the participation of future group members, there are several things that facilitators can also do during group to increase the batterers' chances for successful completion of the PATH program. As this study has revealed the bond between group members and co-facilitators can have a positive impact on the batterer's experience during treatment. Facilitators should be aware of the importance of the therapeutic alliance and be sure to build an alliance with each individual in the group. This can be done in several ways, such as normalizing and validating the client's experience during group, using strong listening skills, and showing the client that they are respected and understood. It is important that the facilitators create an alliance with the batterers, while still maintaining a stance of personal responsibility and confrontation with the group members. With a strong therapeutic alliance, it is more likely that the batterers will respond in a positive manner to respectful confrontation.

While participants in this study highlighted the importance of the bond between the group members and the facilitators, several participants also commented on the importance of the relationship amongst the group members themselves. To increase the opportunity for positive outcomes from the PATH program, facilitators should encourage group cohesiveness. Having a cohesive group may mean that participants will be more open to sharing their personal struggles and experiences, may feel more comfortable providing feedback to other group members, and may also be more open to receiving feedback from other group members. Facilitators can build group cohesiveness in several ways, such as partner or team activities or pointing out similarities amongst individuals' experiences. It is important that the facilitators encourage group members to support each other's experiences with confronting their own abusive behaviors, rather than allowing them to support one another's feelings of denial or victim blaming. Creating groups with batterers who have been in the program for different lengths of time may be beneficial in creating a supportive, yet confronting, environment because men who have been in the program longer are more likely to confront the denial and victim blaming of individuals who may be newer to the group.

Finally, facilitators may increase group members' positive experiences during group by continuing to have high expectations for group members, and by being strict with such expectations. Many participants in this study recognized the importance of the consistency of group meetings and commented on how high expectations had a positive impact on their experience with PATH.

Although there are several things that can be done to increase the likelihood of success of all group members, it is also important to remember that each group member is

different and has different, personal needs. Facilitators should be mindful of the personal goals for each group member, as well as the different stage of change that each group member is in to increase the appropriateness of each individual's treatment plan.

Facilitators should take note of strategies and interventions that worked well with each group member, as well as interventions that they did not respond well to in order to provide the best possible treatment for each person. Facilitators are encouraged to take time to allow group members to provide feedback to facilitators regarding the group intervention as well as what the group members would like to have more or less on in order to create the best possible treatment plans.

### **Limitations and Future Research**

Although a significant amount of beneficial information was gathered during this study, there are also several limitations to this current research project. First, sample sizes in each group were very small. More participants in each group may have offered different viewpoints and experiences related to the program, thus providing more information to the researchers. Having more participants in the study may have found support for the results found during this study, but may have also led to different themes that were not present based on the small sample size and limited responses available. Having a small sample size may have also indicated that the people who did agree to participate were those who had strong feelings, whether they be positive or negative, about their experience with PATH. Having more participants may have allowed the opportunity to hear more information from individuals with varying experiences.

Second, each of the participants was providing self-reported information, thus, the accuracy of the provided information is to be questioned. Before participating in the

interview, each participant was told the purpose of this study. With the purpose of the study being known, many participants are likely to have an unconscious desire to please the researcher, thus providing them with the responses that the participant believes the researcher wants to hear. This phenomenon is called the “good-subject” effect (Nichols and Maner, 2008), and could have impacted the results of this study.

Next, all of the information provided was of a qualitative nature, therefore no statistical analysis could be completed. By allowing the participants to answer questions in a free-response pattern, participants are given the opportunity to respond in any way that they would like. While this is beneficial and provides an open forum for information to be provided, this interview style does not allow for the collection of quantitative data that can be statistically analyzed. Further research may be beneficial in clarifying and supporting the qualitative data collected during this study. First, quantitative data, such as re-arrest rates for participants in each group, may be collected and analyzed to determine possible statistically significant differences between the two groups of participants. Secondly, the partners of individuals in the completers and non-completers group could be contacted to discuss their feelings regarding their partners’ progress after contact with the PATH program. Finally, facilitator reports regarding the change in each participant throughout the program through analysis of the 8, 16, and 26-week facilitator evaluations would also provide more information regarding what changes the facilitators believe is occurring as well as when during the process they believe it occurs. Adding this additional information to the current research findings may provide a stronger picture of the impact that the PATH program has on its participants, as well as provide more



information to facilitators of the PATH groups to increase the group members' positive experiences and outcomes.

Finally, the results of this study indicate that the further through the stages of change that the batterer progressed had an important impact on the outcome of his treatment. More research regarding the stages of change and how they are used to work with clients may be beneficial. It may be helpful to gather more information regarding how to move clients who are mandated to treatment through the stages of change; however, based on the results of this study it appears that it may be most helpful to continue to research to find ways to keep clients who are in the pre-contemplative and contemplative stages of change in treatment without external motivation to do so.

This study provided researchers with information regarding the batterers beliefs about the PATH program and how they believe the program did or did not impact them. While the information provided by the batterers suggested the PATH program may be considered beneficial, information from other sources is needed to support these findings. Reports from the batterer's partner, re-arrest records, and a review of co-facilitator evaluations would provide more information about the effectiveness of the PATH program.

**Appendix A: 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:**

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\_\_\_\_\_  
\_\_\_\_\_  
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**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: Batterer (Completer) Follow-Up Questionnaire**

Overall, what was your experience like with PATH? What did you like? What didn't you like? What do you remember that was most helpful about PATH?

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What hopes and expectations did you have coming into group?

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Do you think that you have changed/Do you see any changes in yourself?

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Does your partner see any changes?

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How would you describe your participation in group? (Did you talk? Did you give feedback? Were you active? Is there anything you would have done differently?)

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How have things been since PATH for you (specifically relationships, but also work, etc.)?

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Do you feel you have been abusive in any way since PATH, including controlling behaviors? If so, when?

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How often would you say you engaged in the following at your completion of PATH:  
1= Not at all    2=Sometimes but less than before PATH    3=Same as before PATH  
4=More than before PATH

- Verbal Abuse:**    1   2   3   4  
**Physical Abuse:**    1   2   3   4  
**Sexual Abuse:**    1   2   3   4  
**Emotional Abuse:**    1   2   3   4  
**Controlling Behaviors:**    1   2   3   4

How often would you say you engage in the following NOW:

1= Not at all    2=Sometimes but less than before PATH    3=Same as before PATH  
4=More than before PATH

**Verbal Abuse:**    1    2    3    4

**Physical Abuse:**    1    2    3    4

**Sexual Abuse:**    1    2    3    4

**Emotional Abuse:**    1    2    3    4

**Controlling Behaviors:**    1    2    3    4

**\*\*USE INTAKE CHECKLIST FOR A COMPARISON\*\***

Have you been arrested since your completion of PATH?

YES

NO

If so, what were the charges? When were they? Were you found guilty?:

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Have you used alcohol or any other substances since your completion of PATH?

YES

NO

If so, are you currently using?    YES    NO

What substances have you used/are you using? When

did you use these substances (if they are not currently using)? How much?

How often? Are you using more/less than/the same as your time in group?

Do you think you are abusing substances?

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What is your current living situation? Do you live with a partner? Is this partner the same or a new partner since the offense that sent you to PATH?

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**Appendix C: Batterer (Non-Completer) Follow-Up Questionnaire**

What occurred that made you come for the intake only and not come back to take part in PATH?

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Do you think that you have changed/Do you see any changes in yourself?

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Does your partner see any changes?

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How have things been since your intake (specifically relationships, but also work, etc.)?

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Do you feel you have been abusive in any way since your intake, including controlling behaviors? If so, when?

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How often would you say you engaged in the following at the time of your intake:  
1= Not at all 2=Sometimes but less than before intake 3=Same as before intake  
4=More than before intake

- Verbal Abuse:** 1 2 3 4  
**Physical Abuse:** 1 2 3 4  
**Sexual Abuse:** 1 2 3 4  
**Emotional Abuse:** 1 2 3 4  
**Controlling Behaviors:** 1 2 3 4

How often would you say you engage in the following NOW:  
1= Not at all 2=Sometimes but less than at intake 3=Same as at intake  
4=More than at intake

- Verbal Abuse:** 1 2 3 4  
**Physical Abuse:** 1 2 3 4  
**Sexual Abuse:** 1 2 3 4  
**Emotional Abuse:** 1 2 3 4  
**Controlling Behaviors:** 1 2 3 4

**\*\*USE INTAKE CHECKLIST FOR A COMPARISON\*\***

Have you been arrested since your intake?

YES NO

If so, what were the charges? When were they? Were you found guilty?:

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Have you used alcohol or any other substances since the intake?

YES

NO

If so, are you currently using? YES NO

What substances have you used/are you using? When did you use these substances (if they are not currently using)? How much? How often? Are you using more/less than/the same as at the intake? Do you think you are abusing substances?

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What is your current living situation? Do you live with a partner? Is this partner the same or a new partner since the offense that sent you to PATH for an intake?

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