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Batterer Intervention Programs: A Research Project

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BATTERER INTERVENTION PROGRAMS: A RESEARCH PROJECT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Megan Lewis
June 2017

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ABSTRACT

The engagement process in group therapy is a significant step in the treatment of clients in building feelings of safety and inclusion, which becomes challenging when the clientele is attending involuntarily. The following research project monitored the progress of a 20-week batterer intervention program, measuring the perceived effectiveness of the facilitator in engaging the clients, and the congruency of the facilitator's and the participants perceived level of engagement. The observations of groups and the facilitator's interview proved helpful in determining that group members and the facilitator did have likeminded perceptions of group engagement, but perception of the level at which the participants were presumably engaged in the therapeutic process was different. This study could impact social work practice by encouraging modification of the criteria for group members, and diversifying the therapeutic techniques used by facilitators.

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CHAPTER ONE

INTRODUCTION

Problem Statement

The occurrences of intimate partner violence is growing, whether this is due to increased reporting of such behavior or because it has become more overt is unclear. In one year, the number of people who are victimized through physical violence by an intimate partner is 10 million men and women (CDC, 2015). When discussing the cost of intimate partner violence (IPV) on society in general, it has been reported that in 2003 costs for IPV were approximately \$8.3 billion, which includes rape, physical assault, stalking and lost lives (CDC, 2015). During the 1970's, batterer intervention programs were created to treat the perpetrators of IPV in the hopes that the prevalence of domestic violence would decrease as the topic became significantly more exposed. What has been found is that recidivism rates of batterer intervention programs are high, which leads one to believe that the programs instituted have been highly ineffective.

There are various methods of treatment that have been utilized in batterer intervention programs, however the original theoretical perspective was, and continues to be based on, the Duluth model. The Duluth model was introduced in the 1980's in Duluth, Minnesota where Ellen Pence- a Social Activist and trailblazer in the field of domestic violence- and her colleagues created a type of treatment that aims to "hold batterers accountable and keep victims safe." (Home of the Duluth Model, 2016) It has assisted in removing the blame for IPV from

the victims, and placed increased responsibility for the victim's safety on the community (Home of the Duluth Model, 2016).

Batterer intervention programs (BIP) typically provide participants with feminist psychoeducation, psychodynamic and cognitive behavioral therapy in an effort to change the thinking and behavior of the offenders (Radatz & Wright, 2015). When originally created, BIP's were thought to be useful in that they could change the patriarchal ideals of men who use violence against women as a means of exerting and maintaining power and control. Over time it was found that the effectiveness of these programs was lacking as the number of reoffenders continued to be very high and the completion rates of the court mandated courses were low. Kelly and Johnson (2008) acknowledged that one approach or theory of treatment cannot meet the needs of every perpetrator of IPV, however this continues to be the method predominately used for BIP's.

The cycle of violence is such that the abuse begins very early on in the relationship and is typically fairly mild, then grows in severity and intensity over time. A possible reason recidivism rates continue to be so high is because the relationship in which the violence occurred does not necessarily end when one person is convicted of IPV. Rather, the perpetrator oftentimes returns to the victim and carries on the relationship as the power and control had already been established long before the violence was brought to light. The victim of IPV is then left to manage life with the perpetrator with little support from the community at large. Another possible reason for the high recidivism rates is a lack of

effective treatment for the participants in batterer intervention programs.

According to self-determination theory, the clients are more motivated when their three basic psychological needs for autonomy, competence, and relatedness are nurtured and developed. (Van den Berghe, et al., 2016) Conversely, engagement is not achieved when those needs are not met, creating an environment of bored and inattentive students/participant's as well as an ineffective teaching figure.

As stated previously, recent costs of intimate partner violence exceeded \$8.3 billion (NCADV, 2015); in 1995 the estimated cost of intimate partner violence was \$5.8 billion (30 Shocking Domestic Violence Statistics, 2014). Based on these figures it can be said that the established methods of treatment for batterer intervention programs has, in fact, been largely unsuccessful in changing the behaviors of the participants. There are negative consequences of IPV that reach beyond the immediate people affected (the perpetrator and the victim), including, but not limited to, increased involvement of the judicial system, social service systems, and potentially medical services. Because family systems, including children, can be significantly negatively affected by the fear and trauma associated with IPV, this study is all the more important as lower recidivism can positively affect so many people.

Purpose of the Study

The purpose of this study is to evaluate the perceived effectiveness of participant engagement in a batterer intervention program and if it is congruent

with the perception of the facilitator. The CDC (2015) states that IPV is a “serious, preventable public health problem” for which more appropriate treatment should be made available; this treatment continues to be heavily based on the Duluth Model. To increase the effectiveness of BIP’s, which should result in a decrease in recidivism rates, Radatz and Wright (2015) suggest that BIP’s tailor programs to the participants’ specific learning styles, and to the type of abuse the participant’s used in their relationship in order to facilitate more successful and correctional rehabilitation. According to Jewel and Wormith (2010), identifying the characteristics associated with the offenders who drop out of treatment programs would be helpful in creating curriculum that would more likely engage these offenders enough to keep them from dropping out.

Identifying why some perpetrators of IPV are completing the BIP’s and others are not is necessary if the overall goal is to successfully change one’s natural responses in order to decrease violence in relationships. That could mean batterer intervention programs would require adaptations based on the types of perpetrator they are targeting. Radatz and Wright (2015) make the argument that incorporating principles of effective interventions in to existing batterer intervention programs would be met with resistance due to limited finances; this is based on knowledge that most batterer intervention programs are funded by the state, fund-raising, donations, and fees paid by the batterers themselves. Finding new sources of income is a challenge that these programs may not have the manpower or resources to take on. As resources are limited,

an evaluation of whether those resources are being properly utilized would be useful.

The current project used a mixed methods approach in identifying the effectiveness of the BIP facilitator's ability to engage the participants. The quantitative aspect of the research includes the results of surveys administered to the participants of a BIP; the qualitative aspect of the research is the analyzed transcript of an interview with the facilitator conducted at the end of the data collection period.

Significance of the Project for Social Work Practice

The results of this study will help inform how well these programs truly are in soliciting engagement from participants. The phases of generalist intervention that are informed by this study include the assessing and implementation phases. Improvements in the assessing phase could result in client's being placed in treatment groups that better identify with their type(s) of violence used, their learning methods, and other criteria, which could positively influence their success in the program and in future relationships. The implementation phase will be affected not only by the appropriate placement of participants in more individually relevant programs, but also by the training and theoretical perspectives of the social workers facilitating the programs. If the facilitators are allowed to practice interventions that they feel more comfortable with, rather than fulfilling blanket requirements implemented by the states and judicial systems, the participants would benefit and, ideally, become more engaged. For example,

the Duluth Model has been adopted in batterer intervention programs throughout the United States, and has been adapted and used as a standard of treatment for batterer intervention programs, which includes aspects of cognitive behavioral therapy (CBT) and feminist psychoeducation, in order to challenge patriarchal ideas of gender roles and to replace them with ideas of equality and non-violent responses to anger. The Duluth model is meant to give a psychological explanation of behavior while exploring how a facilitator can engage possibly resistant and defiant men, along with men who present as more emotionally charged and remorseful (Gondolf, 2010). Studies identifying potential risk factors for becoming a perpetrator of IPV, such as “Differentiation Among Types of Intimate Partner Violence” (Kelly & Johnson, 2008), explain that the biopsychosocial factors that can lead to a higher likelihood of perpetrating domestic violence cannot be treated as a “one-size fits all” treatment program, and that the program itself should be tailored to the individuals need based on the cause and context of the type of violence used. The findings of this research project will result in suggestions regarding areas to target to ensure that these programs are working as they are intended to, which means eliciting engagement more effectively, higher program completion rates, and lower recidivism rates.

The overall significance of this research could be that policies regarding the creation and implementation of batterer intervention programs would be changed to develop a standardized way to better conduct intimate partner violence programs. Therefore, the question I propose is this: Are social workers

facilitating batterer intervention programs in the city of San Bernardino, CA effectively soliciting engagement from participants through their use of cognitive behavioral therapy and feminist psychoeducation? Are the social workers perceptions congruent with the views of the participants?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature reviewed for this project confirms that the engagement process is especially critical in order to effect change in the behaviors of the group participants of batterer intervention programs. The overall agreed upon information from the literature impresses the importance of feeling supported in the group setting in order for the participants to allow themselves to engage in the group process. While there are various ideas of what the term “engagement” means across the disciplines, for the purpose of this literature review it will be defined with the following three criteria, as stated by Boekaerts (2016):

Behavioral engagement: meaning the amount of participation and visible engagement in treatment without being disruptive.

Emotional engagement: meaning the visible, emotional reactions of the participants to the facilitator and the other participants.

Cognitive engagement: the participants who are cognitively engaged will make the extra effort to be included, to learn, to understand the lessons being taught.

These definitions were originally written in the context of building engagement in the school system among teachers and students, however the definitions can be readily applied in the context of group therapy.

Engagement

As previously stated, engagement is a term that is only vaguely defined in much of the literature found for this review. While many authors can agree that engagement is an important aspect in treatment, there are not many instances where the term itself is clearly defined. In researching the importance of engagement one cannot ignore that self-determination theory is highly associated, as well as need frustration and need satisfaction (Jang, Kim, Reeve, 2016). Self-determination theory (SDT) is based on human motivation, development, and wellness. The theory focuses on various types of motivation rather than the amount of motivation a client has, paying increased attention to individual motivation, controlled motivation, and “amotivation” as predictors of how the client’s may interact in treatment, relate to the treatment, and modify behavior as a result of the treatment (Deci & Ryan, 2008). Three topics heavily associated with self-determination theory are autonomy, competence, and relatedness (Deci & Ryan, 2008), as these factors will influence a person’s motivation for engagement. Need satisfaction refers to the aspects of autonomy, competence, and relatedness being met for the group participants, which allows for the engagement process to develop. Conversely, need frustration refers to the lack of engagement due to unmet needs including autonomy, competence, and relatedness. These three topics are considered in almost every article as being heavily influential in the process of engagement. The obligation of

providing the group members with autonomy, competence, and relatedness is shared between the group facilitator and the group participants.

“Engagement in the classroom is reciprocal,” (Van den Berghe, et al., 2016); the idea that participant engagement is the responsibility of just the group leader (i.e. teachers, facilitators) is inaccurate. The group leader/facilitator should foster a sense of support among the group participants, as the level of engagement can increase with feelings of support from the group leader/facilitator. However, the responsibility for participation and motivation is shared with the group participants. When individuals have the availability of physical, emotional, and psychological resources within group dynamics they are more capable of engaging in their roles in the group. (Ford, Myrden, & Jones, 2015). Chovanec (2012) reported that the participants of BIP’s felt increased support from other members when they were given the opportunity to share their own stories involving intimate partner violence, suggesting that incorporating time for sharing personal accounts of IPV in the curriculum of BIP’s can lead to increased engagement of the participants.

Involuntary Services

When a person voluntarily participates in group therapy or group treatment, the level of engagement is likely going to be higher because they have recognized the need for change in their own lives, and they have the motivation to pursue assistance independently. In the case of batterer intervention programs, the participants are oftentimes legally mandated to attend, which

creates a more difficult environment in which to establish a positive and engaging experience. Social Service programs are mostly utilized by people who are mandated to use them; for example, children's services, probation departments, welfare-to-work programs, and batterer intervention programs. In order to receive the benefit of such programs (i.e. financial services, staying out of jail, keeping custody of children), individuals are given requirements to fulfill. These mandates contradict the fundamental belief that a social service program is meant to be a positive and empowering institution for those in need. Smith, et al. (2012) discusses the importance of trust building and providing clear and appropriate information in these involuntary social work relationships.

In a batterer intervention program the participants are expected to acknowledge their own maladaptive behaviors and change them in the time frame established by the courts in order to complete the course. For a person who is in such a program involuntarily, there could be resistance in admitting that their thought process and behaviors are in need of adjustments. If the facilitator cannot gain the trust of the group members, the change process will not effectively take place. If the facilitator cannot clearly explain "what is happening to them and why" (Smith et al., 2012), the group members will be unable to effectively engage in the treatment process. A challenge for many batterer intervention programs is to engage the participants enough to complete the program in its entirety. According to an article by Rothman, Butchart, and Cerda (2003), "programme drop-out is a significant problem for programmes that serve

court-mandated abusers.” They claim that in the United States and Canada, 22-42% of participants of BIP’s drop out before completion. Of those that do complete the programs, they report, 50-90% have remained violence-free for a period of time ranging from six months to three years. (Rothman, Butchart, Cerda, 2003).

Theories Guiding Conceptualization

The research done on the perpetrators of intimate partner violence is primarily based on psychodynamic theory with a feminist model, and systems theory with a cognitive behavioral model for change. The theoretical perspective of this research is based on the same theories, as the investigator finds that the people in an individual’s life and their environment will shape that individual and have a profound influence on their actions. Jewell and Wormith (2010) report that lifestyle instability is a deterrent to completion of batterer intervention programs, further explaining that they have found specific demographics of men who are more likely than others to complete cognitive behavioral therapy-based treatment programs versus feminist psychoeducation-based treatment programs. In support of this claim, Buttell, Powers, and Wong (2012) state that there are certain psychosocial factors that contribute to an individual’s successful completion of BIP’s. This alludes to the use of social learning theory in that they report that history of violence, level of education, employment, drug and alcohol use are all associated with program completion (Buttell, Powers, Wong, 2012). The idea that a person learns behaviors through experiences and their

environment, and that these behaviors have negative consequences, presents a potential opportunity for a trajectory change in that person's life. What the most effective treatment interventions are for making those changes is what continues to be debated.

Researchers concede to support the conclusion that there is no single explanation for the "phenomenon" of IPV (Ali & Naylor, 2013). Rather, there are many factors that contribute to a person's involvement with IPV that creates ambiguity in which theory will work better to elicit engagement in the change process than others as each individual person has a unique experience (Ali & Naylor, 2013). As mentioned earlier, there does not exist one theoretical perspective that can claim to be the most effective treatment for perpetrators of intimate partner violence. Again, the theories chosen for this study are psychodynamic and systems theories, as well as cognitive behavioral therapy as these are the most flexible in considering an individual and their environment to account for their thought processes and subsequent behaviors. Lila, Oliver, Catala-Minana, and Conchell (2014) identify the following as the three most important components to be achieved in batterer intervention programs that can be associated with decreased recidivism: the participant assuming responsibility for their actions/behaviors, the participants perceived severity of intimate partner violence against women, and their understanding of their own risks for recidivism. What cognitive behavioral therapy and feminist psychoeducation should accomplish for the individuals participating in BIP's are those three proposed

goals, resulting in the efficacy of the programs increasing while the participants' behaviors and thought processes are modified to allow for non-violent interactions in their relationships. Currently, there is no literature that has evaluated engagement among participants in BIP's. This gap in literature will be addressed in the present study.

CHAPTER THREE

METHODS

Introduction

The present research project studied the effectiveness of a social worker facilitating court mandated batterer intervention programs, which focused on their ability to solicit engagement from the participants based on their use of the most common theoretical perspectives used in this setting. These include feminist psychoeducation and systems theory with an emphasis on cognitive behavioral therapy. The sections included in this chapter will be the study design, sampling, data collection and instruments, procedures, protection of human subjects, data analysis, and summary.

Study Design

The purpose of the study was to evaluate the perceived effectiveness of participant engagement in batterer intervention programs and if it was congruent with the perception of the facilitators. A mixed method approach was used because there was a component of quantitative data collection in which BIP sessions were observed, then the participants were asked to complete a survey immediately following the group sessions. The data collected was examined for themes regarding the participant's perception of engagement in the change process. There was also a qualitative component of data collection in which the facilitator was asked to complete an interview that was transcribed and analyzed. The surveys consisted of close-ended questions, with one open-ended question

at the end allowing for comments or suggestions. The interview consisted mostly of open-ended questions as well as follow up questions that were relevant to the conversation. The benefits of having used mixed-methods for data collection were that the participants and the facilitator were allowed as much freedom to answer questions with honest opinions and suggestions for change as was realistically possible.

The overall objective of this study was to identify the ways in which facilitators are effectively soliciting engagement from the participants of a batterer intervention group, to gauge the competence of the facilitator in their use of feminist psychoeducation and cognitive behavioral therapy, and the perceived motivation for change in the participants of the group. Although there are benefits to a mixed methods approach to research, it also serves as a limitation. In an effort to research multiple areas of interest, the information collected is not as specific, therefore it is unable to provide a truly comprehensive quantitative or qualitative analysis. Increased time would be necessary in order to execute a thorough and complete mixed methods research project.

The following is the question the current study will address: Are social workers facilitating batterer intervention programs in the City of San Bernardino, CA effectively soliciting engagement from participants through their use of cognitive behavioral therapy and feminist psychoeducation? Are the social workers' perceptions congruent with the views of the participants?

Sampling

The following were the prerequisites necessary to participate in this research project: participants must be adults over the age of 18, they should be mandated by the court or Children and Family Services to attend the 20-week batterer intervention program, and they must consent to participating in the surveys. The investigator attended a mixed-gender batterer intervention group at Option House, Inc., which is a non-profit organization that provides shelter options, crisis intervention, and support for victims of domestic violence, as well as classes for the perpetrators of domestic violence. Observations of the group were made at various times in an effort to identify the engagement techniques used by the facilitator, as well as the observable level of engagement from group participants. The researcher requested that the group participants complete surveys immediately following the sessions that had been observed which resulted in information about their perceptions of the facilitator's use of cognitive behavioral therapy and feminist psychoeducation in eliciting change from them. The investigator then interviewed the facilitator so as to identify her perception of the participants' level of engagement in the change process comparing it to the views of the participants, and asked her thoughts on what program modifications might enhance the effectiveness of the facilitator's role in engaging the participants to change. Because the data collection was based on the attendance of the meetings, and the participants were not there voluntarily, this was a non-probability sampling, specifically purposive sampling. The amount of

participants included in the study was 13 individuals, male and female.

Participant demographic information has been collected on surveys, and one facilitator was interviewed after the last session was observed.

Data Collection and Instruments

This study consisted of a mixed methods design, including quantitative and qualitative data collection techniques. The study was designed to be explanatory, as the information used was obtained in a program that already has established theoretical perspectives. Because the data was unreliable, the study became descriptive and exploratory. The quantitative approach used allowed me to collect data on level of engagement, as measured by a score on a weekly session evaluation. This was a univariate study, so engagement was the only variable of interest. The objective was to identify whether or not the theoretical perspectives used during program implementation were successful.

After the identification of observable perceived effectiveness of the program, I asked the participants to complete a survey intended to portray their beliefs on the effectiveness of the program. During the observation period of the sessions the researcher looked for the participants observable interest in the facilitator including eye contact, participation with/without prompting, and sharing of personal stories. Following the last session observed, the facilitator participated in an interview with the investigator that described her perception of the group's level of engagement, and a comparison was made between her response and the responses from the surveys. Efforts to address validity and

reliability were discussed with the research advisor to assess face validity.

Furthermore, they were tested with colleagues within the researcher's personal network.

Because this is an open group, the participants were involved at various stages of the 20-week program. The informed consent forms were required at each participant's first instance completing the survey, and were not required thereafter. The facilitator gave her verbal consent to participate, but was also required to complete an informed consent form prior to her interview. The instrument developed by the researcher was created to assess engagement by asking participants questions that can be found in Appendix B. The instrument created for the purpose of assessing the facilitator's perception of engagement can be found in Appendix C.

Procedures

The investigator initially made contact with the facilitator of the batterer intervention group held at Option House, Inc. in the city of San Bernardino, CA, in order to obtain written permission from the Option House, Inc. administration, which allowed for the observation of weekly group sessions, administering of survey's to the participants, and an interview with the facilitator. Beginning in January 2017 and ending in March 2017, the investigator sat in on numerous sessions of the 20-week batterer intervention group during which observations were made of the participants reactions to the facilitator, their participation in the sessions, their observable interest in the session, and whether or not they share

personal stories or information. For the quantitative data the researcher assessed level of engagement only. Quantitative data was collected in the room in which meetings were held; the survey's were distributed at the end of the session and then collected before the participants left for the evening. The investigator interviewed the facilitator soon after the last session was observed and the surveys were collected. The interview was recorded and took place in a private room at the office of Children and Family Services in San Bernardino, CA with only the facilitator and the investigator present for the duration.

Protection of Human Subjects

The identities of the group members and the group facilitator have been kept confidential. The weekly group was held in a location that is off the main premises of the agency, and attendance was reported only to Children and Family Services and the courts as per the mandate. It was explained to participants and the facilitator that their confidentiality and anonymity are of the utmost importance, and the researcher would take extreme caution to protect that. Participants have been given a number as an identifier. The list of names and their assigned numbers were kept in a locked filing cabinet to which the investigator is the only person with access to the key. Participants were asked to read and sign an informed consent prior to completing the surveys. The facilitator was also given a number with the same precautions taken to protect confidentiality and anonymity. The facilitator was given an informed consent to be read and signed prior to the interview being conducted and audio recorded.

The audio recordings were saved to an electronic device and kept securely until the transcription process was complete. All surveys and identifying information will be shredded upon completion of the research project, and the interview recording will be deleted.

Data Analysis

The quantitative component of this study is a univariate and descriptive analyses where the researcher recorded and analyzed 6 sessions of evaluation responses. The mean for each evaluation day was determined. Furthermore, the researcher conducted descriptive statistics on the demographic data collected. For qualitative data collection, the researcher recorded an interview with the facilitator after the completion of the ten week time period during which quantitative data was collected over six sessions. The interview was transcribed and the responses coded by conducting a content analysis.

Summary

The present study examined the reported level of engagement of participants in a court-mandated batterer intervention program based on the facilitator's use of feminist psychoeducation and cognitive behavioral therapy, as compared to the facilitator's perceptions of the level of engagement of the participants. The qualitative methods used to gather participants opinions, and the quantitative methods used to gather information from the facilitator were the best options for the purpose of this study

CHAPTER FOUR

RESULTS

Introduction

In this chapter the demographics, observations, and direct quotes will be presented representing the participants of the batterer intervention group that was observed for a duration of 10 weeks, as well as the interview by the facilitator. Major findings regarding perception of level of engagement of the participants from the viewpoint of the participants themselves as well as the facilitator will be presented. The data collected from the surveys did not yield variability in the results, and will therefore be omitted from the results chapter of the paper.

Presentation of the Findings

Demographics

The sample population included in the observations and surveying for the present study included 13 individuals. Of this sample, males represented 84.6%, and females represented 15.4%, were observed and surveyed. The participant's ethnicities were reported as 30.8% White, 30.8% Hispanic or Latino, 23.1% Black or African American, 15.4% other. The most prevalent age ranges reported by the participants were 18-25 years old at 38.5%, 26-40 years old at 61.5%. The employment status of the participants varied, including 76.9% reporting full-time or self-employment, 15.4% reporting part time employment, and 7.7% reporting

retirement. The participants reported their highest level of education completed as 7.7% having completed elementary school, 30.8% having completed some high school, 30.8% having graduated high school, 7.7% having completed an Associate's Degree, 7.7% having completed a trade or vocational degree, 7.7% having completed some college, 7.7% having completed a Bachelor's Degree. The participants of this study reported their marital status as follows: 23.1% are married, 23.1% are single, 38.5% are divorced, and 15.4% are separated. 12 participants out of 13 reported having at least one child.

While the participants were not asked to reveal their exact ages, there were 5 participants reporting ages between 18-25 years old, and 8 participants reporting ages between 26-40 years old. There were mostly males attending the group (84.6%), between the ages of 26-40 years old (61.5%), full-time or self-employed (76.9%), reporting White or Hispanic/Latino ethnicities (30.8% each), reportedly having completed some high school (30.8%) or graduating high school (30.8%), claiming to be divorced (38.5%), with at least one child. Overall, this writer attended 7 sessions of the batterer intervention program during which anywhere from three to ten participants were present.

When the participants were asked the following open-ended question on their survey, "What changes would you make to the class to make it relate to you better?" the major themes identified in the responses included Nothing, Increasing Positivity/Positive Talk, TV/Snacks, Increased Discussion of Violence and Resources. There were nine responses related to positivity. One participant

wrote “Stay positive” on multiple surveys, while another participant wrote, “Say positive things” on several surveys. Many participants responded by writing “Nothing” most weeks. Various participants requested more resources, information on how to change behavior, and to address domestic violence more directly. One participant wrote the following on only one survey, “Diff teacher”, meaning they would like a different facilitator for the group.

Observation

While observing the batterer intervention program classes, the researcher focused on four categories of engagement; including spontaneous participation in discussions between the participants and the facilitator, participants engaging in discussions with each other regarding class topics, displays of obvious visible disengagement with the facilitator, and the participants or facilitator involving the researcher too much in the class.

Spontaneous Participation. In each session the investigator observed that there was at least one incident documented describing some form of the participants being actively engaged with the facilitator in discussions about the daily topic. “The participants were observed sitting forward in their seats, making eye contact with the facilitator, laughing and responding to her with noises expressing surprise and interest at different times” was written about the first meeting observed, dated January 25, 2017. On February 15, 2017 the participants engaged in discussions with the facilitator about the origin of their intimate partner violence and a number of participants disclosed personal

information about their own fears, their experiences with jealousy, their difficulties in relationships, and the anger that they have experienced with their current and past partners. On February 22, 2017, participant # 2 was visibly engaged in the class by making eye contact with the facilitator, responding to her without prompting, and disclosing personal information about his child and his desire to be a better parent. On the final session observed dated March 15, 2017, one participant disclosed that he gave his children to Child Protection Services because he knew he was not parenting properly because of his alcohol and drug use, as well as the relationship he was in with the children's mother. He stated that he "needed to clean up my life for my kids". The participant stated that he was working towards regaining custody and hoped his story might inspire the other participants to reach out for help if they need it.

Participants Engaging Each Other. On February 1, 2017 a participant attending the class for the first time stated that he was unsure of the reason he was sent to the class. He explained that the Social Worker from Children and Family Services usually only speaks with his partner and he takes direction from his partner as to what needs to be done to get custody of the children back. The feedback from the participants was strongly urging him to be actively involved with the Social Worker and his case because he should be responsible for himself and not depend on his partner to ensure the requirements of his case are being met. The class presented as a united front to the participant by encouraging him to initiate phone calls to the Social Worker. During the final

session observed on March 15, 2017, the investigator noted, “they were encouraging each other, they were receptive to advice and were interested in each other’s stories.”

Obvious Visible Disengagement. On five separate occasions the facilitator stopped the class to wake up a participant who had fallen asleep. In one session there were two separate participants who were sleeping, as well as the intern who would occasionally attend the group. It was noted in the observations that seven different times in one session the facilitator requested the group to stop the side-talk, which was becoming loud and disruptive. Comments made on some of the surveys requested that snacks be brought for the participants and that television be incorporated. This shows signs of participants who are not obviously engaged in the change process.

Involving The Investigator in the Class. The researcher sat in a corner situated so that observation of all of the participants was easier. It was noted at various times that the facilitator would frequently make eye contact with the researcher. Avoiding eye contact with the participants and the facilitator was attempted, however the group was held in a fairly small office space, creating increased difficulty avoiding eye contact and unintended non-verbal communication including laughter, head nodding, etc. by the researcher.

Interview

The main theme in the content of the interview held with the facilitator of the group was that even if the participants were resistant to change and the

group process, most would come and eventually she would see the changes happening. "After about a month or so they start changing the way they are thinking. At first they may be mad or something but then most of them will finish and they will be happy that they took the class." She stated that the participants often needed to be prompted to speak in the group because of the initial resistance from being mandated to go to therapy. However, the forced participation allowed her to track their level of change, which is directly related to their level of engagement. "You're not gonna be able to monitor the change without the participation." The facilitator was observed using the round-robin style of forced participation when starting each class by reporting a positive and negative from the past week. She explained that the participants usually start the program "with a chip on their shoulder" because of the court mandate to attend classes. The change happens, as reported by the facilitator, after they have completed a few sessions and had an opportunity to think about why they are there. She stated that they "kind of forget" about their anger. When asked about how important she believes forced participation is, the facilitator stated, "Extremely important because they're never gonna get closure to that, and it, you know, you've seen me in class how I am when they are sharing something I will dig and ask them questions, you know, um because I want them to think out of their...little box."

The facilitator states that she believes this course may not be appropriate for all participants, which is why she will offer individual domestic violence

counseling for those participants who qualify and she feels will not be successful in the group setting. The facilitator said of one past participant, "I don't think he would get help in a group setting. He needed more face to face. Because there are some things that people want to hide. That people can't express when they are in a group, but they can express it in a one-on-one setting." She assesses the personal needs of the participants, she makes the effort to get them into the group process, and then she offers alternative services that will still fulfill the requirements for the court. This allows the participant to receive the individualized treatment that could be more effective, increasing the level of engagement and lowering the recidivism rates.

The facilitator stated that she believes her class is more effective than the 52-week program that is typically mandated for the perpetrators of domestic violence. She stated that she makes herself available to the participants even when their 20-week requirement has been completed. She reports that she has many participants who will return to classes occasionally, they will call her for assistance navigating the court system or county system they are involved with, or for resources outside her scope of knowledge. The facilitator mentioned that she used to lead a 52-week batterer intervention program and feels that this program is much more effective at eliciting engagement from the participants because it is more flexible and her perception is that the participants are gaining more insight because she is able to engage them more effectively than a 52-week class could. The facilitator states that she is very much an advocate for the

participants when she feels they have put in the work. “When they are doing really well in the class then yeah I’m gonna advocate for them to the social workers. If they’re not I’m gonna tell them to their face, ‘Hey, you’re not doing good. This and this is a problem, what are we gonna do about it?’” (personal communication, March 2017).

CHAPTER FIVE

DISCUSSION

Introduction

The research question presented is, “Are the Social Workers facilitating batterer intervention programs in San Bernardino County effectively soliciting engagement of the participants through their use of cognitive behavioral therapy and feminist psychoeducation, and what are the perceptions of the current framework of batterer intervention programs, including suggestions for change?” The study consists of two parts: the feedback from participants of a batterer intervention program in San Bernardino County, describing how effective they believe the facilitator is at eliciting motivation to change, and how the facilitator feels about the participants’ progress being made, along with any suggestions for modifications that the facilitators and program participants feel would be beneficial to the change process. The findings from the open-ended responses on the survey and the facilitator interview proved the most useful for the purpose of the research project. The limitations affecting the time available to complete data collection and access to other groups resulted in simplified and generalized findings.

Discussion

Prior studies have researched how people find themselves in batterer intervention programs, reasons for high drop out rates, and the potential for

demographic prediction of recidivism. What makes the current research project different from existing studies is that the participants of a male/female batterer intervention program were surveyed after each session that the investigator attended, and the facilitator was interviewed at the end of the data collection period. The surveys consisted of questions soliciting the participants' opinions on the effectiveness of their facilitator's use of cognitive behavioral therapy and feminist psychoeducation to change their tendencies towards intimate partner violence. The interview solicited qualitative information from the facilitator regarding their opinion on how effective they feel batterer intervention programs are at changing thought patterns and behaviors of perpetrators of intimate partner violence, as well as any of their suggestions for how to better effect change in the group members. Sheehan, Thakor, and Steward (2012) research implies that the most change can be made through negative external consequences, including criminal sanctions and losing family members. The article asserts that a perpetrator of intimate partner violence is most likely to change if there are external factors affecting the perpetrator's life, rather than a change in thought processes associated with CBT and psychoeducation.

The impact this study can make on Social Work practice includes more effective treatment programs that reduce the recidivism rates of intimate partner violence, while addressing the needs of program participants in such a way that they can have a more comprehensive treatment experience. This could potentially lead to the integration of various fields of treatment coming together to

work simultaneously with individuals who need assistance in various aspects of their lives. Salem and Dunford-Jackson (2008) state that treatment will be more effective when agencies work together to address the biopsychosocial needs of an individual as that person is given access to multiple treatment programs concurrently. No longer will an individual have to participate in one program at a time, as the underlying problems may never be identified and the person is less likely to finish all programs needed to effect positive, long-lasting change.

The objective of the study was to evaluate the perceived strengths and weaknesses of the current standard of treatment for batterer intervention programs. The results of this study have provided better insight regarding the treatment of intimate partner violence perpetrators, while exposing the need for significant remodeling of the program's framework in a way that engages said perpetrators, creates motivation for change, and provides comprehensive education and behavior modification.

The first and most significant limitation of this study is that the perspective is from only one social worker, causing a generalization of the findings. Another limitation of the study was the time allotted for data collection. With more time to observe this specific group there could have been a potential for increased themes to be identified, and time to explore the significance of said themes. Similarly the researcher lacked access to more than one group to observe. With the study of multiple groups one might have had the opportunity to identify even larger gaps of service or methods that are commonly used that prove to be

successful. A major limitation facing batterer intervention programs is the amount of time allocated to these groups. Time is limited as the groups are commonly conducted in non-profit organizations or community centers where there is a high number of volunteers and high employee turnover (Radatz, Wright, 2015). Finding a venue in which to hold BIP sessions can be difficult, as well as finding facilitators who can commit to the time frame allotted for each group. Not having a guaranteed venue for the sessions, and the inability to find staff or facilitators who will be available for the duration of the program are factors that contribute to a negative outcome for the participants. If the participants are not afforded the appropriate time and consistency needed to complete the programs, their success rates will be negatively affected. The facilitator stated that at one time, the non-profit organization funding the program the researcher observed for this study ran out of money and was unable to offer the classes for approximately one year.

In order to decrease recidivism rates of domestic violence programs, BIP's should incorporate participation in a coordinated community response to domestic violence, offender accountability, and victim safety (Radatz, Wright, 2015). Similarly, Scott, King, McGinn, and Hosseini (2011) identify that motivation enhancing treatment, including motivational interviewing, can increase the number of participants who complete batterer intervention programs; however, motivational enhancing treatment fails to meet their set goals for levels of engagement and accountability from the participants. A primary goal of

batterer intervention programs is to have participants complete the programs, with the desired outcome being a change in thought processes resulting in less assaultive or violent behaviors in the future. Black, Weisz, Mengo, and Lucero (2015) administered bi-weekly surveys to an 18-week long batterer intervention group to assess the changes in the participants' opinions of what their future behavior will be after completion of the program. The results of the surveys convey the participants' view of themselves as much less likely to cause physical, emotional, or financial harm to their partners in the future. The facilitators of the same groups were interviewed inquiring their opinions on the participants' risk of recidivism. The reported opinions of the facilitators reveal a higher concern for recidivism rates of the participants than the participants thought of themselves. The facilitators specifically reported that they believe the participants will, in fact, cause physical, emotional, or financial harm to their partners in the future (Black, Weisz, Mengo, Lucero, 2015).

Recommendations for Social Work Practice

Based on the research completed in this review, there are various factors that are negatively associated with existing treatment programs' effectiveness to elicit engagement from participants. Feder and Wilson (2005) described a potential barrier for many batterer intervention programs being that the participant is required to pay a fee to attend the court-mandated classes, which may create a financial burden for the families of the participants; this could lead to a lack of participation, attendance, or willingness to engage in the program.

Messing, Ward-Lasher, Thaller, and Bagwell-Gray (2015) research suggests that the non-completion rates of BIP's could be moderately linked to cultural competency, in which the process of creating groups does not currently consider the importance of the participants ability to identify with the facilitators ethnicity, language, or culture. Corvo and Johnson (2003) state the following regarding ways in which the BIP's might prove more effective: "...how best to match types of programs with subtypes of perpetrators; the function of power and control in program design," and goes on to say that this could effectively impact the client's motivation to change as staff will model nonviolent behaviors as alternative solutions to force or violence. Another suggestion from Corvo and Johnson (2003) is that the perpetrators of intimate partner violence have a fear of abandonment which leads to acts of aggression; these traits and behaviors could be assessed prior to the groups formation in order to place people more appropriately in treatment. Gondolf (2010) stated that, historically, the purpose of batterer intervention programs has been to protect the victim from the perpetrator without having done anything to change the perpetrator's thought process. This implies that engagement in the program and motivation to change need to become priorities of future studies if BIP's are to be seen as highly effective treatment programs.

Conclusion

Batterer intervention programs have evolved over the years and developed into the model used today, which has proven ineffective at eliciting

change and creating lower recidivism rates. Because of time restraints, a limited population to study, and not enough variability in the survey responses, this research project was unable to track the change of participants from feeling disengaged with the class and moving towards feeling engaged based on the therapeutic techniques used by the facilitator. However, the level of engagement of participants could be identified from the open-ended questions on the surveys as well as the observations made from the classes this writer attended. The facilitator's perception of the participants' level of engagement was outlined in the interview conducted with her. She believes that a participant's perceived stage of change is highly associated with their level of engagement in the course. The survey responses reporting the participants' levels of engagement and how those were associated to the facilitator's use of feminist psychoeducation and/or CBT were inconclusive. The written responses did reflect a variation in engagement in the course. While some participants wrote responses that were not at all related to the course (i.e. the participants who requested snacks and television), some stated that the class was great they would not change a thing, and then there were the few who made actual requests for specific topics to be discussed which were related to violence and access to resources. The conclusion is that batterer intervention programs will continue to be ineffective until these groups are further developed with more specific trainings for the facilitators to elicit engagement in the group. Until then, batterer intervention programs will likely remain a nuisance to most participants, a requirement to stay out of jail or to

keep custody of their children, and rarely an opportunity for significant cognitive and behavioral changes.

APPENDIX A
PARTICIPANT SURVEY WITH DEMOGRAPHIC INFORMATION

'OPTIONS TO CHANGE' DEMOGRAPHIC SURVEY

Are you: Male Female Other

What is your age?

- 18-25 years old 26-40 years old
 41-60 years old 60-85 years old 85 or older

Employment Status:

- Full Time Employed Self-Employed Homemaker
 Part-time Employed Out of work and looking for work
 Out of Work but not looking for work Military
 Retired Unable to work Student

Check your ethnicity/race:

- White Hispanic or Latino Black or African American
 Native American Asian / Pacific Islander Other

What is the highest level of school you have completed?

- No schooling completed Nursery School to 8th grade
 Some high school High school graduate
 Some college Trade/technical/vocational training
 Associate's degree Bachelor's degree
 Master's Degree Professional degree
 Doctorate degree

Marital Status:

- Single, never married Married Widowed
 Divorced Separated

Do you have children?

- Yes No
If yes, how many: _____

APPENDIX B
PARTICIPANT SURVEY

'OPTIONS TO CHANGE' SURVEY

1. Do you feel that the information from tonight's session relates to you?

Yes

No

2. Do you believe that this class has helped in changing your behavior/attitude?

Yes

No

3. Are you comfortable sharing personal information in class?

Yes

No

4. What changes would you make to the class to make it relate to you better?

(Please use the rest of the page to answer question #4)

APPENDIX C
FACILITATOR INTERVIEW QUESTIONS

Interview Questions

1. What type of theoretical perspective do you believe is most effective in batterer intervention groups?
2. What kind of progress do you see in these groups most often?
3. What mandates does this program have that you believe are ineffective?
4. How would you change the program to create increased success for the participants?
5. Do you believe that the participants are engaged in the change process?
6. How important do you think having the participants sharing personal stories is to the engagement process?
7. Do you believe that the engagement process is important in eliciting change from the participants?
8. How do legal mandates affect the level of engagement of the participants?
9. How do you establish trust and support with the participants?

APPENDIX D
INFORMED CONSENT (PARTICIPANT)

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the group facilitator's use of cognitive behavioral therapy and feminist psychoeducation to engage group participants in the change process. This study is being conducted by Megan Lewis, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this study is to examine the level of engagement occurring in the Options for Change Support Group.

DESCRIPTION: Participants will be asked a few questions regarding their level of engagement in the group sessions.

PARTICIPATION: Your participation in this study is voluntary. You can decline to be a part of the study, or to discontinue your involvement at any time with no consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and the data will be reported in group form only.

DURATION: The survey should take approximately 5 minutes to complete.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please contact Dr. Barragan at (909)537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX E
INFORMED CONSENT (FACILITATOR)



College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the group facilitator's use of cognitive behavioral therapy and feminist psychoeducation to engage group participants in the change process. This study is being conducted by Megan Lewis, a graduate student, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this study is to examine the level of engagement occurring in the Options for Change Support Group.

DESCRIPTION: The participant will be asked to complete one recorded interview discussing perceived engagement of group participants.

PARTICIPATION: Your participation in this study is voluntary. You can decline to be a part of the study, or to discontinue your involvement at any time with no consequences.

CONFIDENTIALITY OR ANONYMITY: Your response will remain anonymous and the data will be transcribed and coded.

DURATION: The interview should take approximately one hour to complete.

RISKS: There are no foreseeable risks to the participant.

BENEFITS: There will not be any direct benefits to the participant.

CONTACT: If you have any questions about this study, please contact Dr. Barragan at (909)537-3501.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2017.

This is to certify that I read the above and I am 18 years or older.

 Place an X mark here

 Date

I agree to be audiotaped. _____ Yes _____ No

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX F
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Megan Lewis
Proposal Title Battered Internship Programs: A Research Project
SW1716

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- approved
 to be resubmitted with revisions listed below
 to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
 missing informed consent debriefing statement
 revisions needed in informed consent debriefing
 data collection instruments missing
 agency approval letter missing
 CITI missing
 revisions in design needed (specified below)

[Signature] _____ Date 1/23/2017

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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