Original Research

IPV Perpetrator Groups: Client Engagement, and the Role of Facilitators

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John Hamel,[1] Fred Buttell,[2] Regardt Ferreira,[2] and Valerie Roy[3]

Abstract

Based on the emerging literature being developed in Motivational Interviewing that suggests certain group process factors and facilitator attributes predict treatment outcomes, this study sought to investigate the relationship between both client and facilitator ratings of the batterer intervention group experience. This study presents data from 16 group facilitators drawn from five agencies and 175 clients being served by these facilitators. The data gathered included both facilitator ratings of clients (i.e., Group Engagement Measure-GEM) and client ratings of facilitators and the group experience (i.e., Client Rating of Facilitator-CRF, Client Perceived Benefits of Group-CPBG). Results indicate that facilitators rated clients as being engaged in the group process across all the domains assessed by the GEM and that clients viewed the facilitators and group experiences favorably as assessed by the CRF and CPBG. There was no significant correlation between the GEM and CRF or the GEM and CPBG, but there was a strong, positive correlation between the CRF and CPBG. The results here support previous research findings suggesting a strong correlation between client engagement in the therapeutic process, based on their perception of the facilitator, and their perceived benefits of the group experience. Implications of the findings for improving empirical investigations of the batterer intervention group experience were explored and discussed.

[1]Private Practice, San Francisco, CA, USA
[2]Tulane University School of Social Work, New Orleans, LA, USA
[3]Laval University, Quebec, QC, Canada

Corresponding Author:
John Hamel, Private Practice, San Francisco, CA 94117, USA.
Email: johnmhamel@comcast.net

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Introduction

Adjudicated perpetrators of intimate partner violence (IPV) are typically court-mandated to complete a treatment program in lieu of, or in addition to, incarceration. Although research finds that these programs can be successfully delivered in various modalities, such as individual (Murphy & Eckhardt, 2005) or couples (Eckhardt et al., 2013; Stith et al., 2011), the large majority of perpetrators are treated within the format of batterer intervention programs, or BIPs (Cannon et al., 2016). They typically take the form of a psychoeducational counseling group, with a special focus on reducing rates of IPV.

The Group Format: Potential and Limitations

The advantages of the group format, for male as well as female clients, have been widely discussed in both the general group counseling and BIP research literature (Koonin et al., 2002; Lindsay et al., 2008; McGinn et al., 2017; Roy et al., 2015; Schwartz et al., 2014; Waldo et al., 2007; Wexler, 2020). Therapeutic factors that might account for the desirability of this format include the universality that comes from sharing common problems, instillation of hope, catharsis, group cohesion and support, opportunities for altruism, interpersonal learning, acquisition of skills and information, increased socialization, role modeling, and existential factors such as responsibility-taking.

Nonetheless, the BIP group format has been found through randomized control trial methodology with male clients to be marginally effective in lowering rates of physical and psychological abuse post-treatment (Babcock et al., 2016), although greater effects have been suggested from quasi-experimental studies (Gondolf, 2012). For example, the widely cited meta-analysis by Babcock et al. (2004) found only a 5% reduction in rates of recidivism from studies that utilized RCT methodology. A debate has raged among researchers and treatment providers alike regarding the superiority of one model over the others, and it has centered mostly around the causes of IPV—e.g., whether it is male patriarchal attitudes (Duluth), family-of-origin issues (psychodynamic and trauma-informed models), or irrational beliefs and poor coping skills (CBT; see Babcock et al., 2016; Hamel, 2020, for a review). Surveys of BIP directors indicate that most BIPs employ multiple theoretical models, employ similar curricula, and utilize a similar set of interventions

(e.g., teach anger management and conflict resolution, raise awareness about the effects of IPV on children) to help clients overcome their abuse (Cannon, et al., 2016); thus, the tepid effectiveness of BIPs cannot be explained solely on the basis of treatment model, or what curriculum is used. Still, there is evidence that some approaches work better than others (Eckhardt et al., 2013), among them trauma-based models for veterans (Taft et al., 2016), and programs rooted in principles from Acceptance and Commitment Therapy (Zarling et al., 2019).

In line with principles from the Risk-Need-Responsivity (RNR) model of offender treatment (Stewart et al., 2013), a consensus has emerged over the past few years among IPV scholars that it would be more productive to identify the treatment factors that predict lower recidivism rates across treatment models, and that different client populations have different needs and require differing approaches—in terms not only of the particular risk factors addressed, but the length and intensity of the treatment and the way treatment is delivered (Babcock et al., 2016; Hamel, 2020). Elements of the latter principle (responsivity) are reflected in the second part of the American Psychology Association's definition of evidence-based practice: "integration of the best available research with clinical expertise *in the context of patient characteristics, culture, and preferences*" (italics added; APA Presidential Task Force, 2006, p. 273).

A particular curriculum, no matter how well-researched it might be, may not easily apply to some populations. An example would be the use of an orthodox Duluth model with same-sex offenders, or men who have neither rigid gender roles nor a strong desire to dominate their partners (Pence, 1999; Schmidt et al., 2007). Clients come to group with a variety of life experiences, mental health issues, and cultural and individual characteristics; and the frequency and severity of their abuse, as well as the motivation behind it, varies widely (Babcock et al., 2016). Mismatches between a program's curriculum and a client's characteristics and preferences are exacerbated when the leader is poorly trained, or otherwise incapable of effecting the therapeutic factors illustrated by Schwartz et al. (2014), increasing the likelihood of client drop-out.

Facilitator Training Considerations

BIP groups are a challenge for the men and women who are enlisted to facilitate them. In the United States, minimal training requirements for BIPs have been proposed, but there is no consensus on what types of interventions ought to be taught, based on what theory, or how group leaders should be trained in the proper execution of those interventions (Babcock et al., 2016; Labriola et

al., 2010; Maiuro & Eberle, 2008). As articulated by Gondolf (2012, p. 38), attempts to deliver evidence-based practice can lead to "judgment-based practice," where intervention providers apply what they learned "as they see fit in their encounters with clients," and "when presented with clinical challenges to fall back on overly rigid, ideologically based or simplistic solutions and allow personal biases to affect their work (as quoted in Babcock et al., 2016, p. 413).

Aside from education deficits, some individuals may, in fact, lack the personal characteristics to facilitate groups regardless of the quality of the training. In the general group counseling literature, these characteristics include courage, goodwill, genuineness and caring, openness, nondefensiveness, belief in the group process, openness, nondefensiveness, self-awareness, and a personal commitment to the group members (Corey et al., 2010).

Client Engagement

Group drop-out rates among BIP participants range from approximately 5%-60%, mostly within the first few months (Gondolf, 1997; Lila et al., 2019; Rondeau et al., 2001). Given that recidivism rates are significantly higher among drop-outs (Daly & Pelowski, 2000), and that the number of group sessions that clients attend and successful completion of the program both have an effect on the frequency and gravity of subsequent violent behavior (Bennett et al., 2007), it would make sense to identify the contributing factors. However, among male BIP samples, the most relevant (e.g., previous criminal history, antisocial personality, substance abuse, marital status, and younger age) explain only a small amount of the variance in group session attendance (Lila et al., 2019; Taft et al., 2003). This may be due partly to the lack of appropriate content within the many program curricula, but it may very well also be due to other factors, including those that increase client engagement in the group process.

The construct of engagement has been investigated in various psychotherapy and counseling groups (Corey et al., 2010; Morran et al., 2004), including those for IPV perpetrators (Chovanec, 2012; McGinn et al., 2017; Parra-Cardona et al., 2013; Roy et al., 2014; Taft et al., 2003). In one study (Rondeau et al., 1999), a primary reason given by IPV male perpetrators who dropped out of the group was that they did not feel engaged. Higher engagement may, then, may help prevent drop-out, predict better treatment outcomes, and increase the likelihood that participants are able to maintain what they had learned by the end of the program (Contrino et al., 2007).

According to Group System Theory, interventions may be made at any of the three levels of the group system: intrapersonal, interpersonal, and

group-level (Connors & Caple, 2005; Luke, 2014). It is at the intrapersonal level, and especially in the early stage of the group, that initial engagement can be built as the group leader provides support to a member, draws him or her out, and blocks group members who want to dominate. These actions are thought to help establish what in the general psychotherapy literature is known as the *working alliance*, which long known from well-designed research studies to be associated with greater motivation and better treatment outcomes for psychotherapy clients generally (Wampold & Imel, 2015). At the interpersonal level, group facilitators can model and encourage modeling by others of desirable behaviors, use linking to promote interpersonal bonding and group cohesion, and provide and encourage feedback. At the whole-group level, interventions may include reframing, self-disclosure, and processing of here-and-now feelings and thoughts.

Motivational Interviewing Research

A client-centered approach, Motivational Interviewing (MI) is thought to further the working alliance by incorporating so-called "process" factors such as genuineness, respect, listening, and focus on client strengths (Wampold & Imel, 2015). Adding an MI component to offender counseling groups of various types (Stinson & Clark, 2017) predicts greater group compliance in terms of preventing premature drop-outs, the completion of homework assignments, and productively engaging with the leader and the other group members (Musser et al., 2008; Scott et al., 2011), resulting in lower rates of psychological and physical abuse following program completion (Alexander et al., 2010; Taft et al., 2003). According to Musser et al. (2008, p. 545), MI clients were found to exhibit greater appreciation for the group in "statements regarding the necessity, relevance, and perceived personal value of treatment," as well as the extent to which the group members viewed their participation as a "positive force" in helping them end their abuse.

Ethnographic Research in BIPs

Recently, a promising line of methodologically-sound ethnographic/qualitative research studies has emerged, that reinforces and adds to the MI findings. This new research, based in grounded theory, have been conducted by various investigators, in which male BIP clients were interviewed, primarily with open-ended questions, to find out more about their group experiences (McGinn, et al., 2017; Morrison et al., 2018; Morrison et al., 2019; Scott & Wolfe, 2000; Roy et al., 2013, 2014, 2015; Silvergleid & Mankowski, 2006). What makes these findings so valuable is that they address these processes

and delineate the facilitator's role in helping clients become engaged and motivated to change. Specifically, BIP clients favor facilitators who are caring and committed; are nonjudgmental; maintain a safe, effective group environment; are honest, humble and genuine; are willing to challenge client behaviors, but in respectful, nonconfrontational ways; and who are knowledgeable about IPV and able to provide information and tools with which to change. Clients also report better outcomes, in terms of self-reported improvements in personal growth, improved relationships and better communication, when allowed to set their own treatment goals (Bolton et al., 2016).

The Study

The research discussed in this review provides a rich source of information from which BIPs can draw, with the potential to further evidence-based practice. Given the transtheoretical nature of these findings, we believe that they will be more acceptable to a wide range of treatment providers, particularly if they are formulated in way that is easy-to-understand and has direct, practical applications in clinical settings. BIP facilitators could certainly benefit from reliable tools and assessment instruments to guide them in conducting more effective groups, and the task of training, evaluating, and monitoring programs (e.g., by agency directors, probation) would be helped by the use of such instruments, particularly if they can predict treatment outcomes. The Group Engagement Measure (GEM), which measures client group engagement from the perspective of an outside observer, or the facilitator, could be such a tool. Originally developed for work with substance abusers, the GEM defines client engagement in terms of attendance, contributing, relating to facilitator, contracting (support group norms), working on own problems, and working on other group members' problems (Macgowan, 2006; see Appendix A). The original GEM contained 27 items, scored on a 5-point Likert scale. We removed two redundant items for purposes of our study, allowing for a minimum overall score of 25 and a maximum score of 125. It has been field tested with a sample of IPV perpetrators, generating valuable population norms (Chovanec & Roseborough, 2017). As yet, it has not been used in any BIP outcome studies.

In light of the ethnographic research discussed above, and MI research finding good results when clients are given an opportunity to find their own solutions, there is also a need for an instrument that can reliably measure engagement from the group member's perspective. While the WAI is a reliable, validated instrument (Munder et al., 2010), it does not measure the same variables found in the ethnographic studies cited above. We therefore have

developed such an instrument, which we call the Client Rating of Facilitator (CRF) measure, adapted from the categories proposed by Morrison et al. (2019) and supplemented by the McGinn et al. (2017) review, that enumerates those qualities that BIP clients say helps motivate them to change, among them the client-centered MI techniques that further the working alliance and therapist skills in promoting group cohesion (Appendix B). To obtain additional information about the role played by facilitators in engaging clients in the group process, we asked about the number of years of experience each facilitator had conducting IPV perpetrator groups.

In addition to providing useful information about the role of facilitators in helping engage and motivate clients, findings from the client interview studies also identified the positive benefits of their group experience. One way to measure treatment outcomes, aside from tracking recidivism rates, is to look at improvements in areas of functioning that are potentially related to, or an essential requirement for, violence desistance—e.g., better impulse control, acquisition of prosocial interpersonal skills, and increased self-efficacy. Indeed, the study of male perpetrators by Westmarland and Kelly (2013) showed that, according to feedback from female partners, perpetrators, practitioners and funders/commissioners, success of a BIP program is associated with particular changes. These include an improvement in the relationship between perpetrator and partner or ex-partner, increased consideration for the well-being of self and others, and a better awareness of the consequences of violence. Typically, these and similar outcomes have been measured by the facilitator or outside observers (Musser et al., 2008). Given the lack of client self-report measures and the difficulties in conducting large, rigorous, follow-up outcome studies, we therefore created a second questionnaire, the Client Perceived Benefits of Group (CPBG; see Appendix C). We made sure to keep all the items, especially those having to do with specific skills and tools, ideologically neutral, so that respondents can interpret each item according to their own experience. For example, a client may not endorse "learned to overcome my patriarchal beliefs" if he does not perceive himself in that way, whereas "changed some of my cognitions or pre-suppositions about people" would be more inclusive and capture a more inclusive set of responses.

Although our study builds on several lines of promising research, the findings we have reviewed have not always been sufficiently replicated, are in some instances contradictory, and otherwise have not yet coalesced into a firm, unified set of evidence-based practices. Our study was therefore intended to be exploratory in nature, with a modest set of objectives. Our primary goals were, first, to establish population norms for the two instruments created, the CRF and CPBG, and to provide supplementary data to

existing population norms for the one GEM study using a based on a sample of IPV offenders (Chovanec & Roseborough, 2017); and, secondly, to identify meaningful patterns in the data, in the hope of clarifying and expanding upon previous research. In particular, we sought to determine which perspective, that of the facilitator or the client, is most useful in predicting client satisfaction and perceived outcomes, and therefore examined what relationships may exist, if any, among certain variables, including: (a) GEM and CRF scores, (b) GEM and CPBG scores, and (c) CRF and CPBG scores.

Method

Court-certified BIP directors throughout the greater San Francisco Bay Area, California, were contacted by the first author in the summer of 2019. To obtain an acceptable sample size, agency directors were asked to invite all available facilitators to participate in the study. As an incentive for study participation, all directors and facilitators were offered two free eight-hour online CEU training courses, and recompensed $7.00 for each GEM they completed. Group participants were allowed to leave their session early upon completion of the questionnaires.

Data collection involved discrete phases. Participating agency directors were first asked to complete a two-part two initial questionnaires: (a) one part asking about the agency's approach to treatment (e.g., Duluth, CBT, MI, etc.) and the directors' views on IPV risk factors; and, (b) the other asking for information on the age, gender, ethnic background, education level, and BIP group experience for each facilitator who agreed to participate in the study, as well as the day and location of each group. Agency directors were then asked to have each of their facilitators complete a GEM for the clients in one of their men's groups, and indicate how many weeks each had been attending (a previous study found engagement rates among BIP group clients to rise over time; Chovanec & Roseborough, 2017). After collecting this data, the first author prepared the client questionnaires (CRF and CPBG) for each group. For purposes of confidentiality, client names were not included on these questionnaires; instead, an identification number was assigned for each, which could later be matched with the group, agency, and GEM results.

Where the lead author was unable to personally administer the client measures, agency directors were provided with detailed instructions on how to administer the CRF and CPBG questionnaires to their various groups, including the voluntary nature of the study and the benefits of cooperating (allowed to leave group earlier than usual). Participating clients were reassured that questionnaire responses would never be made available to their facilitators,

the agency, or outside parties such as Probation. Upon completion, clients were asked to put their questionnaires in a large envelope, which the director collected and subsequently mailed to the first author. Later, the research team was provided with only deidentified data for conducting the study analyses. The study was approved by the Tulane University Social/Behavioral IRB and from Université Laval's research ethics committee.

Results

In total 16 group facilitators from five agencies participated in this study, along with a total of 175 clients in 16 groups. Among the five participating agencies, treatment approaches chosen as the top two choices revealed that the majority are *Client Focused* and use *Cognitive Behavioral Therapy* as their two main modalities ($n = 4$). The majority (69%) of the facilitators are male ($n = 11$); with 75% ($n = 12$) identifying as being White, the most prevalent category for age among facilitators was 55-64 years with 31% ($n = 5$) falling under this category; the majority of the facilitators had a graduate degree or better and in terms of years of experience the group of facilitators had a mean of 10.93 years ($SD = 7.31$) of work experience. For the purpose of confidentiality, no demographic information was collected from the clients.

The mean score for the GEM among 175 completed surveys was 23.75 ($SD = 4.82$). In comparison, the mean GEM score found among a sample of 81 men in batterer intervention by Chovanec and Roseborough (2017) was 20.13. Our somewhat higher score may reflect differences in when, during the course of a group, each client was surveyed. Although all the clients in the Chovanec and Roseborough (2017) study were surveyed around sessions 3-4 of their program, the men in our study were surveyed at any given point over a period of 52 weeks, so their higher mean scores may reflect their higher level of participation over time. With respect to the seven GEM subcategories, our study sample had the following averages: attending 4.46 ($SD = .707$); contributing 3.87 ($SD = .961$); relating to worker: group facilitator 4.07 ($SD = .908$); relating with members 3.44 ($SD = 1.079$); contracting 1.10 ($SD = .398$); working on own problems 3.71 ($SD = 1.035$); and working with others 3.12 ($SD = 1.176$).

CRF and CPBG scores were reported only for clients for which their facilitators provided GEM scores. As shown in Table 1, the mean score for the CRF was 83.59 ($SD = 6.77$). Dividing this mean score by the 18 individual items making up the questionnaire, we arrive at a mean score of 4.64 per item, meaning that the average response falls between "agree" and "strongly agree" on our 5-point Likert scale.

Table 1. Facilitator Demographic Characteristics.

Characteristic	Participants (n = 16)		
	Mean/%	*n* Range	*SD*
Gender			
Male	68.8	11	
Female	31.2	5	
Other	-	-	
Facilitators age			
18-24	18.8	3	
25-39	25	4	
40-54	31.2	5	
55-64	25	4	
65+			
Race			
White	75	12	
African American	12.5	2	
Asian	-	-	
American Indian or Alaska native	-	-	
Hispanic or Latino	6.25	1	
Other	6.25	1	
Education			
Less than high school	6.25	1	
HS diploma/GED	-	-	
Some college	12.5	2	
Associate degree	-	-	
Bachelor degree	31.25	5	
Technical degree	-	-	
Graduate degree	43.75	7	
PhD/DSW/PsyD	6.25	1	
MD	-	-	
Other	-	-	
How many years' experience facilitating	10.93 years		7.31
Group Engagement Measure (GEM)	23.75	175	4.82
Client Rating of Facilitators (CRF)	83.59	86	6.77
Client Perceived Benefits of the Group (CPBG)	43.29	87	4.9

Also shown in Table 1, the mean score for the CPBG among 87 completed participant surveys was 43.29 ($SD = 4.9$). Dividing this mean score by the 10 questionnaire items, we get a mean score of 4.33 per item, falling between "agree" and "strongly agree," but closer to "agree."

GEM, CRF, and CPBG relationships.

To explore potential relationships between GEM and CRF scores, GEM and CPBG scores, and CRF and CPBG scores, a series of Pearson *r* coefficients was calculated. For the GEM and CRF, the Pearson *r* coefficient indicated that there is a nonsignificant, weak positive correlation between the GEM and CRF scores ($r = .120$, $p = .271$). For the GEM and CPBG the Pearson *r* coefficient indicated that there is a nonsignificant, weak positive correlation between GEM and CPBG scores ($r = 0.28$, $p = .797$). The final analysis investigated the relationship between CRF and CBPG scores. The Pearson *r* coefficient indicated that there is significant strong positive correlation between CRF and CBPG scores ($r = .516$, $p = .001$). Correlation coefficients for GEM, CRF and CBPG are captured in Table 2.

GEM subgroup relationships with CRF and CBPG.

To explore potential relationships among the seven subcategories (attending; contributing, relating to worker: group facilitator; relating with members; contracting; working on own problems; and working with others' problems) of the GEM and the CRF and CBPG, a series of Pearson *r* coefficient were employed. The analyses indicate that there are no significant associations among the seven subcategories of the GEM and the CRF. Further, the analyses indicate

Table 2. GEM, CRF, and CBPG Relationships.

		GEM	CRF	CPBG
GEM total score	Pearson correlation	1	.271	.028
	sig. (2-tailed)		86	.797
	N			87
CRF total score	Pearson correlation	.271	1	.516**
	sig. (2-tailed)	86		.000
	N			85
CPBG total score	Pearson correlation	.028	.516**	1
	sig. (2-tailed)	.797	.000	
	N	87	85	

Note. **Correlation is significant at the 0.01 level. GEM = Group Engagement Measure, CRF = Client Rating of Facilitators, CPBG = Client Perceived Benefits of the Group.

Table 3. GEM Subscales and CRF Relationship.

		Attending	Contributing	Relating to Worker: Group Facilitator	Relating With Members	Contracting	Working on Own Problems	Working With Others' Problems	CRF Total Score	CBPG Total Score
Attending	Pearson correlation	1	.290**	.419**	.282**	–.061	.270**	.312**	.163	.033
	sig. (2-tailed)	175	.000	.000	.000	.423	.000	.000	.133	.758
	N		175	175	175	175	175	175	86	87
Contributing	Pearson correlation	.290**	1	.748**	.632**	.061	.728**	.676**	.068	–.008
	sig. (2-tailed)	.000	175	.000	.000	.419	.000	.000	.533	.940
	N	175		175	175	175	175	175	86	87
Relating to worker: group facilitator	Pearson correlation	.419**	.748**	1	.644**	–.021	.712**	.626**	.177	–.006
	sig. (2-tailed)	.000	.000	175	.000	.784	.000	.000	.102	.953
	N	175	175		175	175	175	175	86	87
Relating with members	Pearson correlation	.282**	.632**	.644**	1	-.141	.716**	.803**	.128	.170
	sig. (2-tailed)	.000	.000	.000	175	.063	.000	.000	.242	.115
	N	175	175	175		175	175	175	86	87
Contracting	Pearson correlation	–.061	.061	–.021	–.141	1	.073	.108	–.043	–.168
	sig. (2-tailed)	.423	.419	.784	.063	175	.340	.153	.691	.119
	N	175	175	175	175		175	175	86	87

(continued)

Table 3. continued

		Attending	Contributing	Relating to Worker: Group Facilitator	Relating With Members	Contracting	Working on Own Problems	Working With Others' Problems	CRF Total Score	CBPG Total Score
Working on own problems	Pearson correlation	.270**	.728**	.712**	.716**	.073	1	.765**	.080	–.031
	sig. (2-tailed)	.000	.000	.000	.000	.340	175	.000	.464	.774
	N	175	175	175	175	175		175	86	87
Working with others' problems	Pearson correlation	.312**	.676**	.626**	.803**	.108	.765**	1	.041	.046
	sig. (2-tailed)	.000	.000	.000	.000	.153	.000	175	.705	.670
	N	175	175	175	175	175	175		86	87
CRF total score	Pearson correlation	.163	.068	.177	.128	–.043	.080	.041	1	.516**
	sig. (2-tailed)	.133	.533	102	.242	.691	.464	.705		.000
	N	86	86	86	86	86	86	86		85
CPBG total score	Pearson correlation	.033	–.008	–.006	.170	–.168	–.031	.046	.516**	1
	sig. (2-tailed)	.758	.940	.953	.115	.119	.774	.670	.000	87
	N	87	87	87	87	87	87	87	85	

Note. **Correlation is significant at the 0.01 level.

that there are no significant relationships among the subcategories of the GEM and the CBPG. A correlational analysis among the seven subcategories of the GEM itself, revealed significant relationships among all subcategories except for the subcategory of Contracting. Coefficients for GEM subcategory relationships with the CRF and the CBPG are captured in Table 3.

GEM, CRF, and CBPG relationship with years of experience.

The explore potential relationships among the GEM, CRF, and CBPG mean scores and years of facilitator experience, a series of Pearson r coefficients was calculated. For the GEM and facilitator years of experience, the analysis indicated that there is a nonsignificant weak positive correlation between years of experience and the GEM ($r = 0.08$, $p = .295$). For the CRF and facilitator years of experience, the analysis indicated that there is nonsignificant weak positive correlation between years of experience and the CRF ($r = .028$, $p = .795$). The final analysis investigated the relationship between facilitator years of experience and the CBPG. The results indicated that there is nonsignificant weak positive correlation between years of experience and the CBPG ($r = .039$, $p = .717$). Coefficients for years of experience, GEM, CRF, and CBPG are captured in Table 4.

Table 4. GEM, CRF, and CBPG Relationship With Years of Experience.

		Facilitator Years' of Experience	GEM	CRF	CPBG
Facilitator years of experience	Pearson correlation	1	.08	.028	.039
	sig. (2-tailed)		.295	.795	.717
	N		175	86	87
GEM total score	Pearson correlation	.08	1	.120	.028
	sig. (2-tailed)	.295		.271	.797
	N	175		86	87
CRF total score	Pearson correlation	.028	.120	1	.516**
	sig. (2-tailed)	.795	.271		.000
	N	86	86		85
CPBG total score	Pearson correlation	.039	.028	.516**	1
	sig. (2-tailed)	.717	.797	.000	
	N	87	87	85	

Note. **Correlation is significant at the 0.01 level.

Discussion

There is a growing body of research, drawn from samples of general psychotherapy clients as well as from samples of men enrolled in various counseling groups, and specifically in batterer intervention groups, indicating that certain process factors predict positive treatment outcomes. Among these process factors are the quality of the working alliance between client and therapist/group facilitator. Other findings indicate that client lack of motivation and engagement in the group process predicts higher drop-out rates. The GEM is an instrument that can be used to identify what factors might promote such engagement, with ratings provided by the group leader. Still other research, based on in-depth, structured interviews, suggests that clients feel more engaged when group leaders demonstrate certain leadership skills. We incorporated these, along with previous findings from MI studies, in the CRF instrument, for the purpose of conducting quantitative outcome research.

Results from this study support previous research finding a strong correlation between client engagement in the therapeutic process, based on their perception of the facilitator, and their perceived benefits of the group experience. Our study tested for the two ways by which such engagement might be measured—i.e., based on facilitator reports, and client reports. Facilitator ratings of client participation in group, as measured by the GEM, predicted neither client's ratings of the facilitator's leadership skills (as measured on the CRF), nor client's self-rated progress (as measured by the CPBG). These findings were the same whether facilitator ratings were measured by the overall GEM mean score or the means of the individual categories. On a positive note, our study did provide additional field data on the GEM, and our findings are consistent with the mean scores published in one previous GEM survey (Chovanec & Roseborough, 2017) with a sample of men in batterer intervention groups.

CRF leadership skills, as measured by the CRF, however, strongly predicted positive treatment outcomes. In general, clients reported deriving greater benefits from their group experience to when they perceived facilitators to be caring, committed and nonjudgmental; humble and authentic, but also knowledgeable about IPV and able to provide information and tools with which to change; and who can maintain a safe, working group environment but also willing to challenge client behaviors respectfully.

Several explanations may be given for the significant correlation found between the CPBG and CRF, but not between the GEM and CRF. Most obviously, the CRF and GEM are separate measures, one of facilitator behavior from the perspective of the client, the other of client behavior from the perspective of the facilitator. Furthermore, the GEM is a broader measure of

engagement, with only one of its seven dimensions focused directly on the client-facilitator relationship. It should also be noted that the CRF has yet to be validated, as this was an exploratory study. Nonetheless, our preliminary findings are in line with the psychotherapy outcome studies cited previously, finding that a client's positive view of the process is more important than the specific type of intervention that is delivered. It may be that whereas facilitators only see client behavior, which may appear resistant from the outside, clients may feel internally positive about their experience despite difficulties in overcoming bad habits and negative attitudes. Perhaps clients know best what is good for them, even while maintaining an outward demeanor of resistance, while facilitators working with court-mandate clients and mindful of their criminal histories and danger to their victims are more skeptical about their ability to change. Facilitator ratings may be as subjective as client ratings. Clearly, future studies need to be conducted to see if either CPBG scores, or GEM scores, or both, predict follow-up outcome recidivism data.

Our findings conflict with at least one other previous BIP outcome study (Taft et al., 2003), in which facilitator ratings of the working alliance predicted lower physical and psychological abuse at follow-up. That study measured outcomes based on follow-up reports from partners, reporting on actual abuse, whereas our study only measured client-reported perceived benefits while still in group. Perhaps BIP clients, in contrast to general psychotherapy clients who seek help voluntarily, may be more prone to deceiving themselves, or perhaps comparisons to the Taft et al. (2003) findings are of limited value due to differences in methodology and type of sample.

It should also be noted that high ratings on the CRF and CPBG were fairly uniform, indicating ceiling effects that warrant discussion. Throughout the data collection process, numerous precautions were implemented to obtain accurate results. Group facilitators were asked to step out of the room while the clients completed their questionnaires, and clients were assured that their questionnaires, which contained only a number and not their names, would only be processed by the research team. Nonetheless, these precautions may have been insufficient, and the men may not have fully trusted that their responses would not be shared with the agency and would not, somehow, compromise their standing with the group facilitator and lead to expulsion and legal consequences. If so, both their reported satisfaction with the facilitators and positive group benefits would be an artifact of the study's methodology rather than real change. Of course, it is also quite possible that the clients were answering truthfully. Additional research is needed to flesh this out, in which clients are afforded complete anonymity, and drawn from much larger samples, especially of facilitators, to get more response variability. The group leaders in our study identified

overwhelmingly as having a client-centered and CBT orientation, and reported to having graduate degrees, all possible factors in predicting high CRF and CPBG scores. Studies involving a larger number of facilitators than the 16 who participated in our study might provide evidence for the significance of these factors, as well as for years of group experience and other factors such as training background, personal experiences with violence, or sense of competency. As well, it would be instructive for research to examine if high CRF scores are related to a facilitator's particular personality, perhaps measured by the NEO. Correlations between these two factors might be of assistance to agencies wanting to prescreen applicants prior to investing in a costly, and time-consuming training regimen.

The findings from this study provide tentative support for the CRF and CPWG instruments. However, before they can be widely implemented in clinical settings, additional research will need to be conducted to determine their validity and reliability. In particular, it would be worthwhile for a factor analysis to be conducted on the CRF, to find out which of its 18 CRF items most strongly predict higher CPBG scores. As well, although women perpetrate IPV at comparable rates as men, for similar reasons, and subject to the same risk factors, female offenders may relate to one another, and to the group facilitator, differently (Hamel, 2020; Wexler, 2020). It would therefore be useful to administer these instruments to a sample of female IPV perpetrators, for clinical use within that population.

Appendix A

Group Engagement Measure
Client Name_____ Scored by_____
Date_____
1 = Rarely or none of the time; 2 = A little of the time; 3 = Some of the time;
4 = A good part of the time;
5 = Most/all of the time

I. Attending

1. Arrives at or before start time.	1	2	3	4	5
2. Stays until the end of sessions or leaves only for important reasons.	1	2	3	4	5
3. Does not hurry to leave at the end of sessions.	1	2	3	4	5

II. Contributing

4. Contributes his/her share of talk time (not too much, not too little.)	1	2	3	4	5

5. Seems to follow and understand what others are saying.
   1 2 3 4 5
6. Responds thoughtfully to what all others are saying (not just one or two.)
   1 2 3 4 5
7. Verbally interacts with members on topics related to the group's purpose.
   1 2 3 4 5
8. Participates in group projects/activities.
   1 2 3 4 5

III. Relating to worker: group facilitator

9. Follows guidance of the worker (e.g., discusses what worker wants group to discuss, is involved in activities suggested by the worker).
   1 2 3 4 5
10. Shows enthusiasm about contact with worker (e.g., demonstrates interest in the worker, eager to speak with worker). 1 2 3 4 5
11. Supports what the worker is doing with other members (e.g., by staying on topic or expanding on discussion). 1 2 3 4 5

IV. Relating with members

12. Likes and cares for other members. 1 2 3 4 5
13. Helps other members to maintain good relations with each other (e.g., by encouraging members to work out interpersonal problems, by cheering up members, and so forth.) 1 2 3 4 5
14. Helps and encourages other members. 1 2 3 4 5

V. Contracting

15. Expresses continual disapproval about the meeting times.
    1 2 3 4 5
16. Expresses continual disapproval about the number of meetings.
    1 2 3 4 5
17. Expresses continual disapproval about what the group members are doing together. 1 2 3 4 5

VI. Working on own problems

18. Makes an effort to achieve his/her particular goals. 1 2 3 4 5
19. Works on solutions to specific problems. 1 2 3 4 5
20. Tries to understand the things he/she does. 1 2 3 4 5
21. Reveals feelings that help in understanding problems. 1 2 3 4 5

VII. Working with other's problems

22. Talks with (encourages) others in ways that help them focus on their problems. 1 2 3 4 5
23. Talks with (encourages) others in ways that help them do constructive work on solving their problems. 1 2 3 4 5

24. Challenges others constructively in their efforts to sort out their problems. 1 2 3 4 5
25. Helps others achieve the group's purpose. 1 2 3 4 5

SCORES (for each category, divide total by number of items completed)

I _____ II _____ III _____ IV _____ V _____ VI _____ VII _____ Total Score: _____

Appendix B

Client Rating of Facilitator (CRF)

1. Wants to help, concerned about us, cares about us.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

2. Committed to helping us overcome our abusive behavior, so we do not return to the same situation that got us into the program.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

3. Open-minded, allows group members to have their own opinions.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

4. Humble, does not act like he/she is perfect.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

5. Does not put group members down.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

6. Helps members participate in the group and engage positively with each other.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

7. Helps members to learn from one another.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

8. Creates a comfortable and safe group environment.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

9. Encourages each of us to talk, without being too pushy about it.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

10. Listens, and seemed genuinely interested in what we have to say, and regards each member as a separate individual with their own needs.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

11. Does not favor one member over another.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

12. Discourages members from "colluding"—that is, from supporting each other's abusive, destructive, or illegal behavior.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

13. Challenges us on some of our behaviors.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

14. When he/she does confront a member, the intention is not to punish, but to help that member get honest, learn from his/her experiences, and change their behaviors.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

15. Supports our efforts to change our behaviors.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

16. Knowledgeable about intimate partner violence (domestic violence)—its dynamics, what causes it, and how it affects others.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

17. Gives us useful tools and information.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

18. Shares with us this knowledge to us in a way that makes it easy to understand.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Appendix C

Client Perceived Benefits of Group (CPBG)

1. I have better control over my emotions, including my anger.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

2. I have become aware of the negative and irrational thinking that leads me to become abusive.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

3. I have come to understand why I sometimes behave in ways that hurt others or myself.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

4. I have improved my ability to communicate with my partner/ex-partner.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

5. I have improved my ability to communicate with others.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

6. I have improved my ability to resolve conflicts with my partner/ex-partner.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

7. I have improved my ability to resolve conflicts with others.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

8. I feel more confident and empowered, so I can get my needs met appropriately.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

9. I have developed more empathy for my partner/ex-partner.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

10. I take responsibility for my behavior, including abuse I have perpetrated upon my partner/ex-partner.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Author's Note

Fred Buttell and Regardt Ferreira are also affiliated with University of the Free State, Bloemfontein, South Africa.

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ORCID IDs

John Hamel https://orcid.org/0000-0003-0404-3545

Valerie Roy https://orcid.org/0000-0002-5415-051X

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Author Biographies

John Hamel, PhD, LCSW, is a scholar-practitioner in the field of intimate partner violence (IPV), having worked with perpetrators and victims for nearly three decades. He is editor-in-chief of the peer-reviewed journal *Partner Abuse.* His research has focused on overcoming misinformation about IPV, and advancing evidence-based offender treatment programs.

Fred Buttell, PhD, LCSW, BACS, a professor in the School of Social Work at Tulane University, has extensive experience in providing social work intervention services to clients in community-based correction programs and in evaluating the effectiveness of these social work interventions. His primary research interest is on improving the effectiveness of batterer intervention programs.

Regardt Ferreira, PhD, is an assistant professor at the School of Social Work at Tulane University, with more than 15 years' experience in disaster and trauma-related work. He has collaborated with Dr Hamel and Dr Buttell on several IPV research projects, including large-scale surveys of batterer intervention programs in the U.S. and Canada.

Valerie Roy, PhD, is a professor in the School of Social Work and Criminology at Universite Laval, Quebec, Canada. Her primary research interests have focused on treatment programs for IPV perpetrators, including group interventions for men, the role of gender, and the needs of involuntary clients.