Exploring Factors That Contribute to Positive Change in a Diverse, Group-Based Male Batterer Intervention Program: Using Qualitative Data to Inform Implementation and Adaptation Efforts

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Abstract

Although batterer intervention programs (BIPs) are often mandated for perpetrators of intimate partner violence, the precursors and mechanisms of change operating within these programs remain unclear. The purpose of this qualitative study was to examine the perceptions and experiences of participants

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in a diverse, group-based male BIP to better understand factors facilitating positive change. Data were gathered through individual interviews with 15 men and were analyzed using grounded theory. Findings suggest that change is taking place through a reciprocal process in which change occurring via the group context facilitates change within participants and vice versa. The specific benefits of the group context and value of group diversity were emphasized. Factors supporting this change process include the role of group facilitators and providing group members with access to ongoing support. These results are useful for informing the continued implementation and adaptation of BIPs with the goal of reducing and ultimately terminating abusive behaviors.

Batterer intervention programs (BIPs) are often mandated for male perpetrators of intimate partner violence (IPV); however, the experiences and mechanisms that help facilitate change remain unclear. According to the Centers for Disease Control and Prevention (2014), IPV is defined as, "physical, sexual, or psychological harm by a current or former partner or spouse" (para. 1). The public health concern surrounding acts of IPV warrants an increased understanding of this issue. Approximately 12 million Americans are victims of IPV each year (Black et al., 2011), amounting to one person every 2.5 s. The consequences of IPV are immense and include physical, emotional, and social repercussions (e.g., Breiding, Black, & Ryan, 2008; Campbell et al., 2002; Coker et al., 2002; Heise & Garcia-Moreno, 2002; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004).

Although both men and women experience IPV, women are disproportionately affected. Nearly 1 in 5 women and 1 in 71 men in the United States have been raped in their lifetime, and more than one third of women in the United States have experienced rape, physical violence, and/or stalking by an intimate partner (Black et al., 2011). Furthermore, close to 1 in 3 women in the United States has been slapped, pushed, or shoved by an intimate partner at some point in her lifetime, and approximately 1 in 7 women and 1 in 25 men are injured as a result of IPV or sexual violence (Black et al., 2011). In 2007, IPV accounted for 2,340 deaths, and 70% of these deaths were to women (Catalano, Smith, Snyder, & Rand, 2009). Trends continue to indicate that more than one third of women in the United States will experience IPV in their lifetime (Black et al., 2011).

It is also important to note that IPV is not only a problem in the United States, but it also affects women worldwide. According to the World Health Organization (WHO; 2013), the global lifetime prevalence rate of IPV faced by women is 30.0% (95% confidence interval [CI] = [27.8%, 32.2%]). Prevalence rates are particularly high in Southeast Asia (37.7%), the Eastern Mediterranean (37.0%), and Africa (36.6%). This exposure to IPV puts women at an increased risk for a variety of devastating health effects, such as increased vulnerability to HIV and other sexually transmitted infections, unintended pregnancies leading to induced abortions in unsafe conditions, depression, and suicide (WHO, 2013). It is clear that IPV is a pronounced public health problem both in the United States and around the world.

BIPs

One effort to reduce the effects of IPV has been the development of BIPs. BIPs reflect great diversity in terms of program characteristics but share a common focus on getting men who batter to end their violent behavior (Carter, 2010). Most BIPs have an integrated intervention approach, combining feminist, psychoeducational, and cognitive-behavioral interventions (Price & Rosenbaum, 2009). BIPs emerged in the United States in the 1970s in response to profeminist concerns related to domestic violence across the country, and expanded during the 1980s due to more stringent domestic violence laws and an increase in court-mandated intervention (Bennett & Williams, 2001; Carter, 2010; Gondolf, 1997). Between 1,500 and 2,500 BIPs currently exist across the United States and continue to be referral sources for IPV perpetrators after court involvement (Carter, 2010). There is also an important tradition of such programs in other countries, such as the broad implementation of domestic violence perpetrator programmes (DVPPs) across Great Britain over the past few decades (Phillips, Kelly, & Westmarland, 2013).

Despite the prevalence of BIPs and their continued utilization, findings regarding program effectiveness are inconsistent (Carter, 2010; Feder & Wilson, 2005; Jackson et al., 2003). More than 40 evaluations of BIPs have been published in academic journals (Gondolf, 2004, 2012). A comprehensive meta-analysis by Babcock, Green, and Robie (2004) found small but positive effect sizes among the sample of intervention programs they reviewed. A subsequent meta-analytic review by Feder and Wilson (2005) found mixed results, casting doubt on the effectiveness of these programs. The challenge of drawing definitive conclusions regarding BIP effectiveness has been heightened by methodological shortcomings in the studies

themselves, such as problems implementing random assignment, low response rates, high variability across program dosage and treatment exposure, and ethical challenges associated with the utilization of comparison conditions (Feder & Wilson, 2005; Gondolf, 2004). Yet, despite these past challenges, the most current and comprehensive examination of BIPs—characterized by careful analyses of key variables such as context and intervention fidelity protocols—indicates that BIPs can be effective if they integrate feminist-informed perspectives and target men without serious mental health or substance abuse problems (see Gondolf, 2012). Recent work applying innovative research methods to examine a broad array of success indicators in contexts outside of the United States has also concluded that these programs can lead to a number of positive outcomes for the male perpetrators as well as their families (Kelly & Westmarland, 2015).

Qualitative Studies of Change

Whereas rigorous quantitative research efforts are important for continuing to examine the efficacy and effectiveness of BIPs, qualitative methodologies must also be used to provide a more comprehensive understanding of mechanisms of change. Qualitative studies are well-suited for examining complex behavioral processes, such as how change is experienced among men in a BIP (Sheehan, Thakor, & Stewart, 2012). They may also be useful for better understanding the treatment contexts that influence men to change negative behaviors, another important area for BIP research (Carter, 2010). Thus, promoting qualitative research to examine the impact of BIPs constitutes a promising avenue for informing outcome research and ultimately enhancing the continued implementation and adaptation of BIPs.

There has been recent international interest in the value of using qualitative research to study change taking place in BIPs. Shamai and Buchbinder (2010) explored the experiences of men in Israel who completed an intervention for their use of violence against their partners. Participants described the intervention as a learning experience, a resource for gaining self-control, and a turning point leading to positive change. In a study conducted in Canada, Scott and Wolfe (2000) identified variables implicated in men's process of change, including responsibility for abusive behavior, empathy, reduced partner dependency, and communication skills. Boira, del Castillo, Carbajosa, and Marcuello (2013) examined the role of the therapeutic context in a BIP in Spain. The results of their discourse analysis highlight the importance of the therapeutic alliance and how the mandatory nature of a BIP can influence the motivation of group members. Finally, Gray, Lewis, Mokany, and O'Neill

(2014) explored both the positive and negative aspects of group process in a men's domestic violence program in Australia.

Additional studies have been conducted in the United States. For example, researchers have used microethnography to investigate the stories of men who completed group therapy versus men who withdrew (Pandya & Gingerich, 2002). In this study, men described how psychoeducation, taking accountability, and acknowledging consequences of their abusive behaviors facilitated change. Their findings, in addition, suggest that building a strong support system may be integral to male batterers' change process. Parra-Cardona and colleagues (2013) used a grounded theory approach to study the experiences of Latino immigrant men who participated in a culturally informed batterer intervention. Finally, Silvergleid and Mankowski (2006) used participant and facilitator reports to study the process of change that took place among men who successfully completed a BIP. Both participants and facilitators emphasized the role of the group process as an important factor for change, particularly the experience of receiving both support and confrontation from other group members and facilitators. Other factors included the learning of new skills and taking personal responsibility for one's own change process.

Although each of these studies contributes valuable insight into factors that may promote a positive change process, continued investigation is warranted. Much of the earlier research (i.e., Scott & Wolfe, 2000; Shamai & Buchbinder, 2010; Silvergleid & Mankowski, 2006) has relied on retrospective accounts, whereas reports from men who are currently participating in a BIP may offer another valuable perspective. Furthermore, many previous studies have examined BIPs with a high degree of homogeneity among program participants. For instance, the racial composition of the sample in the Silvergleid and Mankowski (2006) study was entirely White, whereas Parra-Cardona and colleagues (2013) examined an intervention for only Spanish-speaking Latino men. The demographic characteristics of participants in other studies remain unclear (e.g., Scott & Wolfe, 2000). A critical next step for researchers is to investigate how group diversity affects the experiences of men in BIPs where greater heterogeneity exists among participants. This is an important consideration given that legislative mandates are undermining the availability of specialized programs for minority men who enroll in BIPs (Buttell & Carney, 2005), meaning that standard batterer interventions will be increasingly called on to serve a diverse group of participants. Continued efforts to study change across a variety of BIPs has the potential to help the field move toward a more comprehensive understanding of the best practices and processes that promote program effectiveness.

Purpose of the Study

The purpose of this qualitative study was to examine the perceptions and experiences of male participants in a racially and socioeconomically heterogeneous BIP to better understand factors facilitating positive change. In particular, this study was guided by the following research questions:

> **Research Question 1:** What experiences do male participants in a BIP report as factors contributing to positive change?
> **Research Question 2:** What role, if any, does diverse group composition play in men's experience of change in the BIP?

> The identification of such factors is important for informing the implementation and future adaptation of BIPs. This study builds on previous research by focusing on the role of group diversity among men currently participating in a community-based BIP.

Method

Alternatives to Domestic Aggression (ADA)

The focal intervention in this study is the ADA (2003) program. ADA was created in 1986, in Toledo, Ohio, by David Garvin and in 1987 was brought to Catholic Social Services of Washtenaw County in Ann Arbor, Michigan. This program is a 52-session group intervention for men with a history of engaging in IPV and abuse. The focus of ADA is to progressively educate and confront participants' sense of entitlement to male privilege while simultaneously promoting accountability. This process takes place through four sequential stages: discovery, foundations, tactics, and options. In discovery, participants discern their reason for belonging in ADA and are challenged to view their battering as a pattern of behavior rather than an isolated incident. The goal is for participants to gain an expanded understanding of abuse as well as preliminary tools for implementing positive behavioral changes. In foundations, participants develop a growing understanding of the choices involved in perpetrating these behaviors as well as the use of functional, descriptive, and accountable language. In tactics, the societal myths that reinforce battering behavior are explored, and participants must consider how they are accountable or unaccountable for current interactions. The final group, options, centers on consolidating daily choices to live accountably and increasing the tools participants can use to help make non-abusive choices in the future (ADA, 2003). Approximately 300 men participate in ADA each year.

Participants

To be eligible for this study, participants were required to (a) be engaged in the ADA intervention program, (b) attend an English-speaking group, (c) agree to take part in an individual interview, and (d) be at least 18 years old. Only men were recruited because the purpose of this study was to examine the perceptions and experiences reported by male BIP participants. Fifteen men participated in this study. The sample included participants who self-identified as non-Hispanic White (60%), African American (27%), and bi-racial (13%). Participants ranged in age from 23 to 57 years (*M* = 40.27 years, *SD* = 10.77 years). Their income and educational levels also varied greatly, which reflects the heterogeneous nature of the intervention groups. Specifically, 4 participants reported an annual family income less than US$20,000, 5 reported incomes between US$21,000 and US$40,000, and 6 reported making more than US$60,000 per year. One participant had not completed high school, 6 had graduated from high school or completed their GED, 3 had attended some college, 2 had graduated from a 4-year college, and 3 had a graduate-level degree. At the time of the interview, participants had attended an average of 26 sessions of ADA intervention (range = 3-52). Eleven participants (73%) were formally court mandated to attend ADA, whereas 4 (27%) reported voluntary attendance.

Procedures

Participants were recruited from a Southeastern Michigan social services agency that offers ADA programming. Through collaboration with agency personnel, researchers attended weekly intervention groups and offered in-person invitations for group members to participate in the research study. Interested members provided their contact information and received follow-up phone calls to learn more about the study and schedule an interview. Each interview began with the process of obtaining informed consent and included an overview of the study and a detailed description of the scope and limits to confidentiality.

Qualitative data were collected through semi-structured, individual interviews with participants. Each participant was asked about his experience in ADA and perceptions about the group intervention. An interview guide was used to standardize this process, and consisted of open-ended grand tour questions (e.g., "How would you describe your experience in ADA?") in addition to specific follow-up questions (e.g., "In which ways has this group intervention been beneficial to you?"). Interviews lasted an average of 40 min (*SD* = 12 min). Each participant received a US$20 gift card for taking part in the research study.

All study procedures were approved by the appropriate Institutional Review Boards. In addition, a Certificate of Confidentiality was obtained from the National Institutes of Health (NIH) to enhance the protection and confidentiality of participants. This certificate helped safeguard confidentiality by protecting the researchers and their institutions from being forced to release research data that could be used to identify study participants.

Data Analysis and Trustworthiness

Data were analyzed according to the tenets of grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Data analysis began with open coding, in which each transcript was carefully examined, its contents broken into discrete ideas, and then each meaningful piece of text was labeled with a code. This enabled concepts to be developed from the data. As part of this process, units of text were compared and contrasted against one another and grouped into categories. A series of tables were developed to organize the emerging codes and to facilitate later stages of data analysis. The next step involved axial coding, where links between data categories are explored to promote a more thorough understanding of the topic of interest (LaRossa, 2005; Strauss & Corbin, 1998). During axial coding, the different facets of each data category were considered in relation to other categories so that relationships and themes in the data could be uncovered. For example, the category *Benefits of the Group Context* and the open codes comprising this category were examined alongside *The Value of Group Diversity*. This comparison confirmed that these were discrete, yet related, categories and pointed to an overarching theme (i.e., *Changing From Group: The ADA Context*) that provided greater explanatory power to the data. The final phase of data analysis involved selective coding, where the results were organized and refined (LaRossa, 2005; Strauss & Corbin, 1998). Selective coding took place as we identified the central theme in the data and then used this understanding to inform our integration of the other data categories. In this study, the central theme described the reciprocal process of change occurring in the intervention, and the remaining categories could be organized around this core finding to add depth and nuance to the results.

Standards of trustworthiness are used in qualitative research to ensure quality and rigor within the research process (Fassinger, 2005; Lincoln & Guba, 1985). Several steps were taken to enhance the trustworthiness of the findings in this study. For instance, credibility checks were performed during data analysis by involving multiple researchers in the coding process (Elliott, Fischer, & Rennie, 1999; Lincoln & Guba, 1985). As open coding began, three members of the research team (K.H., J.C.S., & E.S.) coded the same

transcripts and then met to compare initial codes. Members of the coding team met regularly during subsequent stages of data analysis to discuss similar and contrasting themes identified in the data and to monitor biases. Once axial coding had taken place, the codes were triangulated by a fourth research team member (J.R.P.C.) who was highly familiar with the data. Once the final stage of data analysis was completed, the findings were circulated among all members of the research team for comment and confirmation. The trustworthiness of this study is further supported through the use of participant quotations when reporting results and by the prior experience of research team members in conducting qualitative research.

Results

The results of this qualitative study suggest that change in the BIP is taking place through a reciprocal process whereby change occurring via the group context facilitates change within individual participants, and change within participants fosters a group context that promotes positive change. General group context factors and features specific to group diversity both play an important role in promoting change at the group level. The findings also suggest important elements associated with intraindividual change. In addition, the qualitative results highlight supporting factors critical for promoting and maintaining this reciprocal process of change. These findings are illustrated in Figure 1.

Changing From Group: The ADA Context

This theme describes how learning together in a group context can serve as a precursor for men becoming accountable for their abusive behaviors. Two distinct yet complementary factors were implicated: *Benefits of the Group Context* and *The Value of Group Diversity*.

Benefits of the group context. Participants described several ways in which participating in a BIP alongside other male batterers could help foster accountability.

   Realizing we've all got the same problem. Participating in the group BIP allowed men to realize they were not the only ones struggling with abusive behaviors. Participant 07 explained, "you're all there 'cause you did something wrong, you made a bad choice, you got in trouble." Sharing this common experience allowed the men to relate to one another and could begin breaking down their defensiveness. As one participant (09) expressed,
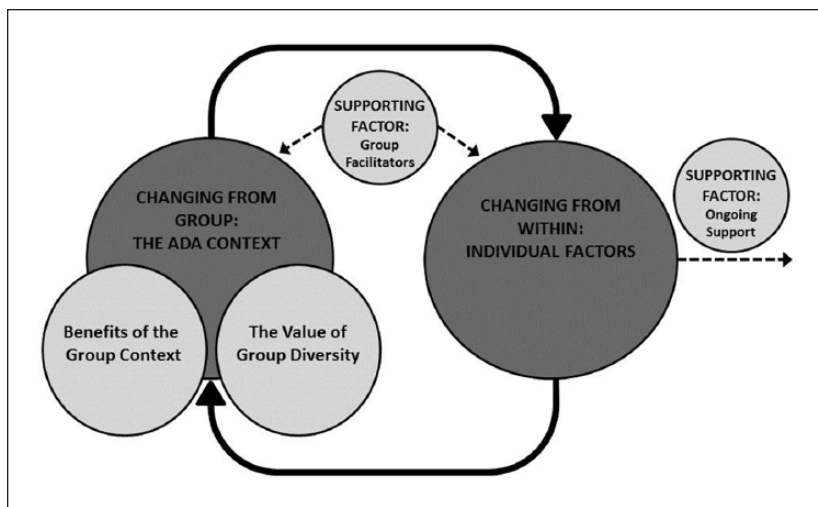
Figure 1. Factors contributing to positive change in a diverse, group-based male batterer intervention program.

> It's really helpful to be in . . . a group with guys that have the same kind of problems as me and talk about it. Nobody's there to judge, you know? Everybody's listening to what you have to say because they've been through it.

He went on to explain, "some of the guys have good points and tell you things that they did differently and how it helped them and, you know, how it helps you." Another participant (08) confirmed, "so I see them going through the same thing. I mean, it don't ease your mind but it kind of gets you to open up a little bit."

Learning from other men's experiences. Within the group context, growth could occur through learning from the experiences of other members. Participants reported it was informative to learn what other participants were going through, to see how shared experiences were handled differently, and to reflect on how insights arrived at by other group members could be applied in their own lives. Participant 02 described, "I find connections in what other people are going through that help me out in what I'm going through." Another participant (04) emphasized, "everything I've learned is mostly from other participants. . . . I just listen and try to think of my situation . . . I see a lot of things that I never seen before . . . especially [related to] when I get mad." It should be noted that not all participants reacted in this manner.

Instead, some compared their actions with other group members as a way of minimizing their own abusive behaviors. For example, one participant (14) expressed how his use of intimidation in relationships was less serious than the "hardcore" behaviors, such as physical abuse, of other group members. Still, learning from other group members could be an important and positive avenue for change.

Challenging each other to become more accountable. Participants described how other members could play an important role within the group context by challenging one another because they could see through each other's lies and excuses. As Participant 15 stated, "some of the guys that are in the . . . groups that I've been in, they've been here 26, 36, 46 weeks. They've seen it all and heard it all alright. So they know." Participants spoke about the powerful experience of having other group members speak bluntly to them and confront them about their behaviors. One group member (11) shared, "you actually get feedback that is at times shocking and it makes you look in another way at things. So that group consciousness and the direct assault on your beliefs and on your way of thinking definitely is helpful." Another group member (02) added,

> Some of the participants being really hard and nit-picky on me I think helped a lot. Just as far as not letting me kind of slide through. Holding me accountable to everything . . . really helped me to not just bullshit my way through the program.

Although it was clear participants were at different stages of accepting personal responsibility for their abusive behaviors, the role of the group process in helping members move toward greater accountability was highlighted.

Gaining motivation to change from the group. Participants reported that other group members could serve as a source of motivation driving them to change their behaviors. At times, this occurred as a reaction to the mistakes other group members had made. For instance, one group member (04) expressed, "some of [the other men] had ended up in jail for quite a while. I sure don't wanna go there. So it motivates you to change a little bit. . . . I know what kinda person I wanna be." Others were motivated by group members at earlier stages in the program because they served as a reminder of how far they had come. As Participant 06 shared, "you learn what an idiot you sounded like a year ago!" Another key motivating factor occurred when participants witnessed the positive changes other group members were making in their

lives. Participant 13 described, "you see guys improving . . . and it motivates you to try and make those same improvements too." Another participant (01) explained, "It would be encouraging because then you know that they can do it. It's one of them thoughts: if they can do it, I can do it."

The value of group diversity. In addition to these general group context factors, participants highlighted the specific ways in which they benefited from group diversity.

Abuse ain't prejudice. Participants believed it was important for ADA groups to include a diverse combination of men. One participant (02) explained, "coming into class and seeing . . . people, you know, with different ethnicities, seeing people with different ages really helps to drill into my mind that this isn't just a small problem." Group members spoke of diversity in terms of race, age, and socioeconomic status as well as more broadly referring to men with different backgrounds and life experiences. According to Participant 14, group diversity helps foster an understanding that "abuse ain't prejudice." Another (10) stated, "it shows that no matter what background you come from that you're subject to use violence . . . There are Black men, White men; there are young men, older folks . . . It's not just one area [of] persons that do this type of thing." This theme was highly salient in the data and emphasized that abuse cuts across demographic categories. As Participant 05 stated, "a guy working at McDonalds, a guy that's a CEO, both of them go home and do domestic violence. . . . No matter what background you come from . . . domestic violence is still domestic violence. . . . It doesn't discriminate."

Benefitting from different perspectives. Group diversity also allowed participants to gain a broader perspective on abuse. One group member (02) said, "I think it definitely helps as far as getting a different perspective on where people are coming from. It brings different abuses and different mind-sets to the group." Another (15) highlighted the potential to learn, "from a cultural basis or a background basis, their understanding of how they develop male privilege." This theme included the importance of gaining awareness outside of one's own social location. Participants also shared how different perspectives could be used to foster insight as part of their change process. One participant (10) explained, "it gives you a perspective on other people also, persons that are not only in an age group or economic background such as myself, but to see younger participants also and what leads them to abuse." Another participant (13) shared, "we all have different reasons for why we abuse. I think with diversity we can educate each other on our backgrounds. . . . Then we can understand each other and how our abuse came about."

Challenging stereotypes. Although these groups were not immune to discrimination and other oppressive processes, participants reported that group diversity helped challenge stereotypes about abuse. For instance, group diversity could motivate participants to examine their own biases. As Participant 08 reflected, "if you get a good mix of people, you know this is happening to successful, rich people, to poor people . . . It helps you see . . . you're not any better than some other dude." Being part of a diverse group also helped reassure group members that they were being treated fairly. One participant (08) described, "it all kind of works together. [The group facilitators] are not in there to pinpoint just one person. They're there to try and get everybody at the same kind of level," Another group member (13) expressed, "it does help a little bit to have a little diversity in the class, just so you don't feel like a target because you may have a lower income, or the color of your skin, or your education." He went on to emphasize, "You just don't want to feel singled out and be considered a statistic or a stereotype."

Changing From Within: Individual Factors

This theme highlights important change factors taking place within group members associated with their understanding of abuse and reported ways of thinking and behaving.

You will get out what you put in. Participants expressed that each group member must take individual responsibility for his own process of change to benefit from the group. For example, Participant 13 shared, "I think it's up to the person, the individual. A lot of guys come in here with a rebellious attitude towards the whole program, resentment. And I think that's something you have to get over." Another participant (04) confirmed, "the only obstacle was myself. And once I got over myself, and started learning, then it made a big difference." Participants also believed each group member would benefit from the intervention to the extent he was willing to put forth effort. As Participant 11 explained, "a person is going to get out of it what they put into it. It's going to depend on whether or not they set goals, whether you embrace the opportunity or resist it." Participants cited their identity as fathers and the desire to avoid re-incarceration as specific factors motivating them to make an effort in the intervention.

Gaining insight. Participants thought it helped to learn about themselves to understand the root causes of their abusive tendencies and recognize emotional triggers. One participant (09) stated,

> This ADA class is a way to make yourself better, to learn about why you get angry and why you do what you do when you get angry. Like the signs—that when you're getting angry what you should do to stop being angry.

Some participants became more aware of the influence of their childhood experiences or the ramifications of substance abuse. Rather than using this as an excuse to justify abusive actions, it was constructive when participants applied this insight as a precursor to change. One group member (15) shared, "I would describe this as a program that allows you to identify what drives your abusive behavior, rather than making excuses for it." He went on to say, "Think of it like a tornado that builds, builds, builds. Unless you know what those emotions are and you have skills to defuse those . . . then you're going to continue to be abusive."

Learning tools for emotion regulation. Through ADA, participants acquired tools for handling intense emotions and conflict in ways that did not involve abusive behaviors. In the words of one participant (12), "it's helped me to see that anger is not the only way out, that there is [*sic*] other alternatives that a person can take or make as a different choice." Another (06) explained, "You get a lot of tools in your toolbox and you learn how to use them all, instead of the same tool that you use over and over which got us here." Participants reported that as a result of ADA, they could better recognize when they were becoming agitated and started to use strategies to help regulate their emotions. For instance, one group member (02) explained how he was able to avert an instance of road rage by calming himself down. Another participant (03) reflected,

> How can I stop my heartbeat when [my wife] gets on my nerves and not do anything stupid, you know? And I must say it took me quite a while to figure that out or to accept it. And well [I] used those techniques . . . to do things differently, to make it nicer and smoother at home."

Recognizing various forms of abuse. Another critical aspect for participants was learning to recognize various types of abusive behavior. For instance, the Power and Control Wheel (see Pence & Paymar, 1993), a tool describing various manifestations of abuse, was useful for promoting this understanding. As Participant 11 explained, "The tools and education for me were very important—the Power and Control Wheel, for example. The different ways abusive behavior manifests itself. It's not just what you would think being abusive is." Another group member (10) shared, "Learning the other forms of abuse that there are, it just really opened my eyes in that I don't want to do

that again: hiding money, doing economic type abuse." Many participants reported they were surprised to learn that abuse is not limited to physical violence. In response, some recommended that ADA be offered as a preventive intervention in schools or during premarital counseling so others could be educated about all forms of abuse.

Moving toward admitting abuse. Ultimately, it was important for participants to move toward admitting they had perpetrated abuse. As Participant 13 reported, "the program, I mean it helps you to acknowledge your abusive actions and your tactics. . . . It's made me notice where I've been accountable in my life and where I haven't, and how to be more accountable for my actions." Getting participants to the point where they could admit their own abusive behaviors and begin to take accountability for their actions was undoubtedly the most challenging part of the intervention as evidenced in the interviews. Participant 15 explained,

> The hardest thing to do I think, it was for me and it probably is for the other guys, is just to get them to let it out and be bluntly honest about stuff. . . . Just to say, "This is what I did."

Many participants were in the early stages of the intervention and were just beginning to grapple with this skill. The most important indicator of accountability is when men finally eliminate their abusive behaviors and engage in interactions with their partners characterized by respect and solidarity.

Supporting Factors: Group Facilitators and Ongoing Support

Study findings also suggest two supporting factors critical for promoting and maintaining this reciprocal process of change: *Group Facilitators* and *Access to Ongoing Support*.

Group facilitators. The facilitators who implemented the BIP played an important role in maintaining relevance and productivity through the group process. Participant 07 explained, "they run the class, they hold it together. . . . If the class goes, steers the wrong way . . . they put you back on the right course." Participants appreciated when facilitators knew a group member had something to share and asked questions to prompt disclosure. They reported that facilitators "know how to dig things outta you" (Participant 04), and "get you to open up" (Participant 08). In this way, participants gave group facilitators credit for challenging them and helping them learn. Participant 09 expressed,

They want to know the truth. They don't want you to . . . make things sound better than they are. And when you do that, you'll definitely see hey, they're right. . . . Then it's a lot easier to pinpoint your problem and to fix it.

At the same time, a minority of participants expressed reactivity toward these methods, complaining the group facilitators pushed too hard. Participant 14 shared, "you say something and they interrupt you. . . . It's aggravating and a lot of times it makes you want to just shut down."

Access to ongoing support. Participants believed that they would be better able to maintain the progress they were making in ADA by receiving access to ongoing support. For example, they expressed that having continued access to dialogue about abusive behaviors and a system for accountability would be beneficial. As Participant 05 stated,

You get out in the real world—that's not ADA. So just in case you get stuck in a situation and you feel like you are going to revert back to your old ways, a little safety net, some help would be good.

Several group members expressed that a drop-in meeting program would be useful. Alternatively, some participants highlighted the importance of staying in contact with group members as a means of extending their support system and maintaining accountability to avoid further abusive behaviors.

Several participants also expressed interest in receiving referrals for additional resources on completing ADA. Most commonly, participants agreed parenting education would be valuable. They suggested parenting classes could help prevent child abuse, address the co-parenting relationship, and support men to improve their parent−child relationships. Participant 05 stated, "parenting classes would be really helpful. . . . Sometimes parents don't know or understand how the children feel when they witness [IPV]." Participants often expressed that being a father was a highly meaningful experience and a factor motivating them to change their behaviors. One father (06) explained,

I use my daughter as a motivator. . . . How I was raised is not great . . . but there's a point in my life where you got to put a period, a stop to this. If not, I'm going to pass it on to my daughter, and she's gonna pass it on to her kids.

In addition to parent education, some participants were in favor of receiving referrals to individual mental health services or to couples counseling so that they could improve their relationship with their partner.

Discussion

Qualitative research examining the experiences and mechanisms that facilitate change in BIPs is limited. Although promising, findings on the efficacy and effectiveness of BIPs continue to be inconsistent due to methodological limitations (Gondolf, 2012), and continued research into factors promoting positive outcomes is warranted. In this study, we conducted qualitative interviews with participants in a diverse, group-based male BIP to better understand the factors that participants report contribute to positive change.

The findings of this study suggest that a reciprocal process is promoted in the BIP whereby change occurring through the group context and change occurring within participants interact to contribute to positive change. This change process is supported by the actions of group facilitators and providing access to ongoing support. This research builds on previous work by highlighting the role of group diversity among men currently participating in a community-based BIP. The results of this study are important for informing the continued implementation and adaptation of BIPs for diverse groups of men in community settings.

A primary finding of our study was how the ADA group context facilitated positive change throughout the BIP. The sub-theme *Benefits of the Group Context* highlighted aspects of group support that were helpful to participants. For example, being in a group with other men who were also struggling with abusive behaviors had a normalizing effect and could help get men engaged in the intervention, a process similar to what was observed in work by Gray and colleagues (2014). The role of accountability from group members was also an important aspect of the group process observed in this study. Accountability often consists of taking responsibility for abusive behaviors and can be seen as a precursor to change. Once men become accountable, they are able to be honest with themselves, better understand the steps required for meaningful change, and hold other group members accountable. In fact, embracing accountability without survivor-blaming is a desired goal for the majority of BIPs and should be fully reflected in men's daily interactions with their partners (Carter, 2010). The importance of the group process and its role in promoting reflexivity and change has been documented in other research (e.g., Parra-Cardona et al., 2013; Silvergleid & Mankowski, 2006). In line with these findings, it has been hypothesized that male peer support might be an important variable that affected BIP outcomes, and further work investigating how positive male peer support can be harnessed to end abusive behaviors is warranted (Hart, 2009). However, negative group processes threaten to diminish group cohesion and undermine participant motivation to change (Gray et al., 2014).

Participants also recognized *The Value of Group Diversity* as an important aspect of the ADA group context. A salient component of this theme was recognizing that abuse occurs regardless of race, age, or socioeconomic status. This finding confirms the critical importance of addressing issues of diversity in BIPs (Carter, 2010; Gondolf, 2012). Interestingly, in this study, the within-group cultural diversity was a factor that promoted engagement and motivation to change as men repeatedly reflected on how IPV can be found across all cultural groups. These findings are highly relevant because they highlight how diverse group membership can underscore that IPV is perpetrated by men across various social locations, reducing the risk for men to feel singled out or targeted based on factors such as race or ethnicity. At the same time, findings constitute evidence for the need to continue to investigate the role of culture in BIPs as culturally specific groups have also shown the benefits of composing groups according to cultural similarities, particularly, if men share cultural experiences that may not be easily understood by other group members. For example, researchers have extensively documented the benefits of informing BIPs for African Americans by addressing the legacies of slavery, as well as experiences of racial discrimination and exclusion (Williams, William, & Pope, 2008). Similarly, groups for Spanish-speaking Latino immigrants have been found to promote intervention adherence and cultural satisfaction (Parra-Cardona et al., 2013). Because current findings indicate that both culturally specific and culturally diverse groups can be beneficial for abusers, Gondolf's (2012) recommendations to consider contextual variables and local resources when determining the structure of BIP services should guide determinations regarding the types of specific group composition that are most feasible to offer in targeted communities. If groups are standardized by legislative mandates, the role of diversity needs to be considered (Buttell & Carney, 2005).

The second main theme identified in our study, *Changing From Within: Individual Factors*, calls attention to how change processes occurring within participants are also an important contributor to positive change. This theme has some features in common with prior studies and also builds on previous work. For example, the importance of *Moving Toward Admitting Abuse* is consonant with the finding by Pandya and Gingerich (2002) that participating in a batterer intervention group helped men to recognize they have a problem and acknowledge their role in perpetrating violence. It is also in line with the importance of taking responsibility for past behavior, a shared theme identified among men who successfully changed their behavior in work by Scott and Wolfe (2000). This common qualitative theme points to the important role of promoting accountability in BIPs, yet also serves as a reminder that accountability is ultimately demonstrated through change in behavior, not only insight

(Carter, 2010). Beyond what has been identified in previous work, this study highlights the importance of compelling men to recognize various forms of abuse. Participants reported they learned a great deal about abuse and violence from the program, for example, through exposure to the Power and Control Wheel (see Pence & Paymar, 1993), and described tools they were learning for emotional regulation. Helping men to expand their understanding of abuse may be an important step in promoting their process of change and challenging the practice of minimizing non-physical forms of violence sometimes observed among men in group-based BIPs (e.g., Boira et al., 2013).

The final theme described important factors supporting change in the BIP and drew attention specifically to the important role of *Group Facilitators* and *Access to Ongoing Support* in promoting positive change. The attention called to the importance of group facilitators resonates with work by Boira and colleagues (2013) that speaks to the role of the therapeutic alliance in facilitating group participation. In particular, their research demonstrated significant, positive correlations between the therapeutic alliance and group members' ratings of the intervention program. Their work also highlighted therapist skills that help to promote a therapeutic alliance (e.g., listening and problem-solving abilities, level of understanding and empathy) that complement the findings of this study. The results of our study also confirm existing research indicating the need for group facilitators to both support and challenge abusers as they engage in a process of change (Gondolf, 2012). Although most participants expressed their appreciation for the facilitators eliciting feedback and challenging participants, some expressed concern that the facilitators were too harsh in their approach. These findings are relevant because they show that although a focus on promoting full accountability is always necessary, reflective-oriented approaches are particularly effective for promoting engagement and retention (Pence & Paymar, 1993). Thus, participants may be most receptive to a balanced approach where they feel challenged, but not completely stifled, by group facilitators.

Participants also identified the need for ongoing support. Based on their reports, our findings suggest that changing abusive behavior is a lifelong process. Many of the participants expressed that the work and commitment required to reach meaningful change would not cease upon completion of the ADA program. These data have several implications. First, results indicate that brief BIPs may be less effective than long-term intervention approaches (Carter, 2010). Second, participants expressed a need for additional support after program completion to work on maintaining change regarding their abusive behaviors. They presented the idea of drop-in programs and also maintaining contact with other participants for extended support. A literature synthesis by DeKeseredy, Schwartz, and Alvi (2000) focusing on Canadian

college campuses indicated that contact between profeminist men encourages positive social support that may act as a viable means of preventing violence against women. This suggests that opportunities to harness the positive aspects of male peer support, whether organic to the BIP group process or encouraged for engagement beyond the group, may sustain men's positive behavioral change after program participation has ended. In addition, some participants stated their desire to address the couple and family relationships that were negatively affected by the abuse. For example, it was mentioned that parenting classes would be helpful because children were negatively affected by IPV or because participants did not know adequate parenting skills to fulfill their obligations as fathers. Altogether, the aforementioned examples highlight the importance of embracing an ecological perspective when promoting the termination of abusive behaviors by considering the multiple needs of abusers. Specifically, although men should always embrace a commitment to terminating abuse, their participation in a BIP should ideally provide them with the necessary supports to help them embrace their needs as human beings committed to a process of change and accountability (Carter, 2010; Pence & Paymar, 1993).

Limitations

Important limitations to our study should be noted. First, the qualitative approach is based on the self-reported perceptions and accounts of participants. Thus, personal narratives do not constitute clear indicators of whether or not these men actually changed throughout the intervention, and such a determination was outside the scope of this study. Second, because our study interviewed a limited number of men from one BIP, the results cannot be generalized to all BIP participants. Future studies should continue to explore factors that contribute to positive change among participants in diverse BIPs to further extend these findings. Finally, the current results should be considered tentative by acknowledging that reports from survivors regarding the behaviors of their partners constitute the most reliable indicators of change. Despite the limitations of this investigation, the current study provides relevant data highlighting important mechanisms of change that characterize well-established BIPs, such as the ADA program.

Conclusion

This qualitative study examined the perceptions and experiences of participants in a diverse, group-based male BIP to help reveal factors that contribute to positive change. The results indicate change is taking place through a

reciprocal process in which change occurring via the group context facilitates changes within participants and vice versa, and important change mechanisms driving this process are suggested. Current data confirm core precursors of change already reported in the existing literature and highlight the need to continue to investigate how key factors, such as cultural diversity, may have a differential affect based on the target population. We expect this study to contribute to the existing literature by highlighting intervention processes important for facilitating the engagement and retention of men in BIPs and for informing the continued implementation and adaptation of such interventions. Finally, study findings demonstrate the importance of continuing to implement lines of research in which indicators of change can be studied along with the precursors and mechanisms of change that ultimately lead to reduction or termination of abusive behaviors.

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