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Exploring Evidentiary Approaches and Reform Potential in the Allies in Change

Program for Abusive Intimate Partners

by

Julie Melissa Conner

A thesis submitted in partial fulfillment of the
requirements for the degree of

Master of Science
in
Criminology and Criminal Justice

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Abstract

This thesis examines the Allies in Change batterer intervention program, analyzing its curriculum components, alignment with evidence-based practices, unique features, limitations, and implications for domestic violence intervention. The study employs a qualitative mixed-methods approach, including curriculum textual analysis, word frequency count, a semi-structured interview with Chris Huffine, the curriculum author and program founder, and observation of a forty-hour domestic violence training provided for batterer intervention programs and facilitators.

The research begins by reviewing literature on domestic violence intervention, highlighting the importance of evidence-based practices, cognitive behavioral techniques, and cultural responsiveness. It then conducts a textual analysis of the Allies in Change curriculum, focusing on key themes such as self-care, core beliefs, emotional regulation, accountability, and peer support. The analysis reveals the program's strong alignment with current best practices, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and trauma-informed approaches.

Distinctive features of the Allies in Change program are identified, including its nuanced approach to support provision, integration of collateral information, emphasis on group maturity and peer support dynamics, required reading material,

and dedicated LGBTQ+ group. These elements enhance the program's effectiveness and cultural responsiveness, catering to the diverse needs of participants.

However, limitations such as the absence of culturally specific groups beyond LGBTQ+ groups and the fee-based structure may hinder accessibility for marginalized individuals. Addressing these limitations is essential to improve inclusivity and effectiveness.

Recommendations for future research include longitudinal evaluations of program outcomes and innovative methods to enhance participant engagement and cultural inclusion. Implications for practice, policy, and research underscore the importance of evidence-based approaches, participant empowerment, and cultural responsiveness in domestic violence intervention.

In summary, this thesis provides valuable insights into the Allies in Change program, highlighting its strengths, unique features, limitations, and implications for addressing domestic violence. By leveraging evidence-based practices and promoting participant empowerment, interventions like Allies in Change can contribute significantly to preventing and mitigating domestic violence within communities

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Chapter 1: Introduction

Domestic violence remains a pervasive and distressing global issue that transcends geographic boundaries and cultural contexts. The impact of domestic violence is felt in the United States and internationally, where countless individuals grapple with the physical, emotional, and psychological consequences of abusive relationships. According to the National Intimate Partner and Sexual Violence Survey (Leemis et al., 2022), the prevalence of intimate partner violence in the US is alarmingly high, underscoring the urgent need for effective interventions.

At the forefront of initiatives to combat domestic violence are Batterer Intervention Programs (BIPs). These programs are designed to address the behavior of individuals who engage in abusive actions within intimate relationships. A fundamental aspect of these programs is to break the cycle of violence by working with the perpetrators, offering them the tools to recognize, confront, and ultimately change their harmful behaviors. The goal is not only to protect victims but also to contribute to the overall reduction of domestic violence within society.

The theoretical foundations of Batterer Intervention Programs draw from various perspectives, encompassing psychological, sociological, and criminological theories (Maguire et al., 2015). Approaches often incorporate behavior change, cognitive restructuring, and social learning theory elements. The overarching principle addresses the root causes of abusive behavior, fosters personal

accountability, and promotes healthier relationship dynamics (Crane & Eckhardt, 2013).

Addressing domestic violence is of paramount importance due to its multifaceted impact on individuals, families, and communities. Beyond the immediate physical harm, domestic violence perpetuates cycles of trauma, affects mental health, and can have intergenerational consequences. The societal repercussions are equally profound, with economic costs and strains on social services further underscoring the need for effective intervention strategies (Nicholls et al., 2013).

The research goal is to comprehensively examine the landscape of Batterer Intervention Programs and compare the literature to Allies in Change, a Portland Oregon-based batterer intervention program. The comparative approach will delve into Allies in Change's effectiveness, theoretical underpinnings, and various intervention approaches. By synthesizing existing research and exploring diverse perspectives, in congruence to the Allies in Change program, this review seeks to contribute insights into the nuances of BIPs and the impact one program is making in the local community. Moreover, it aims to identify gaps in the program under review, guiding future research endeavors and policy development. Ultimately, the scope encompasses a critical analysis of Allies in Change to inform and enhance the field of domestic violence intervention.

The researcher's motivation for focusing on the Allies in Change curriculum and program is because this program and no other program in Portland has been evaluated or critiqued as far as the researcher's knowledge. After contacting every program on the Oregon Batterer Intervention Directory revealed that many programs were using the Duluth Curriculum or some combination of curriculum component and unpublished method of intervening in intimate partner violence. The Allies in Change Curriculum came to the researcher's attention after contacting another program in Oregon using the curriculum. The researcher-initiated contact with the Allies in Change program and Chris Huffine through email correspondence and learned that the curriculum was available for purchase. With this accessibility to a local institution and a locally written curriculum, the researcher honed their focus for this thesis topic.

Using methods like curriculum analysis, a semi-structured interview with the author of the curriculum and founder of a batterer intervention program and being an observational observer of a 40-hour domestic violence training are effective strategies for the researcher's goal because they provide a comprehensive, multifaceted understanding of the subject (Creswell and Creswell, 2018).

The curriculum analysis will help to evaluate what is being taught, including specific topics, themes, and educational materials used in the program modality. Structure assessment will show the organization and sequencing of the curriculum to identify how the program intends to facilitate learning and behavior change; and analyzing the curriculum with uncover the underlying theories and models (e.g.,

cognitive-behavioral, psychoeducational, feminist theory) that inform the Allies in Change program's approach to intervention.

A semi-structured interview's purpose is to directly gain insights from the creator of the Allies in Change curriculum and founder of the program, Dr. Chris Huffine. The interview allows the researcher to explore the founder's motivation, goals, and experiences, providing a richer context for the program. The researcher can ask specific questions to clarify theoretical underpinnings, implementation strategies, and outcomes that might not be evident from the curriculum alone. Real-world perspectives from the program founder also reveal challenges, successes, and modifications made over time to show a practical view of the program's effectiveness and adaptability.

The researcher also observed the domestic violence training conducted by Huffine to witness firsthand how the curriculum is delivered and received in a real-world setting. Direct observation of the training allowed the researcher to see the interaction between Huffine and other facilitators of batterer intervention programs, the delivery methods, and the facilitators engagement with the curriculum and the complex topics of domestic violence perpetration. By observing the training, the researcher can evaluate how well the curriculum translates into practice, including participant understanding, engagement, and immediate feedback. The training provides insight into the contextual understanding of the Allies in Change curriculum and group facilitation leading to insights of the practical

application of theoretical concepts and instructional strategies for a holistic view of the program's strengths and weaknesses.

When these methods are combined, the researcher can achieve a comprehensive evaluation of the program through triangulation; multiple sources of data allow for cross-verified information to ensure the reliability and validity of the findings. By using mixed methods, a more detailed, theoretical understanding is achieved through the curriculum analysis and interview, and practical insights are from the training observation reveal the program from multiple angles. The combination of qualitative data from interviews and observations with the structured analysis of the curriculum provides a robust data set for thorough analysis.

Chapter 2: Literature Review

Effectiveness of Batterer Intervention Programs

The effectiveness of batterer intervention programs (BIPs) in mitigating recidivism among perpetrators of intimate partner violence (IPV) has been a subject of extensive inquiry spanning several decades. Beginning with Arias et al.'s (2013) seminal meta-analysis covering the period from 1975 to 2013, research has delved into the multifaceted landscape of BIP efficacy, exploring intervention types, program durations, and outcome measures. Subsequent studies, such as Arce et al. (2020) and Babcock et al. (2016), expanded the discourse globally, highlighting the differential impacts of interventions and advocating for tailored approaches that consider cultural nuances and individual differences. Further insights from meta-analyses by Cheng et al. (2019), Karakurt et al. (2019), and Santirso et al. (2020) underscored the efficacy of certain intervention strategies while emphasizing the importance of methodological rigor and the incorporation of motivational techniques. However, challenges in implementing court mandated BIPs, as discussed by Wilson et al. (2021), suggest the need for continued evaluation and innovation in addressing IPV recidivism. This introductory paragraph sets the stage for a comprehensive review of BIP effectiveness, aiming to synthesize findings and inform future interventions in the pursuit of safer intimate partner relationships.

Arias et al. (2013) conducted a meta-analysis on the efficacy of batterer treatment programs in reducing recidivism rates from 1975 to 2013. The research

methods included a systematic review of studies meeting specific inclusion criteria, resulting in 49 effect sizes from a sample of 18,941 batterers. They found that the recidivism rates measured by couple reports (CR) were significantly higher than these based on official reports (OR). The meta-analysis also covered "Other Types of Intervention" (OTI), which includes various treatment programs such as Psychodynamic counseling, Anger Management, and Mind Body Bridging. The positive effects of OTIs were found to rest on psychological-psychiatric treatment, making it the most suitable intervention for addressing the needs of batterers. The study found that overall, batterer treatment programs could have been more productive, with some programs showing minor positive effects and others having adverse effects. The analysis also revealed that the type of intervention and duration were significant moderators, indicating that interventions adapted to batterers' needs and long-term interventions were more effective. The findings suggest the need for further research to understand why some batterers respond to treatment while others do not and to provide explicit details regarding treatment contents and methods. The study included articles from Spanish and English authors from international batterer intervention programs (Arias et al., 2013).

Expanding upon Arias et al.'s (2013) study in a global context, incorporating 25 primary studies with 62 effect sizes and 20,860 intervened batterers, the findings suggest a positive but non-generalizable impact at a medium magnitude. The lack of generalizability stems from the diverse interventions, such as the Duluth Model, Cognitive-Behavioral Treatment (CBT), and undisclosed methods, each

affecting recidivism differently. Notably, the Duluth Model and CBT interventions exhibit positive effects, with CBTs surpassing Duluth in efficacy. The duration of interventions emerges as a crucial factor, as long-term approaches prove effective, while short-term interventions may be ineffective or counterproductive. Recidivism measurement methods (couple reports vs. official records) further influence outcomes, revealing the importance of considering measurement techniques and intervention characteristics in assessing efficacy. The study underscores that CBT and longer interventions are effective strategies for reducing recidivism, emphasizing the need to tailor interventions based on these critical factors (Arce et al., 2020).

Babcock et al.'s (2016) comprehensive examination of Batterer Intervention Programs (BIPs) contributes significantly to the discourse by delving into various components that influence program outcomes. Going beyond a cursory analysis, the study explores the nuanced intersectionality of factors affecting program efficacy, including cultural and ethnic diversity. With a broad scope encompassing program content, curricula, assessment protocols, and practitioner education, the authors shed light on the complexity of implementing effective interventions. Notably, they identify a substantial number of BIPs nationwide, ranging from 1,100 to 3,000, underscoring the need for tailored curriculums rather than adopting a generic "one-size-fits-all" approach. Emphasizing the inadequacy of uniform interventions in addressing individual differences in race, culture, ethnicity, religion, and sexual

orientation, the study advocates for interventions that are sensitive to diverse backgrounds.

Moreover, Babcock et al. advocate for a multisystem and coordinated community response to ensure offender accountability and promote family safety. This entails fostering program flexibility and cultural sensitivity to accommodate the unique needs of diverse populations. In essence, the study underscores the imperative of adopting a holistic and inclusive approach to BIPs, one that recognizes and respects the diversity within the populations they serve.

Babcock et al. (2004) contribute to the discourse by analyzing 22 batterers' treatment outcome studies, focusing on the effectiveness of different treatment types and their impact on recidivism. The study examined treatment types such as Duluth/feminist psychoeducational, Cognitive Behavioral Therapy (CBT), and other therapies. The outcomes were based on police reports and partner reports of physical assault. The analysis found that Duluth interventions demonstrated a small effect based on police reports and experimental design. At the same time, CBT and 'other' therapies lacked sufficient cell size to calculate an effect size. The study also highlighted the limitations and variability across studies, including attrition rates, follow-up length, and the need for more specific definitions of successful treatment completion. The overall small effect size indicates limited success in reducing recidivism. Interestingly, no significant differences between Duluth and CBT interventions are found, suggesting comparable outcomes. The study underscores the importance of treatment and study design as potential moderators affecting

intervention impact, shedding light on the intricacies of therapeutic intervention beyond legal measures.

The study aimed to comprehensively assess the effectiveness of batterer intervention programs (BIPs) in reducing intimate partner violence (IPV) perpetration through a meta-analysis approach. Spanning from 1986 to 2016, it systematically reviewed published studies employing either randomized control trials (RCTs) or quasi-experimental designs, identifying 755 articles through database searches supplemented by additional sources. Following stringent screening, 17 studies were included in the quantitative synthesis. The meta-analysis revealed that BIPs were effective in decreasing both domestic violence (DV) recidivism and general offense recidivism, with treated individuals showing significantly lower odds compared to nontreated controls or comparisons. However, the impact varied based on study design, with higher methodological rigor associated with reduced effectiveness. Notably, while three studies assessing IPV perpetration from the survivor's perspective showed an overall trend toward desired outcomes, the results were not statistically significant. The study also explored outcome heterogeneity based on RCT utilization and recidivism measure types, finding that out of the 17 studies, 14 contributed to the meta-analysis, while three lacked sufficient data. Employing random-effects models for some analyses and fixed-effects models for others, the study adopted an average value approach to minimize researcher bias. In conclusion, the meta-analysis presented inconclusive

evidence regarding the effectiveness of BIPs, emphasizing the nuanced relationship between intervention strategies and IPV reduction (Cheng et al., 2019).

Johnson & Stylianou's (2022) systematic literature review on Coordinated Community Responses (CCRs) to Domestic Violence (DV) evaluates 18 studies within the US, focusing on law enforcement involvement. The review uncovers variable impacts on arrest rates, criminal charges, case disposition, sentencing, and recidivism, underscoring the complexity of DV cases. To address these challenges, the authors advocate for implementing standardized outcome sets, which would establish uniform criteria for assessing the effectiveness of CCR interventions. They also stress the importance of methodological rigor in research design and execution, ensuring that studies are conducted with robust methodologies to generate reliable and valid findings. Furthermore, they call for comprehensive evaluations considering multiple dimensions of CCR interventions, including their implementation, outcomes, and impact on various stakeholders. By promoting standardized outcome sets, methodological rigor, and comprehensive evaluations, the study aims to contribute to developing an evidence base for CCR effectiveness. Recognizing challenges in consistent terminology and diverse CCR models, the study emphasizes the necessity for tailored, evidence based CCR interventions and collaborative efforts between practitioners and researchers.

In their meta-analysis on batterer intervention programs for male perpetrators of intimate partner violence (IPV), Karakurt et al. (2019) contribute significant insights. Their research, adhering to rigorous standards, reveals a

significant reduction in violence post-intervention. Notably, interventions with substance abuse or trauma components exhibit more substantial reductions (Voith et al., 2020). The study challenges the 'one-size-fits-all' approach, urging consideration of treatment delivery and addressing underlying issues to enhance intervention effectiveness. In their systematic review and meta-analysis on couples therapy for intimate partner violence (IPV), Karakurt et al. (2016) reveal a significant reduction in IPV through couples' therapy¹. While acknowledging low heterogeneity, the study underscores the effectiveness of couples therapy for mild-to-moderate situational couple violence. Safety considerations, distinctions between types of violence, and the need for further research are highlighted, emphasizing the importance of cultural backgrounds and safety concerns in therapy.

In a systematic review and meta-analysis, Santirso et al. (2020) rigorously assess the effectiveness of interventions for intimate partner violence (IPV) offenders that include motivational strategies in reducing physical and psychological IPV, treatment dropout, official recidivism to IPV offending, and increasing intervention attendance dose. The study used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations. The findings showed that incorporating motivational strategies into interventions for IPV offenders may increase effectiveness. Motivational strategies increase the effectiveness of interventions for intimate partner violence (IPV) offenders by

¹ Most research in the domestic violence literature denounce couples therapy, as it becomes another way for controlling and abusive behavior through gaslighting the survivor and manipulating their defense tactics through therapeutic unintended collusion.

addressing the stages of change model and motivational interviewing techniques. This approach recognizes that individuals proceed through various stages in preparing for, accomplishing, and maintaining behavior change. By focusing on mobilizing a client's intrinsic motivation, motivational strategies help participants arrive at interventions at different levels of readiness to change.

Additionally, retention techniques, such as telephone calls about appointments and after missed sessions, are focused on maintaining participants within the intervention program. The systematic review and meta-analysis also found that interventions with motivational strategies were significantly more effective in increasing the intervention dose and reducing dropout than those without. These findings suggest that motivational strategies help IPV offenders overcome ambivalence about change, find their reasons to change, and increase their efficacy in obtaining their goals, ultimately promoting the effectiveness of IPV offender programs. The sample size included 12 randomized controlled trial studies, with geographical information spanning the United States, the Netherlands, and Spain (Santirso et al., 2020).

The purpose of Travers et al. (2021) study was to conduct a systematic review and meta-analysis of interventions aimed at preventing recidivism in perpetrators of intimate partner violence (IPV). The study included 31 studies with 19,309 participants, primarily male and only 2.5% female. The methods involved a comprehensive literature search and quality assessment of the included studies. The outcome measures focused on recidivism, with a particular emphasis on official data

and police-reported incidents. The findings indicated that flexible, Risk-Need-Responsivity (RNR)-informed programs demonstrated potential reductions in recidivism of 65–79% at ≤1-year follow-up. The Risk-Need-Responsivity (RNR) model is a framework for organizing the delivery of forensic intervention. In this model, the risk principle involves targeting treatment intensity based on an individual's risk, the need principle entails attending to criminogenic needs, and the responsivity principle considers factors that may impact an individual's adherence to treatment. The outcome of the studies included in the systematic review suggests that most interventions had 'partial' adherence to RNR principles, indicating that efforts have been made to enhance and adapt treatment to individuals, particularly concerning targeting criminogenic needs. However, more research is needed to develop evidence in relation to each of the RNR principles relating to intimate partner violence (IPV). For example, a few studies described clear methods of targeting more intensive treatment toward higher-risk offenders. This suggests that more attention is needed on IPV risk assessment and how tools can effectively guide the intensity of IPV treatment.

Wilson et al. (2021) conducted a systematic review investigating the effectiveness of court mandated BIPs for misdemeanor intimate partner violence offenders. Despite an inconsistency in evidence, the study raises doubts about the efficacy of court mandated BIPs, urging a reevaluation of interventions and a shift towards rigorous research and alternative approaches. The study's analysis shows mixed results regarding effectiveness of court-mandated batterer intervention

programs (BIPs). Some studies reported beneficial effects, particularly the 26-week version of the program in the Davis et al. (2000) study. However, the overall pattern of evidence suggests that these programs may not be effective at reducing future intimate partner violence. The meta-analysis found that the effects of BIPs on victim-reported outcomes are mostly near the null value, indicating that these programs may not produce meaningful reductions in repeat offending.

Additionally, the evidence must be consistent with what would be expected if these programs were consistently effective. Therefore, the conclusion is that there needs to be more evidence to support their effectiveness. The study advocates for innovative approaches to addressing intimate partner violence and emphasizes evidence-based decision-making in interventions.

Program Characteristics and Standards

Understanding the characteristics and standards of Batterer Intervention Programs (BIPs) is essential for effectively addressing intimate partner violence (IPV). This section scrutinizes various studies, shedding light on nuanced aspects of program design and implementation.

The purpose of the study by Birkley and Eckhardt (2015) was to conduct an updated meta-analytic review on the relationship between anger, hostility, internalizing negative emotions, and intimate partner violence (IPV) perpetration, with a focus on both male and female perpetrators. They aimed to examine whether these emotional constructs were associated with IPV perpetration and to explore

potential differences across perpetrator characteristics and study methodologies. The study included 105 effect sizes from 64 independent samples, comprising data from 61 studies. The findings revealed a moderate association between IPV perpetration and anger, hostility, and internalizing negative emotions. Notably, this association was stronger among perpetrators of moderate to severe IPV compared to those perpetrating low to moderate IPV.

Interestingly, the association remained consistent across various perpetrator characteristics, including sex, measurement method, relationship type, and perpetrator population. These findings underscore the importance of addressing emotional regulation and management in IPV prevention and intervention efforts. Additionally, the study highlights the need for further research to elucidate the mechanisms underlying the relationship between these emotional constructs and IPV perpetration and inform targeted interventions aimed at reducing IPV incidence.

Boal and Mankowski (2014) scrutinize the implementation of Oregon's Batterer Intervention Programs (BIPs), instigated by Senate Bill 81, focusing on program characteristics and adherence to state standards. Their study meticulously evaluates facets such as community collaboration, completion requirements, program duration, and the co-facilitation of sessions. Specifically, Oregon mandates a regimen of 48 sessions, each lasting 1.5-2 hours, supplemented by monthly post-graduation supervision. Operating under the auspices of the Portland State University Institutional Review Board, the study incorporates data from various

BIPs across Oregon. The primary objective is to ascertain how state legislative standards influence domestic violence intervention programs' operational dynamics and attributes. Employing surveys administered to BIP directors or owners, the research reveals that the enactment of state standards indeed alters the practices and characteristics of BIPs. The authors identify methodological limitations in their study, including issues related to the measurement of program policies, the use of simplistic data collection methods compromising accuracy, and the challenge of comprehensively considering real-world confounding variables. They also express concerns regarding the potential stifling of innovation and beneficial practices for specific demographics due to strict adherence to standards. Offering recommendations for future research endeavors, they advocate for enhanced compliance monitoring mechanisms, investigations into barriers impeding adherence to social policies, and developing targeted implementation strategies to address these barriers. Furthermore, they call for deeper exploration into the reasons behind differential compliance rates across various components of standards, as well as the influence of social policy on the operational efficacy of intervention programs.

Desmarais et al.'s (2012a) study aimed to systematically review and synthesize the prevalence of intimate partner violence (IPV) perpetration across various sample types and measurement time frames. The study utilized a comprehensive search strategy to identify relevant articles published between 2000 and 2010, resulting in a final set of 111 articles. The data synthesis involved a

detailed review of these articles, focusing on sample characteristics, measurement time frames, and prevalence rates. The study found that the overall pooled prevalence of IPV perpetration was 24.8%, with variations across different sample types and measurement time frames. Limitations of the study included the inconsistent reporting of methodological details across studies and the need for systematic comparison of findings based on country, measurement time frame, and measurement approach for all sample types. The authors recommended that future research address these limitations and strive for more consistent reporting of methodological details to facilitate meaningful study comparisons.

Desmarais et al.'s (2012b) study focused on the prevalence of physical intimate partner violence (IPV) among men and women in English-speaking nations. The study used a comprehensive approach, more akin to a narrative review than a systematic review, to synthesize findings from a wide range of literature. The study identified 249 articles reporting 543 rates of physical IPV victimization, with prevalence infrequently being the primary study objective. The sample size of the included studies varied widely, with a mean of 4,308.24 participants per study. The findings revealed that the pooled prevalence of female physical IPV victimization was 23.1%, with rates ranging widely, and that adolescents and young adults may be more comfortable answering surveys and reporting victimization experiences than older research participants. The study had some limitations, including an inclusive selection strategy, a lack of systematic assessment of study quality, and the presentation of descriptive but not inferential statistics. The authors recommended

future research to address these limitations and to explore the prevalence of physical IPV victimization further.

Hamel et al. (2020) delve into the intricacies of batterer intervention programs (BIPs) by employing both the North American Domestic Violence Program Survey (NADVIPS) and the Domestic Violence Perpetrator Treatment Survey (DPT). Their research sheds light on the treatment methodologies embraced by these programs and their adaptability to state standards. Among the therapeutic modalities explored are cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), trauma-informed CBT, and culturally sensitive approaches. The study underscores BIPs' willingness to augment state guidelines, underscoring the importance of tailored program content. Hamel et al.'s (2020) study aims to bridge the gap between academic research and practical application in domestic violence intervention. Through surveys administered to stakeholders such as BIP representatives, victim advocates, IPV researchers, and mental health professionals, the researchers sought insights into perspectives on evidence-based practices (EBPs) and collaboration between academia and service providers. With a sample size of 162 participants, the study unveils concerns among respondents regarding the potential constriction of treatment approaches due to rigid adherence to EBP standards.

Furthermore, it highlights the necessity for improved collaboration between domestic violence scholars and practitioners. One notable limitation of the study is that a significant portion of the sample reported spending less than 5 hours

engaging with EBP-related materials despite acknowledging its relevance to their work. Moving forward, the research recommends a deeper exploration of the concerns voiced by stakeholders. It emphasizes the criticality of fostering collaboration and advancing evidence-based approaches within domestic violence intervention.

Stover and Lent (2014) delve into the imperative need for cohesive national standards governing the training of professionals engaged in domestic violence (DV) intervention. Their study accentuates the prevailing disparities in training requisites across states and advocates for establishing comprehensive national guidelines to address these variations. By singling out Kentucky as a state exemplifying elevated standards for interventionists, the research underscores the critical urgency of unifying training protocols to disrupt the intergenerational cycle of violence effectively. At the heart of their proposal lies the delineation of a set of competencies and training benchmarks tailored specifically for DV advocates and batterer interventionists, with the overarching goal of bolstering the proficiency of interventionists on a nationwide scale. Methodologically, the research draws upon a comprehensive review of existing literature and empirical studies on treatments for intimate partner violence, coupled with an in-depth examination of prevailing standards for clinical practitioners. Key findings underscore the necessity of implementing a supervised training framework to ensure oversight and facilitate a gradual transition for DV advocates and BIP interventionists to operate with skill and competence. Nevertheless, the study acknowledges notable limitations,

including the challenges associated with effecting changes to existing training methodologies and the constraints imposed by funding sources on the scope and nature of training services provided by DV service providers and coalitions.

Considering these limitations, the study advocates for imposing more stringent national standards for service providers while emphasizing the imperative for further research to gauge the impact of augmented training and supervision on outcomes such as DV recidivism and repeated shelter stays.

Wagers and Brinkley (2017) present an expansive exploration of the trajectory of interventions for intimate partner violence (IPV) and various treatment models. Their study advocates for a concerted effort towards collaboration, advocating for integrating evidence-based practices such as Acceptance and Commitment Therapy (ACT). Notably, the transition in Colorado towards a differentiated treatment model, rooted in the Principles of Effective Intervention (PEI) framework, is spotlighted as pioneering. The research zeroes in on the differentiation between individuals actively seeking help for IPV and those who are not while also emphasizing the importance of distinguishing between interventions offering single-contact solutions and those providing ongoing brief interventions over time. The study's overarching objective is to gauge the efficacy of evidence based IPV interventions and identify potential hurdles in transitioning and adapting existing interventions. Methodologically, the study thoroughly reviews scientific literature about both victim and offender treatment programs and models, with a specific focus on discerning opportunities for change and barriers to change

across diverse contexts and populations. Although specifics regarding sample size and explicit findings are not provided, the study's limitations include the relatively limited number of included studies in their analyses. Recommendations stemming from the study underscore the necessity for practitioners and researchers to collaboratively advance towards more evidence-based approaches to IPV intervention, albeit with caution.

Specific Approaches and Strategies

Nesset et al.'s (2019) study sought to systematically review the efficacy of cognitive behavioral group therapy (CBGT) for male perpetrators of intimate partner violence (IPV), aiming to assess its impact on violent behavior and other related outcomes. Their methodological approach encompassed a comprehensive literature search across multiple databases, focusing on studies published between January 1, 2010, and February 12, 2018. The authors screened abstracts, evaluated full-text articles, and extracted data from eligible studies concerning male IPV perpetrators undergoing CBGT, although specific sample sizes were not detailed. The study's findings highlighted the lack of robust evidence from high-quality randomized controlled trials regarding the effectiveness of group based CBGT in mitigating violence towards female partners. Moreover, they underscored the scarcity of research exploring CBGT's impact on various self-reported outcomes such as physical and mental health, quality of life, substance use, and socioeconomic status among perpetrators. The authors recommended that future research prioritize detailed intervention descriptions, robust study designs, and randomized

controlled trials with explicit randomization and outcome assessment criteria. They advocated for violent behavior reduction as the primary outcome, assessed through self-reports and partner reports, and emphasized the importance of clearly defining the perpetrator population under investigation.

Crane and Eckhardt's (2013) study investigate the efficacy of a brief motivational enhancement (BME) intervention in mitigating physical aggression within dating couples. Employing a randomized controlled trial design with a sample size of 82 dating couples, the research reveals that the 2-session BME treatment notably diminishes physical aggression when contrasted with a minimal feedback condition. However, the study acknowledges certain limitations, including potential external validity constraints due to an all-male sample and the influence of intake sessions conducted within the probation department. Recommendations for further exploration include addressing these limitations and probing the applicability of the findings to broader populations. Additionally, Crane and Eckhardt's study underscores the integration of a single-session BME into Batterer Intervention Programs (BIPs) conducted in Marion County, IN, employing robust methodologies such as random assignment validation. While BME exposure correlates with enhanced BIP compliance, no significant disparities in general recidivism are observed compared to the control group. The research prompts considerations regarding the durability of BME effects over time and advocates for adaptable treatment strategies tailored to individual variances.

The purpose of Zarling et al.'s 2019 study was to evaluate the effectiveness of Acceptance and Commitment Therapy (ACTV) as an intervention for domestic violence offenders. The study utilized a randomized controlled trial design, with 101 participants randomly assigned to either a 12-week ACT treatment group or a 12-week control group. The key findings indicated that participants in the ACT group showed significantly greater declines in self-reported physical and psychological aggression compared to the control group. The study also highlighted several methodological strengths, such as multiple controls in place and collaboration with the Department of Corrections (DOC) across the entire state of Iowa. However, the authors acknowledged limitations, including the inability to randomly assign participants to intervention groups and reliance on administrative data. They recommended more rigorous studies of ACTV, replication of the findings in an experimental design, and further research to determine for whom and why ACTV is most effective.

Zarling's (2019) study endeavors to assess the ACTV batterers' intervention program (BIP) in response to concerns articulated by Gondolf, Bennett, and Mankowski. Focused on addressing various facets, such as the endorsement of ACTV by researchers and the Iowa Department of Corrections, research design, outcome measures, contextual factors, and the ongoing efficacy discourse surrounding BIPs, the research aims for comprehensive evaluation. Employing a nonrandomized design, the study's sample comprises men who underwent the ACTV program, although details of specific sample sizes are not provided. Key findings encompass

efforts to rectify limitations from preliminary studies, incorporation of victim reports as a crucial outcome measure, and an underscored necessity for further investigation, advocating particularly for a randomized controlled trial. Despite acknowledging limitations, including the preliminary study's constraints and the inherent challenges in conducting a randomized controlled trial for ACTV's initial assessment, as well as ongoing debates regarding the inclusion of cognitive behavioral therapy (CBT) in the Duluth comparison group, the study forwards recommendations for additional research, stressing the imperative for a randomized trial and advocating for independent evaluations beyond the scope of Iowa.

Pasetto et al. (2021) investigate the efficacy of Metacognitive Interpersonal Therapy (MIT) in addressing intimate partner violence (IPV) among male perpetrators in Verona, Italy. The study comprises 24 MIT sessions aimed at eliciting autobiographical experiences and reconstructing maladaptive interpersonal schemas, with a focus on fostering self-regulation and reducing maladaptive coping strategies leading to violence. Utilizing a single case design within a public mental health setting, the research employs MIT-G (Metacognitive et al. in Group), tailored for personality disorders. It evaluates improved standardized symptoms, particularly impulsivity, premeditation abilities, and sensation seeking, using the Reliable Change Index (RCI). While preliminary findings suggest MIT's potential effectiveness, the authors advocate for future research with more extensive, culturally diverse samples and potentially incorporating randomized

controlled trials (RCTs) to validate these results. Overall, Pasetto et al.'s study underscores MIT's promise as a therapeutic approach for IPV intervention, emphasizing the need for further validation through expanded research encompassing diverse populations.

Miller's (2010) article delves into the Duluth Curriculum, designed to facilitate transformative change among men who perpetrate intimate partner violence (IPV). Employing a qualitative approach, Miller gathers thematic content from women's groups in Duluth, utilizing short video vignettes and problem-posing questions to stimulate dialogue within men's groups. The sample comprises men with a history of abusive behavior in relationships. Key findings center on the group dialogue process, elucidating beliefs, justifications, and consequences of abusive actions while highlighting the facilitator's role in fostering critical thinking and dialogue. Though the article does not explicitly delineate limitations, future recommendations may encompass further research on the long-term efficacy of the Duluth Curriculum in effecting behavioral change among abusive men, alongside considerations for cultural and contextual adaptations.

Moreover, Miller's interview with Ellen Pence, a creator of the Duluth Curriculum, underscores the program's foundational philosophies, emphasizing facilitator responsibility in reshaping abusive beliefs and behaviors. The Duluth Curriculum's utilization of video vignettes and the Power and Control Wheel fosters group discussions, enabling decoding of behaviors and clarification of intentions. Pence emphasizes the curriculum's adaptability across diverse populations and its

efficacy in addressing power dynamics within relationships, offering insights into its broader applicability.

Strauss (2014) discusses a reanalysis of data on recidivism in four batterer intervention programs (BIPs), focusing on the role of female partner violence in influencing the likelihood of reoffending by men post-program. It highlights a significant correlation between female partner violence and increased recidivism rates among men, indicating a fourfold greater probability of violence against women when the female partner is violent. This finding aligns with previous longitudinal and cross-sectional studies, suggesting that female perpetration of violence is a strong predictor of subsequent victimization. The article emphasizes the need for interventions targeting both male offenders and their female partners to address violence comprehensively and reduce reoffending rates. Furthermore, it proposes using Dyadic Concordance Types (DCTs) to identify patterns of victimization within relationships, facilitating tailored interventions and primary prevention efforts. Overall, the article underscores the importance of a dyadic approach in addressing intimate partner violence and advocates for a paradigm shift toward comprehensive interventions that target both male and female perpetrators.

Challenges and Criticisms

Gondolf's (2012) article endeavors to dissect the efficacy of batterer intervention programs while proposing avenues for enhancement. Drawing from a comprehensive 7-year evaluation of batterer intervention systems across four cities,

funded by the US Centers for Disease Control, alongside longitudinal data studies identifying re-assault risk factors, the study delves into the multifaceted landscape of evidence-based practice within the context of batterer interventions. Key findings elucidate the far-reaching impact of evidence-based practices on court referrals, funding allocations, program standards, and rehabilitation approaches for court-mandated offenders. Despite strides made, challenges abound, including the inherent difficulty in attributing program effects and practitioner resistance to implementing evidence-based approaches. Gondolf identifies limitations such as the confounding of research results, variations in meta-analysis outcomes, and the dominance of standards driven by practitioners rather than empirical research. Recommendations advocate embracing "practice wisdom" to comprehend stakeholders' perspectives, employing diverse methods to capture intervention context, and fostering a collaborative feedback loop between researchers and practitioners. Gondolf underscores the necessity for a more inclusive approach to evidence-based practice that incorporates diverse perspectives and methods while prioritizing collaboration to enhance program effectiveness in real-world settings.

Roy et al. (2013) aimed to investigate the factors influencing men's engagement in intimate partner violence (IPV) groups, focusing on both personal characteristics and program-related factors. To achieve this, they employed a qualitative approach, conducting semi-structured interviews with 27 French-speaking men born in Québec who were participating in IPV groups and two focus groups with 13 additional men. The sample was formed using purposive sampling,

ensuring a broad representation of men's experiences in IPV groups. The key findings highlighted the significance of personal factors, such as sociodemographic characteristics, motivations, and beliefs about therapy, as well as program-related factors, such as group dynamics, facilitator attitudes, and program structure, in influencing engagement. However, the study acknowledged limitations, including sample homogeneity, potential biases from voluntary participation, and the focus on process-oriented groups, suggesting further research into intervention processes, program characteristics, and the influence of external factors such as organizational practices and social representations of violence on engagement. Recommendations included evaluating the effectiveness of various activities in initial group sessions to foster engagement and considering broader social measures in evaluating intervention programs for men involved in IPV.

Cannon & Buttell (2015) critique current batterer intervention programs, especially the Duluth program, for their heteronormative bias and limited applicability to female perpetrators and LGBTQ+ individuals experiencing or perpetrating intimate partner violence (IPV). They highlight the need for more inclusive and evidence-based approaches that recognize the diverse identities and experiences with IPV situations. Challenges include limited research on LGBTQ+IPV dynamics, resistance to change within traditional frameworks and resource constraints. Despite these challenges, the passage advocates for diverse treatment options, knowledgeable providers, and policy reforms to effectively address marginalized populations' unique needs. Ultimately, it underscores the importance

of recognizing and addressing heteronormative assumptions to develop more inclusive and effective interventions for all individuals affected by IPV (Cannon & Buttell, 2015).

Morrison et al. (2021) provide a detailed analysis of the interactions observed in batterer intervention group sessions, categorizing them into facilitator and client processes. Facilitator processes include establishing ground rules, refocusing discussions, soliciting client input, emphasizing choices, confronting clients, and demonstrating support and positive feedback. These processes illustrate the facilitators' roles in guiding discussions, promoting accountability, and encouraging and supporting participants. On the other hand, client processes involve asking for advice, confronting each other, providing support, and demonstrating resistance. These client-driven interactions demonstrate peer support, accountability, and resistance to change within the group dynamic. The passage emphasizes the importance of facilitator-led and peer interactions in fostering behavior change and personal growth within batterer intervention programs (Morrison et al., 2021).

Turner et al. (2023) gives a detailed examination of randomized controlled trials (RCTS) assessing group-based intimate partner violence (IPV) perpetrator programs. Through an extensive search and mapping of studies reported in systemic reviews, 15 RCTs were identified, primarily informed by Duluth or cognitive-behavioral models. However, methodological challenges such as varied outcome measurement, treatment modality, and participant characteristics

contribute to the heterogeneity of findings across trials, limiting the generalizability of results. Recommendations for future research include testing innovative treatment approaches tailored to perpetrators' complex needs, addressing intervention attrition, and carefully matching participants to interventions. While the review is a valuable resource for researchers and practitioners, acknowledging limitations such as potential biases in study selection and methodological constraints is crucial for interpreting the findings accurately and advancing the field effectively.

Cultural Responsiveness and Inclusivity

Badenes-Ribera et al. (2015) conducted a comprehensive systematic review and meta-analysis to investigate the prevalence of intimate partner violence (IPV) among lesbian women—their study, comprising 15 selected studies, meticulously evaluated methodological quality using standardized criteria. The analysis focused on extracting data regarding study and sample characteristics, subsequently combining results via a random effects model. Key findings revealed a higher prevalence of IPV victimization among lesbian women across their lifespans, particularly emphasizing psychological/emotional violence. The study highlights the urgent need for tailored prevention and intervention strategies addressing the unique challenges faced by lesbian couples, including societal stigma and homophobic control. Despite acknowledging limitations such as study heterogeneity and a limited number of included studies, the authors advocate for further research to generate more homogenous data. They emphasize the importance of evidence-

based approaches and policy initiatives to support survivors and combat IPV within LGBTQ+ communities effectively.

Ford et al.'s (2013) study aimed to comprehensively understand and address the challenges faced by agencies and programs in addressing LGBTQ+ intimate partner violence (IPV) while identifying strategies for improvement. Employing a community-based participatory research approach, the study engaged researchers, Task Force members, and community stakeholders to conduct a baseline assessment. Data collection utilized SurveyMonkey's online platform with purposive and snowball sampling methods for respondent enrollment. Key findings emphasized the necessity for addressing fundamental issues to enhance the capacity of agencies and programs to assist LGBTQ+ survivors effectively. Despite the presence of gender-neutral policies, respondents expressed a lack of preparedness in assisting LGBTQ+ individuals. Limitations included a small, non-probability sample, impacting the generalizability of findings, particularly in non-urban areas with limited LGBTQ+ populations and legal protections. The authors recommended enriching the study with qualitative data from LGBTQ+ individuals to guide future phases of work, focusing on IPV's impact on this community. The study underscores the urgent need for specialized training for staff members, routine assessment of sexual orientation and gender identity, and the provision of tailored resources such as safe housing and legal assistance to address the unique needs of LGBTQ+ individuals affected by IPV, particularly in urban settings like Los Angeles.

Hamel et al.'s (2015) study aimed to explore the impact of gender and other associated variables on program completion and pretreatment abusiveness profiles within a sample of individuals mandated into a 52-week batterer intervention program (BIP). Utilizing a posttest-only design with nonequivalent groups, the study compared program completers to dropouts and examined differences between men and women among 175 clients enrolled in a BIP. Data collection occurred at the first author's clinical practice in San Rafael, California, spanning seven years from 2005 to 2011. Among the participants, only 43 were women. The study's findings suggested that BIPs were equally effective for female perpetrators as they were for their male counterparts. However, limitations included the small number of female participants, the absence of demographic details, and a narrow scope of investigated variables. To address these limitations, the authors recommended future research to encompass diverse demographic factors, utilizing larger sample sizes from varied locations and populations. They advocated for rigorous designs in outcome research, mainly focusing on programs tailored for female perpetrators. They also emphasized the importance of comparative studies assessing treatment outcomes between genders across various intervention approaches.

Kelly et al. (2022) delves into the intricate landscape of intimate partner violence (IPV) honing in on the experiences of Black American women to discern nuanced factors influencing IPV perpetration and victimization within this demographic. Through a meticulous meta-analysis, the researchers meticulously gather and synthesize quantitative data from many studies. Employing rigorous

methodologies, including utilizing a 37-item code sheet to extract pertinent information systematically, the study meticulously examines various facets such as statistical data, sample sizes, racial demographics, and measurement methods for correlation. This comprehensive approach thoroughly analyzes 101 studies, yielding many effect sizes. The findings offer a compelling narrative, revealing significant disparities in the correlates of IPV between predominantly Black and White populations. Notably, certain factors such as male emotional abuse perpetration and female post-traumatic stress symptoms emerge as particularly salient correlates within Black populations, underscoring the need for targeted interventions and support services. Despite limitations such as the scarcity of correlates in literature focusing on predominantly Black populations and the evaluation of only 12 correlates for physical IPV among this demographic, the study advocates for future research endeavors to address these gaps comprehensively. Ultimately, the study's insights illuminate the imperative for culturally sensitive interventions and systemic changes to support Black women affected by IPV and mitigate disparities in their experiences.

Ferreira et al. (2015) offer valuable insight into the experiences of African American men compared to Caucasian men in batterer intervention programs (BIPS). They highlight the additional stressors faced by African American participants, including structural racism, socioeconomic inequalities, and societal pressures related to parenting. The research underscores the importance of culturally sensitive interventions within BIPs to address the specific needs of

African American fathers. However, limitations in sample size, data collection, and the complexity of factors influencing IPV perpetration and parenting attitudes indicate the need for further research. Overall, this study emphasizes the necessity of developing more comprehensive interventions that consider the unique challenges and experiences of special populations within BIPs to effectively address family violence and break the cycle of intergenerational violence (Ferreira et al., 2015).

Burnette et al. (2015) embarked on a study aimed at investigating the parenting attitudes of male perpetrators of intimate partner violence (IPV) and their correlation with IPV perpetration, alongside exploring predictive factors such as demographic characteristics. Utilizing a sample of male participants enrolled in a Batterer Intervention Program (BIP), the study employed a posttest-only design with nonequivalent groups, encompassing 111 program participants with diverse demographic profiles, including race, age, and relationship status. Primary measures incorporated the Conflict Tactics Scales 2 (CTS2) and the Adult-Adolescent Parenting Inventory-2 (AAPI-2). The study revealed a significant relationship between parenting attitudes and IPV perpetration within the male BIP participants, offering empirical support for the spillover effect, wherein higher-risk parenting attitudes for child maltreatment correlated with increased IPV perpetration. However, limitations included the inability to discern changes in parenting attitudes over time due to the study's design and its limited generalizability beyond the sampled population, predominantly consisting of court-ordered clinical

participants. The authors advocated for longitudinal designs to elucidate the temporal relationship between parenting attitudes and IPV perpetration, stressing the importance of addressing study limitations and further exploring the subject matter in future research endeavors.

Henning et al.'s (2003) study aimed to explore the characteristics and psychological profiles of domestic violence offenders in Shelby County, Tennessee, between January 1999 and April 2001. They employed a comprehensive data collection process involving psychological assessments of 2,535 individuals—2,254 men and 281 women—arrested for assaulting an opposite-sex intimate partner. Assessments included demographic information, childhood experiences, mental health history, current mental health functioning, and relationship satisfaction. The findings revealed similarities in demographic factors between male and female offenders but differences in educational and employment status. Women exhibited higher rates of exposure to severe interparental violence and mental health issues such as psychotropic medication use and suicide attempts.

Additionally, the study underscores the importance of addressing relationship dissatisfaction, providing safety planning, and supporting women considering leaving abusive partners. Furthermore, BIPs must differentiate between victims and offenders, conducting thorough assessments to ensure appropriate interventions are provided. Limitations included reliance on self-reports, lack of data on sexual abuse and dating violence, and potential biases in personality disorder assessments. Recommendations included incorporating collateral reports,

addressing racial diversity, and considering prior victimization experiences in future research and clinical practice. Overall, the study provided valuable insights into the complex dynamics of intimate partner aggression and highlighted the need for tailored interventions for female offenders.

Current Trends and Innovations

Nicholls et al. (2013) examine various risk assessment measures for intimate partner violence (IPV) perpetration, assessing their effectiveness and limitations. While research in this area has expanded, it remains in early development compared to general violence risk assessment. Their review highlights methodological challenges such as study design limitations, quality risk assessment, and outcome criteria. Despite moderate to good predictive accuracy demonstrated by several measures, including Ontario Domestic Assault Risk Assessment (ODARA), Domestic Violence Risk Appraisal Guide (DVRAG), Danger Assessment (DA), Spousal Assault Risk Assessment (SARA), Lethality Screen Instrument (LSI), and Psychopathy Checklist-Revised (PCL-R), there is insufficient evidence to support the superiority of any one tool. They recommend addressing research gaps, considering context and purpose when selecting measures, and adhering to principles like the Risk-Need-Responsivity model for effective intervention (Nicholls et al., 2013).

Tarzia et al. (2020) conducted a clinic-based randomized controlled trial in South India to assess the efficacy of a behavioral intervention in reducing intimate partner violence (IPV) among alcohol-dependent men and improving mental health

outcomes in their spouses. The study extracted data independently using standard protocols, encompassing statistical data, sample sizes, racial demographics, and measurement methods from various sources. The researchers analyzed 101 studies, yielding 675 effect sizes, with 160 deemed usable. Key findings revealed promising outcomes, indicating reduced IPV and enhanced mental health among participants. However, limitations such as high attrition rates, small sample sizes, and methodological concerns in included studies resulted in an overall evidence-based rating of "very low."

Additionally, the study highlighted discrepancies and limitations in utilizing the Conflict Tactics Scale (CTS) to measure IPV perpetration, citing variability in versions, administration methods, and failure to capture pervasive abusive behaviors like partner control and psychological abuse. Consequently, caution was advised when interpreting findings reliant on the CTS. Recommendations by the authors underscored the need for future studies to uphold greater methodological rigor, including larger sample sizes, diminished attrition rates, and substantive control conditions. Moreover, investigations into the long-term efficacy of interventions and addressing the needs of male victims were emphasized, thus bridging critical gaps in IPV management within healthcare settings.

Mind-body bridging (MBB) is a therapeutic approach that integrates mindfulness practices, emotional regulation techniques, and cognitive-behavioral strategies to address underlying factors contributing to domestic violence offenders' behavior. Through mindfulness exercises, participants develop greater self-

awareness of their thoughts, emotions, and bodily sensations, enabling them to recognize triggers and respond with empathy and self-control. Tollefson et al. (2015) suggest that MBB helps DV offenders understand the mind-body connection, empowering them to manage stress and trauma-related responses more effectively. MBB fosters empathy, accountability, and healthy coping skills. It can also promote healing, resilience, and the development of non-violent relationship behaviors, ultimately contributing to the prevention of domestic violence (Tollefson et al., 2015).

Yakeley 2022 delves into the shortcomings of conventional domestic violence (DV) treatment approaches and explores alternative methods collectively termed the "new generation of IPV treatment." Through the analysis of five distinct papers, various innovative strategies emerge. Integrated Cognitive Behavioral Therapy (ICBI) proposes a blend of CBT and interpersonal therapy to address abusive behavior alongside alcoholism, particularly pertinent in India. The integration of "Stepping Stones" and "Creating Futures" underscores the significance of combining interventions targeting HIV, sexual health, poverty, and unemployment to mitigate IPV (Gibbs et al., 2020). Schema Therapy (ST) suggests targeting maladaptive schemas in DV offenders, while Metacognitive Interpersonal Therapy (MIT) aims to induce cognitive change in coping mechanisms. Lastly, Mentalization-Based Couple Therapy (MBT-CT) concentrates on managing emotional dysregulation within abusive dynamics. These diverse approaches differ

from traditional methodologies, offering promising avenues for addressing DV across various populations (Yakeley, 2022).

Wong et al. (2020) conducted a study evaluating the Men in Healthy Relationships program, aimed at voluntary participants, to gauge its impact on reducing intimate partner violence (IPV). They used a single-group pretest-post-design and the abusive behavior inventory (ABI) and found significant decreases in total abusive behavior, physical abuse, and psychological abuse post-intervention. Participants also showed an increased understanding of anger management techniques, like calming down and taking time outs. However, no significant changes were noted in managing negative thoughts or actions during conflicts. The study emphasizes the potential of community based IPV intervention programs, particularly for voluntary participants, underscoring further research to refine interventions and support individuals seeking to change behaviors voluntarily (Wong et al., 2020).

Literature Review Summary

The comprehensive literature review on batterer intervention programs (BIPs) provides a nuanced understanding of their complexities in addressing intimate partner violence (IPV). Meta-analytical reviews highlight the effectiveness of tailored approaches like Cognitive-Behavioral Therapy (CBT) (Wong & Bouchard, 2021) and underscore the importance of adherence to state standards and cultural sensitivity. Specific strategies within BIPs, such as Cognitive Behavioral Group

Therapy (CBGT) and Mind-Body Bridging (MBB), offer promising avenues for addressing underlying factors contributing to DV offenders' behavior. Challenges such as tensions between evidence-based practices and real-world implementation and the need for more inclusive approaches are identified. Tailored interventions for special populations, including LGBTQ+ individuals and minority groups, are essential. Emerging trends and innovations, such as new risk assessment measures and interventions in healthcare settings, offer promising avenues for comprehensive IPV prevention. Overall, continued research, innovation, and collaboration between practitioners and researchers are crucial for refining and improving BIPs, ultimately promoting healthier, safer relationships for all involved.

Chapter 3: Methods

This qualitative research thesis employed an integrative approach to investigate the effectiveness, theoretical underpinnings, and practical applications of the Allies in Change program in addressing domestic violence and abusive intimate partners. A combination of semi-structured interviews, observational studies, and content analysis (Creswell & Creswell, 2018) was utilized to provide dynamic insights into the program. A semi-structured interview with the program's author and founder offered nuanced understanding of its development and perceived effectiveness. As an observational observer of a 40-hour training session, the researcher directly witnessed the program's practical application and participant interaction, capturing the real-time context and dynamics of its implementation. Content analysis systematically examined the program's materials to identify patterns and themes, elucidating the social and cultural contexts influencing its practices. Additionally, a case study analysis provided an in-depth exploration of the program's structure, history, and impact, illustrating how evidence-based practices are implemented in real-world settings. These methods collectively offered a comprehensive and multifaceted understanding of the Allies in Change program, effectively addressing the research questions.

The researcher employed a mixed methodological approach, integrating several vital steps: analyzing the Allies in Change Curriculum and performing a word frequency count to align with evidence-based practices, conducting a semi-structured interview with Dr. Chris Huffine, and participating in a 40-hour domestic

violence training led by Dr. Chris Huffine. Mixed methods research designs include sequential exploratory design, sequential explanatory design, convergent design, embedded design, transformative design, multiphase design, and data triangulation (Creswell & Creswell, 2018). This study is a combination of sequential exploratory and embedded design. A sequential exploratory design begins with the researcher collecting and analyzing qualitative data, followed by quantitative data collection and analysis. The qualitative phase is exploratory, helping to generate hypotheses or understand the phenomena under study, which are then tested quantitatively. Embedded design involves one type of data (qualitative or quantitative) being primary while the other is secondary and supportive. Regarding this study, the curriculum content analysis was the initial step, followed by the semi-structured interview and 40-hour observational training, and the word frequency counts content analysis. The overarching aim was to address the following research questions:

Research Questions

1. What evidence-based practices are Allies in Change implementing in its curriculum?
2. How do Allies in Change align with current best practices and intervention theories for addressing domestic violence?
3. Does Allies in Change include unique curriculum components outside the literature?

Analyzing the Allies in Change

Analyzing the *Allies in Change Curriculum* was the initial step of the research methodology, providing a foundational understanding of the program's structure, content, and theoretical underpinnings. This curriculum served as the primary source of information, offering comprehensive insights into the design and implementation of the *Allies in Change* program. A systematic approach was employed to conduct the analysis, starting with thoroughly reviewing the curriculum's contents. This involved examining each section, chapter, and subsection to understand the curriculum components better. Key focus areas included the program objectives, session structure, intervention techniques, and participant materials.

Furthermore, the analysis aimed to assess the alignment of the curriculum with evidence-based practices identified in the literature review. This involved comparing the curriculum's content to established theoretical frameworks, intervention models, and best practices in domestic violence intervention. The researcher identified recurring themes, topics, and intervention strategies throughout the curriculum by conducting a word frequency analysis (Durdella, 2019).² The word frequency analysis provided valuable insights into the emphasis

² In qualitative research, word frequency analysis is instrumental in uncovering patterns and themes within textual data. By quantifying word occurrences, researchers can present aggregate numeric (quantitative) data, like frequency distributions, which complement the narrative (qualitative) description of participants' groups activities. This methodological approach enhances the richness and depth of qualitative analysis by offering systemic insights into emerging themes and concepts from the data.

placed on different aspects of the curriculum, allowing for a nuanced understanding of the program's practical implementation (See Table 2 in Appendix B for word frequency table). Through a detailed examination of the curriculum content, the researcher gained insights into the program's approach to addressing domestic violence and promoting healthy relationship dynamics. Overall, the analysis of the Allies in Change Curriculum served as a critical step in the research process for foundational interpretation. By systematically exploring the curriculum components and assessing their alignment with evidence-based practices, the researcher was able to gain a comprehensive understanding of the program's theoretical framework and practical implications for addressing domestic violence and reforming abusive intimate partners.

The analysis of the curriculum content served as a crucial component of the research methodology, providing an in-depth understanding of the theoretical foundations, intervention techniques, and participant engagement strategies employed within the Allies in Change program. The theoretical foundation of the Allies in Change program is feminist theory, which highlights the structural and gender inequality that is rooted in patriarchal power dynamics in societal norms and beliefs. Feminist theory provides a critical lens through which we can understand domestic violence as a social problem rooted in gender inequality and power imbalances. The intervention techniques used in Allies in Change are psychoeducation, cognitive restructuring, group discussions, and accountability statements for the harm that has been caused to victims, including the intimate

partner, children, family, friends, and society. The Allies in Change program employs various strategies to engage participants actively in the intervention process.

Facilitators play a pivotal role in fostering participation by encouraging group members to contribute to discussion topics, promoting group cohesion, and creating a safe and supportive environment. Mixing seasoned participants with newcomers enhances engagement, as experienced members can mentor and encourage newer participants to participate actively. Facilitators also play a proactive role in maintaining engagement by inviting contributions from less engaged participants and asking thought-provoking questions to stimulate discussion.

Additionally, facilitators tailor their approach by getting to know participants individually, allowing them to personalize discussions and better support participants' engagement in the program. This analysis of these attributes aimed to assess the program's alignment with evidence-based practices, intervention theories, and the broader literature on domestic violence intervention. The researcher systematically reviewed the curriculum content, examining each chapter and instructional material for recurring themes and theoretical underpinnings. This involved analyzing the curriculum's structure, the topics' sequencing, and integrating core principles throughout the program. By identifying common themes and theoretical frameworks, the researcher sought to elucidate the conceptual basis of the Allies in Change program and its approach to addressing domestic violence.

Furthermore, the analysis delved into the specific intervention techniques employed within the curriculum, including cognitive-behavioral (Wong & Bouchard,

2021) strategies, skill-building exercises, and psychoeducational materials. The researcher examined the rationale behind each intervention technique, its theoretical justification, and its practical application within group settings. This process enabled the researcher to evaluate the effectiveness of the curriculum in promoting behavior change, enhancing interpersonal skills, and fostering accountability among participants. In addition to intervention techniques, the analysis also focused on participant engagement strategies utilized within the curriculum. This involved examining the methods to promote active participation, facilitate group cohesion, and maintain a supportive learning environment. By reviewing interactive exercises, group discussions, and experiential learning activities, the researcher assessed the curriculum's ability to engage participants actively in the learning process and foster a sense of empowerment and agency. The researcher conducted a word frequency analysis of the curriculum content to supplement the qualitative study. This quantitative approach involved identifying the most frequently occurring words and concepts within the curriculum, providing insights into the program's thematic emphasis, core content areas, and instructional priorities. By quantifying the prevalence of critical topics and concepts, the researcher gained a comprehensive overview of the curriculum's scope and focus, facilitating a nuanced understanding of its strengths, limitations, and unique contributions. Overall, the analysis of the curriculum content served as a critical step in addressing the research questions related to evidence-based practices and distinctive components of the Allies in Change program. By systematically reviewing

the program's structure, intervention techniques, and participant engagement strategies, the researcher gained valuable insights into the program's theoretical framework, practical implementation, and alignment with current best practices in domestic violence intervention.

Semi-structured interview with Dr. Chris Huffine

Following the analysis of the Allies in Change Curriculum, the researcher scheduled and conducted a semi-structured interview with Dr. Chris Huffine, the founder of the Allies in Change program and organization and the author of the *Allies in Change Curriculum* and the book *Becoming Allies*. The interview with Dr. Chris Huffine was a critical step in gaining comprehensive insights into the program's development, philosophy, and core principles and learning about the training, which provided essential insight into in-depth components of the program and domestic violence dynamics.³ Dr. Huffine's extensive expertise and firsthand experience provided invaluable perspectives on the program's objectives, target population, intervention strategies, and challenges faced during implementation (See Table 2 in Appendix C for program objectives, target population, intervention strategies, and challenges table). The interview format allowed for flexibility in

³ A semi-structured interview was chosen due to its flexibility in allowing for predetermined questions and opportunities for the interviewee to elaborate on their responses. The method facilitates in-depth exploration of the interviewee's perspectives, experiences, and insights, providing a format striking a balance between providing guidance to the interviewer and allowing for the emergence of unexpected themes or insights, thus enabling a rich and nuanced understanding of the research topic. emergence of unexpected themes or insights, thus enabling a rich and nuanced understanding of the research topic.

exploring relevant topics while ensuring comprehensive coverage of critical areas of interest identified in the research questions.

During the interview, Dr. Huffine provided a detailed overview of the genesis of Allies in Change, tracing its origins back to the early 1990s when he began working with the Men's Resource Center. He highlighted his involvement in setting standards for programs working with domestic violence offenders and transitioning to providing training for programs in Oregon. Over the years, Dr. Huffine's involvement expanded, leading to the establishment of the Tri-County Battering Intervention Provider Network and his recognition as a state-wide expert in the field.

The discussion delved into the unique aspects of the Allies in Change program, including its emphasis on voluntary engagement⁴ and its inclusive approach to working with diverse populations. Dr. Huffine provided insights into the program's curriculum, session structure, and duration, highlighting the weekly group meetings spanning 90 minutes each. He also outlined the program's adherence to state standards, which often necessitate completion reports after a specific number of sessions. Moreover, Dr. Huffine addressed the intersectionality of

⁴ Individuals who voluntarily engage in batterer intervention groups fosters a sense of ownership and commitment to the intervention process. Voluntary participants are more likely to be receptive to the program's objectives and motivated to actively engage in the learning and behavioral change. The group dynamic can be more constructive, as participants are likely more open to feedback, reflection, and accountability. Forced or mandated participation, conversely, may lead to resistance, defensiveness, and a lack of genuine investment in the intervention, potentially undermining its effectiveness. Voluntary engagement respects participants' autonomy and agency while also enhancing the likelihood of positive outcomes in addressing and preventing domestic violence.

domestic violence with substance and alcohol abuse, mental health, and personality disorders such as narcissism, psychopathy, and antisocial behaviors, and the criminal justice system, emphasizing the need for coordinated responses and referrals to address underlying issues effectively. He discussed the challenges faced by domestic violence intervention programs, including limited funding and the prevalence of racial biases within the criminal justice system.

Throughout the interview, Dr. Huffine emphasized the importance of ongoing field training, supervision, and collaboration. He highlighted the role of community advocacy and outreach in promoting awareness and preventing domestic violence. Additionally, he provided insights into the unique aspects of the Allies in Change program, such as its co-facilitation model and its focus on addressing risk factors for recidivism. Risk factors for recidivism in the context of domestic violence perpetrators could include their prior history of domestic violence or violent behaviors, active substance and alcohol use, untreated or poorly managed mental health conditions, lack of empathy and remorse for victims and failure to take responsibility for one's actions (Birkely & Eckhardt, 2019), holding attitudes and beliefs that condone or justify violence against domestic partners, isolation from supportive networks (Morrison et al., 2021), financial instability and economic stressors, relationship instability, unemployment or underemployment contributing to frustration, inadequacy, and stress, history of trauma (Maguire et al., 2015), and cultural or societal norms that condone or minimize domestic violence. In conclusion, the semi-structured interview with Dr. Chris Huffine provided a

comprehensive understanding of the Allies in Change program, its development, implementation, and overarching goals. The insights from the interview informed the research process, guiding further exploration and analysis of the program's effectiveness and alignment with evidence-based practices.

Participation in 40-Hour Domestic Violence Training

The 40-hour domestic violence training conducted by Dr. Chris Huffine was a pivotal component of the research methodology, offering the researcher an immersive learning experience essential for gaining insights into domestic violence intervention and the Allies in Change program. The training was meticulously designed to provide a comprehensive understanding of domestic violence dynamics, intervention strategies, and the implementation of the Allies curriculum. The training was structured over six days, each dedicated to specific themes and objectives, and the initial three days of the training focused on research related to domestic violence, providing participants with a foundational understanding of the theoretical frameworks, risk factors, and dynamics underlying abusive behavior.

Huffine's sessions included lectures, interactive discussions, and a review of empirical studies, enabling participants from other batterer intervention agencies to critically analyze existing research and its implications for practice. The subsequent three days of the training centered on the Allies curriculum and group format, offering an in-depth exploration of the program's core principles, intervention strategies, and implementation considerations. Throughout the training,

participants were actively engaged in experiential learning to deepen their understanding of perpetrator behavior and enhance their skills in intervention and prevention. Case studies offered real-world examples for analysis and reflection, encouraging participants to apply theoretical knowledge to practical situations. The collaborative nature of the training fostered a supportive learning environment where participants could exchange ideas, share experiences, and learn from each other's perspectives.

Participation in the 40-hour domestic violence training gave the researcher valuable insights, knowledge, and skills essential for conducting the research effectively. The training served as a foundation for understanding the theoretical underpinnings of domestic violence intervention, exploring evidence-based practices, and critically evaluating the alignment of the Allies in Change program with current best practices and intervention theories.

Integration of Methodological Steps

Integrating multiple methodological steps in this research provided a robust framework for examining the Allies in Change program from various perspectives. The research aimed to offer a nuanced understanding of the program's effectiveness, theoretical foundations, and practical implementation strategies in domestic violence intervention by triangulating information obtained from curriculum analysis, interview insights, training participation, and curriculum analysis. The qualitative nature of the research facilitated a comprehensive

exploration of the program's underlying principles and practical considerations. The researcher gained insights into the program's structure, content, and theoretical underpinnings by analyzing the Allies in Change Curriculum. This initial step laid the groundwork for understanding the program's core components and identifying key themes and intervention strategies embedded within the curriculum. The subsequent semi-structured interview with Dr. Chris Huffine provided valuable firsthand perspectives on the Allies in Change program's development, philosophy, and core principles. Dr. Huffine's expertise and experience as the program's founder offered unique insights into its objectives, target population, and intervention strategies. The interview format allowed for flexibility in exploring relevant topics while ensuring comprehensive coverage of critical areas of interest identified in the research questions. Participation in the 40-hour domestic violence training conducted by Dr. Huffine further enriched the research process by providing an immersive learning experience. Divided into two parts, the training offered a deep dive into research on domestic violence and the Allies' curriculum and group format. The training sessions complemented the curriculum analysis and interview insights, offering practical applications of theoretical concepts discussed in the research. Additionally, the analysis of the curriculum content allowed for a detailed examination of the program's alignment with evidence-based practices and intervention theories. Practical implementation strategies and unique contributions to the field of domestic violence intervention.

Overall, integrating these methodological steps facilitated a comprehensive examination of the *Allies in Change* program. By triangulating data from multiple sources, the research aimed to provide a nuanced understanding of the program's effectiveness and alignment with current best practices in domestic violence intervention. The qualitative nature of the study allowed for a deep exploration of the program's underlying principles and practical considerations, contributing to advancing knowledge in domestic violence intervention and informing future research and practice initiatives.

Chapter 4: Findings

Research Question 1: What evidence-based practices have Allies in Change implemented in its curriculum?

When examining variables that address patterns and themes in the Allies in Change curriculum that encompass evidence-based approaches, the most dominant word used to build knowledge and discussion around intimate partner violence is abuse (See Table. 1 for frequency counts in Appendix B of all themes and variables). Allies in Change addresses abuse in their groups because many individuals need information that defines abusive behaviors, and they may not recognize and fully acknowledge the abusive nature of their behavior. The discussion around abuse and the forms that it encompasses helps individuals understand the impact of their actions on their partners, children, and themselves (Arce et al., 2020; Babcock et al., 2016). As an educational component of the Allies curriculum, the types of abuse covered and defined are physical, verbal, psychological, property, economic, sexual, and collateral abuses that can commonly be associated with intimate partner violence. Each of these are discussed early in the curriculum (Huffine, 2013, p. 23). It is important to note that physical abuse is harmful but should not outplay the impact that other types of abuse have on intimate relationships. Every kind of abuse is a way to ensure victims have little escape from their partners and enforce firm reliance on the ties for survival (Arce et al., 2020). Collateral abuse may be the least commonly discussed or acknowledged within domestic violence discourse. Still, nonetheless, it can cause pain and suffering to others, which is one aspect batterer

intervention programs seek to eliminate or minimize. Collateral abuse, according to the Allies curriculum, is defined as hurtful behavior that is inflicted on others other than their intimate partner. Children of the abuser or victim are those most often caught in the crossfire of IPV as witnesses and experience adverse effects; collateral abuse can also be felt by friends, family, and strangers within earshot (Huffine, 2013, p. 24).

Controlling behaviors⁵ also receive substantial attention as it is what a batterer intervention program such as Allies most seeks to change (Huffine, 2013, p. 58). Controlling behavior has been a centerpiece to the most infamous batterer intervention program, *Education Group for Men Who Batter: the Duluth Model*, written by Ellen Pence and Michael Paymar. Originally when this curriculum was released, the authors introduced us to the Power and Control Wheel, the first of its kind to demonstrate how different forms of controlling behavior infiltrate intimate partner relationships (Pence and Paymar, 1993). The reasons for changing controlling behaviors are essential for holding individuals accountable for how they have treated their partners and those around them. Looking at the controlling behaviors of abusive individuals enables clients in the program to identify harmful

⁵ The Duluth Power and Control Wheel, developed by the Domestic Abuse Intervention Program in Duluth, Minnesota, is a widely recognized framework that illustrates the tactics used by domestic violence perpetrators to exert power and control over their intimate partners. The conceptual tool categorizes various forms of abusive behavior into distinct categories, including physical violence, emotional violence, sexual coercion, and economic control, and other abusive tactics which suppresses their partners autonomy. The Power and Control Wheel visually depicts a comprehensive understanding of the dynamics of domestic violence and serves as a valuable resource for advocates, practitioners, and researchers in the field of intimate partner violence prevention and intervention (Domestic Abuse Intervention Project, 1984).

patterns that contribute to abusive dynamics in their relationships (Arce et al., 2020; Babcock et al., 2016; Birkley & Eckhardt, 2015). Examination of these specific controlling behaviors is met to promote awareness (Huffine, 2013, p. 13) of excuses that they have used to constitute abuse in the past, facilitate change in those certain controlling behaviors, and learn strategies to develop healthier alternatives. Skill building is an essential part of behavioral change, and development is encouraged in areas such as communication with one's intimate partner (Huffine, 2013, p. 112), conflict resolution (Huffine, 2013, p. 113), which can increase intimacy in relationships (Huffine, 2013, p. 108), how to identify and show emotions (Huffine, 2013, p. 69), besides anger and hostility (Huffine, 2013, p. 64), and having empathy for your intimate partner and others outside of one's closest relationships (Huffine, 2013, p. 86-93). When discussed within the groups, problematic behaviors can reveal underlying causes of how abusiveness in relationships is built upon and reduce the risk of future incidents (Travers et al., 2021; Wilson et al., 2021). Examination of controlling behaviors helps participants identify triggers, develop coping strategies (Huffine, 2013, p. 72-73, 79-83), and implement boundary-setting techniques (Huffine, 2013, p. 116), which can be practiced for relapse (Huffine, 2013, p. 83) in controlling behavioral recurrence. Ultimately, behavioral change in abusive tactics provides a concrete focus for batterer intervention efforts and prevention of future instances of intimate partner violence.

Within the top ten variables, the Allies curriculum discusses the child(ren) that witnesses abuse or violence, as well as relationship(s) with other friends,

family, and acquaintances such as neighbors, and the dynamics of the relationship with their partner (Huffine, 2013, p. 86-91, 107). These are important in cognitive behavioral group therapy as an evidence-based approach because it deconstructs the complexities of the dynamics of intimate partner violence and its effects on others (Badeness-Ribera et al., 2015; Hamel et al., 2015; Nessel et al., 2019; Crane & Eckhardt, 2013). Domestic violence offenders can holistically process how their abuse and controlling behavior has impacted the day-to-day actions and routines of those closest to them, their partner, and, in many cases, children and impact the function of those relationships (Wong et al., 2020). When provided an open dialogue and as trust is built in a group of other individuals there for the same purpose, clients can explore power imbalances, unhealthy communication patterns, and nuanced circumstances that contribute to relationship abuse (Huffine, 2013, p. 54-57). In a group setting, there is room to confront other members as unhealthy behaviors are revealed and acclimate new arrivals to the group since new clients revolve in and other members have been there more extended to gain new perspectives and skills. Confrontation from others who are there to reform abusive partner behavior may achieve greater acceptance from other abusive partners and be more apt to take their abusive behavior seriously from peers in the same context (Huffine, personal communication, December 4, 2023) (Zarling et al., 2019; Zarling, 2019). The quality of the relationship is paramount between the perpetrator and their partner, and gaining perspective on the role abuse and control play in the relationship supports the principles of accountability and acknowledges the agency

of the victim in the relationship. As for the child(ren) who witnesses abuse and control, perpetrators can glean from one another the exposure that domestic violence can inflict on these young witnesses. Research consistently shows that children exposed to domestic violence are at higher risk for a range of adverse outcomes, including behavioral problems, emotional difficulties, and future perpetration or victimization of domestic violence. For some domestic violence perpetrators, acknowledging the impact on children provides a powerful motivator for behavioral change (Huffine, personal communication, December 4, 2023) (Burnette et al., 2013).

The concept of self is a central focus in the Allies in Change curriculum in several forms as shown by the word frequency count, such as self-care (73), self-talk (60), self-aware [ness] (44), self-compassion (14), self-management (7), self-esteem (6), self-soothe (6), and self-acknowledgment (1). Self-care (Huffine, 2013, p. 73) is vital in evidence-based treatment approaches to reduce stress (Maguire et al., 2015) and burnout, which is connected to individuals who engage in intimate partner violence and contributes to the complexities of abusive behaviors and their consequences. Implementing self-care practices, such as mindfulness techniques (Huffine, 2013, p. 66-67), relaxation exercises, and healthy lifestyle habits (Huffine, 2013, p. 119), can help reduce stress levels and prevent burnout among both participants and facilitators of BIPs (Babcock et al., 2016). Self-care practices are known to improve emotional regulation skills, which are essential for managing anger and frustration without resorting to abusive behavior. Engaging in activities

promoting relaxation, such as exercise, hobbies, and time in nature, can help participants develop healthier coping mechanisms and reduce the likelihood of lashing out violently (Huffine, personal communication, December 4, 2023) (Davies & Crane, 2020). Self-care activities that promote self-esteem and well-being, such as self-reflection, self-compassion exercises, and self-affirmations have improved overall mental health outcomes (Huffine, 2013, p. 31). By nurturing a positive self-image and prioritizing their own needs, participants in BIPs can develop a greater sense of self-worth and resilience, reducing the need to assert control over others through abusive behavior (Huffine, personal communication, December 4, 2023) (Taft et al., 2016). Encouraging self-care practices among perpetrators of intimate partner violence can also indirectly support victim safety and well-being. When perpetrators prioritize their self-care, they are less likely to engage in abusive behavior, creating a safer environment for their partners and children (Burnette et al., 2013).

Additionally, modeling healthy self-care behaviors can help break the cycle of violence and promote positive relationship dynamics (Coker et al., 2017). BIPs incorporating self-care components into their curriculum may experience higher participant engagement and retention levels (Huffine, 2024. January 3-5, 10-12) Participants who feel supported in their self-care journey are more likely to remain committed to the program and actively participate in behavior change efforts. This can ultimately lead to more positive outcomes in reducing recidivism and promoting healthier relationships (Crane & Eckhardt, 2013).

Self-talk, a crucial aspect of cognitive restructuring techniques, has garnered attention in batterer intervention programs (BIPs) due to its profound impact on behavior change and emotional regulation (Huffine, 2013, p. 31) (Arce et al., 2020). The literature underscores the importance of addressing negative self-talk patterns, as they are often associated with an increased risk of abusive behavior. By incorporating self-talk interventions, BIPs aim to empower participants to challenge distorted beliefs and develop more adaptive thinking patterns (Nesset et al., 2019). In the Allies in Change curriculum, self-talk emerges as a prominent theme, evidenced by its frequent inclusion. Arce et al. (2020) suggest that interventions emphasizing cognitive-behavioral techniques, such as cognitive restructuring of self-talk, exhibit positive effects in reducing recidivism among perpetrators of intimate partner violence.

Additionally, Babcock et al. (2016) advocate for tailored curriculums that address cognitive factors contributing to abusive behavior, highlighting the importance of self-talk interventions in promoting behavior change. Furthermore, self-talk interventions align with the multidimensional nature of anger and hostility in intimate partner violence (Birkley & Eckhardt, 2015). By addressing negative self-talk, participants can gain greater insight into their emotional responses and develop healthier strategies for managing anger and frustration. This aligns with the goal of the Allies in Change curriculum, which is to promote self-awareness and emotional regulation among participants.

Self-awareness is foundational to the intervention process as it enables individuals to recognize and understand their thoughts, emotions, and behaviors in the context of their relationships (Arce et al., 2020). By cultivating self-awareness, participants in BIPs gain insight into the underlying causes of their abusive behavior and develop the capacity to recognize triggers and early warning signs of violence. Moreover, integrating self-compassion within the curriculum acknowledges the importance of treating oneself with kindness and understanding, even in challenging emotions and behaviors (Nesset et al., 2019). Research suggests that self-compassion can serve as a protective factor against self-blame and shame (Huffine, 2013, p. 43), which are common barriers to behavior change among IPV perpetrators (Crane & Eckhardt, 2013).

In addition to self-awareness and self-compassion, the Allies in Change curriculum emphasizes developing self-management skills to promote emotional regulation and impulse control (Babcock et al., 2016). By managing stress and frustration healthily, participants are better equipped to respond to conflict and interpersonal challenges without resorting to abusive behaviors. Furthermore, addressing self-esteem and self-soothe within the curriculum aims to bolster individuals' self-worth and resilience. Research suggests that low self-esteem can contribute to feelings of inadequacy and powerlessness, which may fuel abusive behavior (Birkley & Eckhardt, 2015). By promoting self-esteem and self-soothe techniques, BIPs empower participants to build confidence and cope effectively with triggers and stressors.

Finally, self-acknowledgment is integral to the intervention process as it involves taking responsibility for one's actions and acknowledging the impact of abusive behavior on oneself and others (Wilson et al., 2021). Through self-acknowledgment, individuals in BIPs demonstrate accountability and a willingness to engage in the process of change, which is essential for promoting lasting behavior change and preventing future IPV (Huffine, 2013, p. 111).

In batterer intervention programs (BIPs), addressing variables such as "the other" allows for a comprehensive examination of factors contributing to abusive behavior, including external stressors like the relationship with the intimate partner, children, and family (Gondolf, 2012; Karakurt et al., 2019). This broad category encompasses the perspective of the abusive partner, viewing their intimate partner as an opponent rather than an ally (Huffine, 2013, p. 102). Within the context of the Allies in Change curriculum, there is a deliberate focus on acknowledging the impact of the abuser's actions on others, whether it be their intimate partner, children, or family members. This involves recognizing and understanding how the perpetrator's behaviors affect those around them, fostering empathy and awareness of the interconnectedness of their actions within the family system. By emphasizing the concept of "the other," the curriculum encourages participants to shift their perspective from self-centeredness to consideration for the well-being and autonomy of others (Huffine, 2013, p. 97), otherwise known as

the “Platinum Rule”⁶. This shift promotes accountability and empathy, essential to behavioral change and establishing healthy, non-abusive relationships.

Emotions play a fundamental role in intimate partner violence, influencing both the perpetration and experience of abuse. Abusive partners often struggle to manage their emotions effectively, leading to reactive and violent behaviors. Interventions that help participants recognize and regulate their emotions can reduce the likelihood of abusive incidents and promote healthier ways of coping with stress and conflict (Crane & Eckhardt, 2013; Santirso et al., 2020). By fostering emotional awareness and empathy, these programs empower individuals to develop more constructive strategies for managing interpersonal conflicts. The curriculum dedicates significant attention to helping participants identify and understand their emotions, recognizing that many abusive behaviors stem from unmanaged or mismanaged emotional states.

Central to the therapeutic process are variables like Acceptance and Accountability. Acceptance involves acknowledging responsibility for abusive behavior without minimizing or justifying it, while accountability entails taking concrete steps to make amends and prevent future harm (Wilson et al., 2021; Nessel et al., 2019). These components are essential for promoting genuine introspection

⁶ The Platinum Rule, a concept coined by Dr. Tony Alessandra, posits that one should "treat others the way they want to be treated." This principle shifts the focus from the conventional Golden Rule's self-referential approach to a more empathetic and individualized method, emphasizing the importance of understanding and accommodating the preferences and needs of others to foster more effective and harmonious interpersonal relationships.

and behavior change among abusive partners. Intervention programs facilitate personal growth and transformation by holding individuals accountable for their actions and encouraging them to take proactive measures to address the harm they have caused.

Understanding individuals past experiences and traumas is also critical for effective intervention. Many abusive behaviors stem from unresolved trauma, learned patterns of behavior, or intergenerational cycles of violence. BIPs that explore participants' life experiences and traumas can help uncover underlying factors contributing to abusive patterns and inform trauma-informed approaches to intervention (Hamel et al., 2020; Henning et al., 2003). By addressing the root causes of abusive behavior and providing support for healing and recovery, these programs empower individuals to break free from destructive cycles and build healthier relationships (Huffine, 2013, p. 62).

Variables such as support and recovery emphasize fostering a supportive environment within intervention programs. Many abusive partners lack positive social support networks and struggle with issues such as substance abuse or mental health challenges (Huffine, 2013, p. 46). Interventions that incorporate support services, peer mentoring, and resources for recovery can provide individuals with the tools and encouragement they need to address underlying issues and make positive changes in their lives (Babcock et al., 2016; Tarzia et al., 2020). By offering a holistic approach to intervention that addresses both the individual and systemic

factors contributing to abuse, these programs increase the likelihood of long-term success and reduce the risk of recidivism.

In batterer intervention programs (BIPs), addressing specific variables from the Allies in Change curriculum is crucial for promoting behavior change, fostering accountability, and improving relationship dynamics among abusive partners. For instance, interventions targeting sexual behavior are essential for addressing sexual coercion and abuse within intimate relationships (Huffine, 2013, p. 103) (Nicholls et al., 2013). Encouraging acceptance helps perpetrators acknowledge responsibility for their actions, facilitating a willingness to change and take accountability for past behavior (Gondolf, 2012). Similarly, promoting accountability within BIPs is essential for helping abusive partners understand the impact of their behavior on others and take active steps to make amends (Arce et al., 2020). Setting clear goals gives perpetrators a sense of direction and motivation for behavior change, contributing to positive outcomes in intervention programs (Arias et al., 2013). Addressing egotism and shame helps perpetrators challenge narcissistic tendencies and cope with feelings of guilt and inadequacy, facilitating the process of acceptance and accountability (Strauss, 2014). Teaching time-out strategies assists individuals in regulating their emotions during conflicts, preventing escalation, and promoting healthier communication patterns (Huffine, 2013, p. 79) (Hamel et al., 2020). Interventions targeting boundaries and active listening promote mutual respect and understanding within relationships, reducing conflicts and misunderstandings (Babcock et al., 2004). Finally, addressing guilt helps perpetrators understand the

consequences of their actions and take responsibility for making amends, facilitating behavior change, and promoting healthier relationship dynamics (Cheng et al., 2019). By integrating these evidence-based approaches into BIPs, programs can effectively address abusive behavior and promote positive outcomes for abusive partners and their partners.

Research Question #2

How do Allies in Change align with current best practices and intervention theories for addressing domestic violence?

Allies in Change aligns with current best practices and intervention theories for addressing domestic violence in several ways. The program's emphasis on cognitive-behavioral approaches, mindfulness techniques, and emotional regulation strategies reflects a trend observed in studies advocating tailored psychological interventions (Arce et al., 2020; Zarling et al., 2019). For example, the integration of mindfulness/non-judgmental self-awareness and the concept of a Wise Mind in the program curriculum echoes recommendations for interventions targeting psychological factors in DV perpetrators (Arias et al., 2013). By incorporating these elements, Allies in Change aims to address the underlying emotional dysregulation often associated with abusive behavior, providing participants with tools to understand better and manage their thoughts and emotions (Huffine, 2013, p. 62-70).

Additionally, the program's focus on accountability, self-awareness, and primary responsibility for one's actions aligns with the principles of Cognitive Behavioral Therapy (CBT) (Wong & Bouchard, 2021) and related intervention models (Crane & Eckhardt, 2013). For instance, the program's emphasis on promoting self-reflection, recognizing the impact of one's behavior, and fostering personal accountability mirrors the goals of evidence-based interventions for DV perpetrators. By encouraging participants to challenge distorted beliefs and adopt healthier coping mechanisms, Allies in Change aims to facilitate behavior change and reduce the risk of recidivism among participants. Allies in Change, however, does not track recidivism among program participants (Huffine, personal communication, December 4, 2023), which creates a barrier to track how adequate the program outcomes are.

Moreover, the program's attention to individualized attention and peer support reflects current trends in batterer intervention programs (BIPs), which emphasize the importance of tailored approaches, collaborative efforts, and comprehensive evaluations (Babcock et al., 2016; Johnson & Stylianou, 2022). For example, by providing a supportive environment for participants to share their experiences and learn from peers, Allies in Change fosters a sense of community accountability and promotes behavior change through peer interactions. This approach aligns with recommendations for promoting social support and community involvement in DV interventions to enhance program effectiveness and participant outcomes. Participants gain support systems by attending groups

regularly, on a weekly basis, and are encouraged to develop relationships with other participants beyond the group setting to sustain non-abusive practices and behaviors (Huffine, 2024. January 3-5, 10-12).

Allies in the change also align with current best practices and intervention theories for addressing domestic violence by integrating cognitive-behavioral strategies, promoting accountability and self-awareness, fostering peer support and community engagement, and addressing the diverse needs of participants in a culturally competent manner (Badenes-Ribera et al., 2015; Cannon & Buttell, 2015; Ford et al., 2013). Furthermore, Allies in Change incorporates elements of Dialectical Behavior Therapy (DBT), such as Wise Mind,⁷ to help participants balance their rational and emotional responses to situations (Sakdalan et al., 2014). This approach is consistent with the literature, which suggests that individuals who engage in abusive behavior often struggle with emotional dysregulation and can benefit from DBT-based interventions (Iverson et al., 2011). By teaching participants to access their Wise Minds, Allies in Change helps them make more informed and balanced decisions, reducing the likelihood of impulsive or abusive behavior (Huffine, 2024. January 3-5, 10-12).

⁷ Wise Mind is a concept central to dialectical behavior therapy (DBT), a therapeutic approach developed by Dr. Marsha M. Linehan. In DBT, Wise Mind refers to a state of balanced awareness and understanding that integrates rational thinking (the 'reasonable mind') with emotional experiencing (the 'emotional mind'). It represents a synthesis of cognitive and emotional processes, allowing individuals to make effective decisions and navigate challenging situations with clarity, wisdom, and compassion. Cultivating Wise Mind is a key objective in DBT, as it promotes emotional regulation, mindfulness, and adaptive coping strategies, particularly for individuals struggling with intense emotions and impulsive behaviors.

Another critical aspect of Allies in Change that aligns with best practices is its focus on primary accountability (Huffine, 2013, p. 71). The program emphasizes that abuse is always the responsibility of the abusive person and encourages participants to take full responsibility for their actions (Gondolf, 2012). This approach is consistent with the literature, emphasizing the importance of holding perpetrators accountable for their behavior as a critical component of effective intervention. Gondolf (2012) discusses the challenges of implementing evidence-based practices in batterer intervention programs and emphasizes the need for a more inclusive approach considering diverse perspectives and methods. By promoting primary accountability, Allies in Change helps participants understand the impact of their behavior and empowers them to make positive changes. This aligns with the findings of Babcock et al. (2016), who advocate for tailored curriculums and a multisystem, coordinated community response for offender accountability and family safety. Additionally, the emphasis on primary accountability echoes the principles of Cognitive Behavioral Therapy (CBT) (Wong & Bouchard, 2021) and related intervention models, which prioritize recognizing and taking responsibility for one's actions as a precursor to behavior change (Crane & Eckhardt, 2013). Through this focus, Allies in Change aims to foster self-awareness, promote personal growth, and reduce the risk of recidivism among participants.

Additionally, Allies in Change incorporates practical communication skills and conflict resolution strategies, supported by the literature as essential

components of domestic violence intervention (Dutton & Hemphill, 2018). The program teaches participants active listening, which Morrison et al. (2021) emphasized as important in fostering behavior change through peer interactions in group sessions. Moreover, it provides assertiveness training, effectively helping individuals express their needs and boundaries without violence (Huffine, 2013, p. 110). By teaching participants to communicate more effectively and resolve conflicts nonviolently, Allies in Change helps them build healthier relationships and reduce the risk of future violence. This aligns with the findings of Nessel et al. (2019), who conducted a systematic review on Cognitive Behavioral Group Therapy (CBGT) for male IPV perpetrators, highlighting the importance of communication skills in reducing violence. The emphasis on communication skills and conflict resolution strategies in Allies in Change reflects the broader emphasis in the literature on the importance of addressing interpersonal skills in IPV interventions (Babcock et al., 2016).

Research Question # 3

Does Allies in Change include unique curriculum components outside the literature?

Several key elements emerge in addressing the third research question regarding the distinctive features of the Allies in Change program. Firstly, the program demonstrates a nuanced understanding of the potential risks associated with providing excessive support, emphasizing the importance of focusing on the impact of abusive behaviors and fostering personal accountability. This approach,

outlined by Dr. Chris Huffine, challenges participants to confront the root causes of their behavior without resorting to excuses based on past trauma (Voith et al., 2020) or societal influences.

Secondly, Allies in Change incorporates a robust framework for integrating collateral information into its intervention model. The program seeks to challenge cognitive distortions and promote self-awareness among participants by gathering data from diverse sources to validate participants' narratives. This meticulous approach to information gathering enables facilitators to paint a comprehensive picture of individual circumstances and motivations, enhancing the effectiveness of intervention strategies. Part of establishing this framework is knowing as much as possible about the participants before they come in, such as their arrest history, the partner's perspective, or any other information from other agencies that can be gleaned through outreach or a basic web search. It has been established that many abusers will hide or not disclose aspects of abuse that they have inflicted. With information, especially from a police report or prior arrest records, the facilitators can confront and challenge what participants share, which may be inaccurate according to other outside sources (Huffine, 2024. January 3-5, 10-12).

Moreover, the program emphasizes cultivating group maturity and fostering peer support dynamics within its sessions. Through tailored facilitation techniques, Allies in Change addresses the varying maturity levels of participant groups, promoting collaborative environments where individuals take responsibility for guiding discussions and supporting each other's learning process.

This peer-centric approach reflects the program's commitment to empowering participants and promoting accountability within the group setting. Huffine has categorized group maturity by high and low functioning. The ideal group will have a mixture so the high-functioning or more mature members can mentor or teach the low-functioning or immature participants and set the group's tone. If a group is primarily low functioning, it often means specific topics, such as sexuality or sex, should hold off for a later time since the participants can not manage a discussion on overly intimate topics. Also, low-functioning groups tend to do better with more psychoeducational material than open group discussions. Members of a low-functioning group are types who are defiant about attending and display more anti-social personalities, which make discussions less productive or even harmful in some circumstances (Huffine, 2024. January 3-5, 10-12).

As an integral component of the program, Huffine's book, *Becoming Allies*, is required reading for all participants. This resource, available in print and audio formats, enriches the learning experience by prompting discussions about the assigned reading each week. By integrating this supplementary material into the curriculum, *Allies in Change* reinforces key concepts and further enhances participants' understanding of effective intervention strategies. The book is also a resource for partners who want to engage in the process their abuser is traveling if they are still together. Although it is met for abusive partners, many concepts can be helpful to understand healthy communication and mechanisms that enrich one's life without reliance on someone else through codependency.

An integral component of the Allies in Change program is providing a dedicated LGBTQ+ group. According to Dr. Chris Huffine, this pioneering initiative is potentially the only kind in the country. This inclusion is paramount as it directly addresses the unique needs and challenges faced by LGBTQ+ individuals within abusive relationships. The research underscores that LGBTQ+ individuals often encounter significant barriers when seeking support, stemming from experiences of discrimination and a lack of culturally competent services (Cannon & Buttell, 2016). The LGBTQ+ group within Allies in Change is a beacon of inclusivity and diversity, filling a critical service gap and creating a safe and supportive environment for all participants. This specialized group not only acknowledges the distinct experiences of LGBTQ+ individuals but also demonstrates the program's commitment to providing tailored interventions that cater to the diverse needs of its participants (Huffine, personal communication, December 4, 2023).

Chapter 5: Limitations

Program Limitations

The absence of culturally specific groups within Allies in Change, apart from LGBTQ+-specific groups, raises concerns regarding the program's alignment with evidence-based practices in domestic violence intervention. Research underscores the importance of culturally tailored interventions to effectively address the diverse needs of individuals from different cultural backgrounds. By not offering culturally specific groups, Allies in Change may overlook the unique experiences, perspectives, and barriers to change faced by participants from marginalized or minority communities, potentially hindering their engagement and progress in the program.

Moreover, the fee-based nature of the program raises questions about accessibility and equity in service delivery, particularly considering that many offenders of domestic violence come from low-income backgrounds. Research indicates that financial barriers can limit access to interventions for individuals with limited financial resources, exacerbating disparities in service utilization and perpetuating cycles of violence. Given the socioeconomic diversity among domestic violence offenders, fee-based programs may inadvertently exclude those who are unable to afford participation, thereby failing to reach a significant portion of the population in need of intervention and support.

Addressing these critical components is vital for enhancing the effectiveness and inclusivity of the Allies in Change program. Implementing culturally specific groups that cater to the diverse backgrounds of participants can promote cultural competence and responsiveness in intervention delivery, improving engagement and outcomes for all individuals involved. Additionally, adopting sliding-scale fee structures or offering financial assistance programs can help reduce financial barriers and ensure that the program is accessible to individuals from all socioeconomic backgrounds, aligning with equity and social justice principles in service provision. By addressing these disparities, Allies in Change can enhance its alignment with evidence-based practices and better serve the needs of the community affected by domestic violence.

Study Limitations

Despite efforts to comprehensively analyze the Allies in Change Batterer intervention program, several limitations were encountered during this study.

Firstly, due to administrative constraints, demographic information of the group participants was not available for analysis. This lack of demographic data limits the ability to understand the sociocultural context and diversity within the participant population, potentially impacting the generalizability of the findings.

Secondly, the scope of this study was constrained by the limited time available for conducting research and completing a master's thesis. As a result,

certain aspects of the program could not be explored in depth, and the analysis focused primarily on specific components of the intervention.

Furthermore, the absence of participant context, such as through interviews or observation of intervention sessions, represents another limitation. Without firsthand insights into participants' experiences, attitudes, and behaviors within the program, the analysis may lack depth and nuance.

Additionally, the study lacked survey data on the program's perceived effectiveness from its members' perspective. Without participant feedback on how the program impacted their intimate relationships or whether it facilitated positive changes, the evaluation of program outcomes remains incomplete.

Lastly, limitations in data analysis included insufficient time to explore word constructs beyond the initial word frequency analysis, as depicted in Appendix B Table 1. While the study did not delve deeper into textual patterns, the analysis provides a foundation for future researchers to expand upon and further investigate the linguistic aspects of the Allies in Change batterer intervention program, offering the potential for more in-depth investigations or program evaluations.

Despite these limitations, this study's findings contribute valuable insights into the Allies in Change batterer intervention program. However, considering the abovementioned constraints, caution should be exercised when interpreting and applying the results.

Chapter 6: Future Research Recommendations

From a research perspective, future studies can build upon the findings of this research by conducting longitudinal evaluations of program outcomes and exploring innovative methods for enhancing participant engagement and cultural inclusion. Longitudinal studies can provide valuable insights into the long-term impact of interventions like Allies in Change. At the same time, innovative methodologies, such as virtual reality simulations or online platforms, can expand access to interventions and facilitate broader participation.

Chapter 7: Implications

Examining the Allies in Change program and its curriculum reveals valuable insights with significant implications for domestic violence intervention. The program's strong alignment with evidence-based practices and theoretical frameworks suggests its potential effectiveness in addressing domestic violence. By incorporating cognitive-behavioral techniques, risk assessment protocols, and participatory learning methods, Allies in Change offers a promising model for intervention.

Moreover, the program's emphasis on participant engagement and empowerment within its curriculum underscores its commitment to fostering active involvement and skill development among participants. This participatory approach enhances learning retention and empowers individuals to take ownership of their behaviors and explore alternatives to violence. Such empowerment is crucial for promoting long-term behavior change and breaking the cycle of violence.

Moving forward, the findings of this study have several implications for practice, policy, and research in the field of domestic violence intervention. Practitioners can draw upon the insights gained from Allies in Change to inform the development and implementation of evidence-based interventions that prioritize participant engagement, empowerment, and cultural responsiveness. By integrating these principles into their work, practitioners can enhance the effectiveness and relevance of their interventions.

Similarly, policymakers can leverage the findings of this study to advocate for funding and support for programs that align with evidence-based practices and demonstrate a commitment to cultural responsiveness. By investing in interventions like Allies in Change, policymakers can contribute to preventing and mitigating domestic violence at the community level.

Chapter 8: Conclusion

The evaluation of the Allies in Change batterer intervention program underscores its significance in the landscape of domestic violence intervention. Through a comprehensive analysis of its curriculum, alignment with evidence-based practices, unique components, limitations, and implications, several key takeaways emerge.

Firstly, Allies in Change demonstrates a strong alignment with contemporary best practices in domestic violence intervention, incorporating elements of Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), trauma-informed approaches, and mindfulness techniques. The program's emphasis on self-care, emotional regulation, accountability, and peer support reflects a nuanced understanding of the complexities of abusive behavior and the need for holistic intervention strategies.

Secondly, the program's unique features, including its approach to support provision, integration of collateral information, emphasis on group dynamics, required reading material, and dedicated LGBTQ+ group, contribute to its effectiveness and cultural responsiveness. These elements enhance participant engagement, empowerment, and inclusivity, catering to the diverse needs of individuals within abusive relationships.

However, the program faces limitations, notably the absence of culturally specific groups beyond LGBTQ+ groups and the fee-based structure, which may

hinder accessibility for marginalized individuals. Addressing these limitations is crucial to ensuring that interventions like Allies in Change reach and serve all individuals affected by domestic violence equitably.

Future research should focus on longitudinal evaluations of program outcomes and innovative methods to enhance participant engagement and cultural inclusion. By leveraging evidence-based practices and promoting participant empowerment, interventions like Allies in Change can play a pivotal role in preventing and mitigating domestic violence within communities.

In conclusion, the evaluation of the Allies in Change program provides valuable insights into its strengths, unique features, limitations, and implications for domestic violence intervention. By addressing the complex dynamics of abusive behavior and prioritizing participant empowerment and inclusivity, programs like Allies in Change offer hope for breaking the cycle of violence and fostering healthier relationships within communities.

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Appendix A. Word Frequency Analysis for the Allies in Change Curriculum

Table 1. Word Frequency Analysis for the Allies in Change Curriculum (2013)							
abuse	413	manage(ability)	41	economic	17	empower	8
behavior	378	belief	41	psychological	16	reactive	7
control	293	decision	41	mindfulness	16	recreation	7
emotion	192	family	41	language	16	self-management	7
child	136	perspectives	41	intimate	16	conscious	7
relationship	123	acknowledge	40	check-in	16	collateral	6
"the other"	117	brainstorm	40	neglect	16	grandiosity	6
partner	114	external	39	judgement	16	self-sooth	6
sexual	88	recovery	38	father	15	seduction	6
discuss	83	response	38	contempt	15	problem-solving	6
accept	82	against	37	frequency	15	danger	6
accountability	79	non-abusive	37	defensive	15	attack	6
experience	79	communicate	33	passive	15	trauma	6
avoid	78	warning signs	33	attitude	15	attend	6
physical	74	trust	33	property	14	coercive	5
relapse	74	healthy	30	spirit	14	closeness	5
self-care	73	justify (ication)	29	self-compassion	14	intimidate	5
focus	65	tradition	27	pattern	13	cooperative	5
self-talk	60	suffer	27	humility	13	freedom	5
friends	58	value	26	firearm	13	safe(ty)	5
goal	58	privilege	25	repair attempts	12	complex	5
egotism	57	reality	24	collaborative	12	conform	4
intensity	56	encourage	24	balance	11	treatment interference	4
program	56	substance	24	courage	10	feminist	4
(a)shame	55	verbal	24	competitive	10	vulnerability	4
amend	53	compassion	24	blame	10	basic needs	4
time-out	52	skills	24	honest	10	relaxation	4
awareness	52	suggest	23	tools	10	coping	4
support	48	internal	23	individual	10	flexibility	4
impact	47	negotiate	22	distrust	9	hostility	4
boundary(ies)	46	non-controlling	21	culture(al)	9	validate	3
listen	45	distress	20	alternative	9	rigid	3
self-aware	44	feedback	19	masculine	8	minimize	3
share	44	intimacy	19	deny	8	Duluth	3
guilt	43	dependent	19	partner recovery	8	commit	3

agree(ment)	42	informed	18	male socialization	8	empathy	3
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Appendix B. Batterer intervention program objectives, target population,
intervention strategies, and challenges

Table 2. Program objectives, Target Population, Intervention strategies, and Challenges in Batterer intervention programs			
Program objectives	Target population	Intervention strategies	Challenges
Increase awareness of power dynamics	Individuals who have perpetrated domestic violence	Education on dynamics of power and control in relationships; discussion of personal responsibility and impact of behavior	Resistance or denial from participants; difficulty in recognizing and acknowledging one's own abusive behavior
Foster accountability	Perpetrators of domestic violence	Encouraging acknowledgment of actions; promoting accountability for behavior; emphasizing consequences of continued violence	Resistance to taking responsibility; minimization or justification of abusive behavior
Develop healthy communication skills	Individuals at risk of or engaging in abusive behavior	Training in effective communication techniques; practicing active listening and empathy; role-playing exercises	Difficulty in unlearning harmful communication patterns; challenges in applying newly acquired skills in high-stress situations
Challenge distorted beliefs and attitudes	Those with beliefs that support abusive behavior	Cognitive-behavioral therapy; challenging irrational thoughts and beliefs; exploring underlying beliefs and their origins	Resistance to questioning deeply held beliefs; fear of change; cultural or societal norms that perpetuate gender-based violence
Promote empathy and respect	Perpetrators of domestic violence	Empathy-building exercises; perspective-taking activities; discussions on healthy relationships and mutual respect	Difficulty in empathizing with victims; entrenched attitudes of entitlement or superiority; lack of awareness of the impact of one's behavior

Enhance emotional regulation	Individuals struggling with anger management	Anger management training; mindfulness techniques; identifying triggers and coping strategies	Resistance to acknowledging and addressing underlying emotional issues; difficulty in applying coping strategies during moments of heightened emotion
Address substance abuse and mental health issues	Those with co-occurring issues	Referral to specialized treatment programs; integration of substance abuse or mental health counseling into intervention	Limited access to or availability of appropriate treatment resources; stigma associated with seeking help for substance abuse or mental health concerns
Ensure safety and well-being of survivors	Survivors of domestic violence	Safety planning for survivors; referrals to support services and shelters; education on the impact of violence on survivors	Balancing the needs and safety concerns of survivors with the rehabilitation and accountability of perpetrators
Empower individuals for long-term change	Perpetrators committed to behavioral change	Skill-building for non-violent conflict resolution; support for ongoing community engagement and personal growth	Resisting relapse into abusive behavior; sustaining motivation for long-term change; maintaining support networks and accountability structures