



Survivors' Perspectives on Relationship Violence Intervention Programs

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Abstract

Purpose Relationship Violence Intervention Programs (RVIPs) increase safety for survivors of intimate partner violence (IPV) by reducing the abusive attitudes and behaviors of their abusive partners. Researchers typically assess RVIP effectiveness by measuring abusive partners' recidivism, which is limited in capturing partners' behavior changes and determining whether survivors experience a reduction in abuse. This study explored survivors' hopes for their partners participating in an RVIP and survivors' perceptions of the RVIP's influence on abusive partners' behavior change.

Method Twenty-four IPV survivors participated in in-depth, individual interviews about their needs and experiences after their partners entered an RVIP. Interview transcripts were analyzed using reflexive thematic analysis, which inductively identifies themes.

Results Survivors hoped the RVIP would give their partners tools to manage their anger and learn accountability. Survivors also wanted to give and receive feedback about their partners' participation. Some survivors described the RVIP as positive while others described it as negative or as having mixed influences on partners' behavior change. Survivors' perceptions of the impacts of the RVIP were influenced by how survivors conceptualized abuse, whether partners' behavior change was sustained and/or felt sufficient, and how survivors' safety was impacted.

Conclusion RVIPs should involve survivors in service planning and provide information about program goals, expectations for abusive partners, and ongoing risks to survivors' safety. Additional implications and recommendations for further research and practice are discussed.

Keywords Relationship violence intervention programs · Batterer intervention · Domestic violence · Intimate partner violence · Survivors' perspectives

Almost 44 million adult women in the United States have experienced physical or sexual violence from an intimate partner (Smith et al., 2018). Survivors of intimate partner violence (IPV) experience a wide range of negative effects, which can include physical injuries, post-traumatic stress disorder, depression, fear, and functional impairment (Campbell, 2002). A variety of services have been developed to support IPV survivors, including shelters, counseling, and advocacy, and many of those interventions have been

effective in enhancing the well-being of survivors (Eckhardt et al., 2013). In contrast, interventions designed to reduce the perpetration of IPV are more limited in scope, consisting primarily of court-mandated counseling for the abusive partner (Cannon et al., 2016). Each year, many thousands of abusive partners participate in Relationship Violence Intervention Programs (RVIPs), formerly labeled “Batterer Intervention,” which is an ambiguous and stigmatizing term that locates violence as a fixed characteristic rather than as a modifiable behavior (Corvo & Johnson, 2003). RVIPs have demonstrated a significant reduction in recidivism, but limited evidence is available on how these programs influence outcomes directly related to survivors' safety and well-being (Cheng et al., 2019). Many questions remain regarding the efficacy of these programs, specifically whether they meet the needs of the IPV survivors they were designed to support and protect.

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History and Approach of Relationship Violence Intervention Programs

RVIPs emerged in concert with the Battered Women's movement in the late 1970s. Many early programs were run by social activists in men's collectives, although some were initiated within community mental health agencies. These community-based interventions worked with voluntary (self-referred) clients and were intended to shift accountability for change from survivors to abusive partners (Murphy et al., 2020). During the subsequent decades, as advocates successfully pushed for mandatory arrest and prosecution of abusive partners, RVIPs proliferated rapidly to serve an increasing cadre of court-mandated cases. Currently, RVIPs remain heavily dependent on legal system referrals with well over 90% of participants entering RVIPs through the legal system (Cannon et al., 2016), typically after a physically violent incident that resulted in arrest, criminal charges, and sentencing. Some participants enter an RVIP through a plea agreement for deferred prosecution, some through a consent decree in a civil court case involving a protection order or custody dispute, others enroll in anticipation of a pending court case, and few enter voluntarily with no court involvement.

Most RVIPs use psychoeducational strategies to reduce gender-based expressions of power and control while providing training to enhance coping, communication, and relationship skills (Cannon et al., 2016; Murphy et al., 2020). Many programs include techniques from cognitive-behavioral therapy designed to reduce hostile cognitive distortions and enhance emotion regulation and relationship skills (Cannon et al., 2016). At present, 45 U.S. states have operating guidelines for RVIP practice, although the requirements vary widely from state to state and are often not grounded in research evidence (Babcock et al., 2016).

Effectiveness of Relationship Violence Intervention Programs

Meta-analyses of controlled research on RVIP effectiveness have yielded mixed results (Babcock et al., 2004; Feder & Wilson, 2005). In contrast to minimal or no-treatment controls, RVIP participation, on average, is associated with a small reduction in physical assault recidivism – an effect that is significant in some, but not all, analyses (Babcock et al., 2004; Murphy & Richards, 2020). A recent meta-analysis of controlled research found significant benefits of RVIPs in reducing recidivism as reported by the criminal legal system, both for IPV and general offenses. However, when survivors' reports of violence were used to

assess program outcomes, the average program effect was very small and not significant (Cheng et al., 2019). These findings indicate that RVIPs can play an important role in reducing the socio-legal costs of IPV but raise questions regarding program impact on the safety and well-being of IPV survivors. In addition, most studies have measured program outcomes exclusively as physical assault or re-arrest (Eckhardt et al., 2013), which may not adequately assess coercive control, emotional abuse, financial abuse, and the subjective experiences of IPV survivors.

Qualitative research provides helpful elaboration and context for these quantitative findings. One systematic narrative review examined 16 studies that assessed survivors' perspectives on RVIPs, reflecting diverse and often complex experiences (McGinn et al., 2016). Positive themes included improvements in the abusive partner's communication and conflict management, including increased capacity to discuss feelings, think before acting, and interrupt escalating hostility. Themes related to changes in the abusive partner's underlying beliefs included a broadened perspective on relationship issues, increased willingness to listen to the survivor's views, and a greater understanding of what constitutes abuse. However, another important theme emphasized survivors' uncertainty about whether abusive partners would be able to maintain these changes over time (McGinn et al., 2016).

Negative themes were also common. These included the abusive partner's resentment about having to attend a counseling program and the use of knowledge or terminology from the program to manipulate, criticize, or abuse the survivor. Even when the physical violence had ended, some survivors reported continued emotional and verbal abuse (e.g., Hayward et al., 2007). A related theme captured survivors' disappointment with abusive partners' persistent tendency to blame survivors for the abuse. In addition, some survivors reported that relationship violence intervention did not affect abusive partners' behavior (e.g., Gregory & Erez, 2002).

Another important theme uncovered in this systematic review centered upon survivors' increased feelings of safety. Notably, one common theme highlighted abusive partners ending the use of physical assault as an abuse tactic. In addition, survivors' increased feelings of safety arose from enhanced monitoring of abusive partners from the RVIP. In some studies, feelings of safety also resulted from support and validation provided directly to survivors by RVIP counselors, and from increased knowledge of resources available to survivors (e.g., Austin & Dankwort, 1999). However, another important theme is that survivors rarely reported feeling completely safe, and many remained cautious around their partners or concerned about the potential for partners to perpetrate future violence (McGinn et al., 2016).

Current Limitations to Survivors' Perspectives of RVIP Effectiveness

Notable limitations in the methods and samples in prior qualitative studies highlight the need for additional research to understand survivors' perspectives on RVIPs. Some studies have sampled survivors whose partners enrolled in RVIPs voluntarily (e.g., Austin & Dankwort, 1999; Bonham & Vetere, 2012), survivors who participated together with their partners in conjoint therapy (e.g., Todahl et al., 2012), survivors who were provided with enhanced support interventions (Madoc-Jones & Roscoe, 2010), or survivors who had extended supportive contact with RVIP counselors (Austin & Dankwort, 1999). These approaches, though important, are quite distinct from the predominant RVIP models in current use (Cannon et al., 2016). Some studies restricted their sample to survivors whose partners had successfully completed the RVIP (e.g., Austin & Dankwort, 1999; Hayward et al., 2007). Given that a large proportion of abusive partners drop out before program completion (Jewell & Wormith, 2010) and that program dropouts tend to have higher rates of recidivist violence (Babcock et al., 2004), these samples may over-represent positive themes regarding abusive partners' response to intervention. In addition, many of the studies identified by McGinn et al. (2016), including the majority that was seen as central to their narrative analysis, were conducted over 20 years ago.

Although some research has examined survivors' expectations at the outset of RVIP intervention (Smith & Randall, 2007), very little research has been done to determine whether those expectations are, or are not, met once the intervention begins. In addition, very little emphasis has been placed on the direct communication that RVIP staff have with survivors, even though the majority of RVIPs conduct survivor outreach and over 90% of state guidelines require RVIPs to contact survivors (Cannon et al., 2016). Similarly, very little attention has been given to how abusive partners' participation in RVIPs may enhance survivors' knowledge of available resources and facilitate resource access, even though only about one-fourth of this population of survivors have ever received services for IPV (Nnawulezi & Murphy, 2019). There is a clear and compelling need for additional RVIP research that de-centers abusive partners and re-centers survivors' needs and experiences to help identify ways in which RVIPs are succeeding, or falling short, in their efforts to enhance survivor safety and well-being.

Current Study

To date, quantitative studies have focused almost exclusively on understanding the value of RVIPs through an analysis of the abusive partner's behavior and change process, with very

limited focus on the survivor's subjective well-being. Qualitative studies that explore survivors' experiences have pursued a wider range of goals, although the primary emphasis has often remained on evaluating program efficacy through understanding and assessing the abusive partner's behavior (e.g., Bonham & Vetere, 2012). Only a small number of studies have examined whether and how RVIPs can directly enhance the well-being of survivors, and these have generally examined programs that provide extensive or intensive outreach to survivors (e.g., Madoc-Jones & Roscoe, 2010). To address this evidentiary gap, this study explored survivors' hopes and experiences when their abusive partner entered an RVIP. We sought to understand what survivors hoped the program would do for their partners and their relationships, as well as how survivors perceived the influence of the program on their partners' abusive behavior.

Methods

Participants

Twenty-four women participated in the study and were, on average, 34 years old. Most of the sample were women of color – specifically, Black (21%), multiracial (21%), Latinx (17%), and Asian (8%). A third of the sample was white. Most women identified as heterosexual (96%), and all abusive partners were men. Nine women reported that their partners were currently in an RVIP, seven stated their partners completed the program, seven were unsure whether their partners were still in the program, and one woman stated that her partner did not complete the program and was not attending it currently. More than half of the sample were not with their partners at the time of the study (58.3%), while about a third were still in the relationship (37.5%). Most women were mothers (71%), many of whom had children under the age of 18 (63%). The sample was highly educated; a majority finished college or vocational school (67%).

Procedures

We implemented this study at a domestic violence organization located in a suburban county in the Baltimore-Washington metropolitan area. In this study, 83% of the participants had partners who were court-mandated to the RVIP, while 17% were self-enrolled. As a part of routine practice, abusive individuals who enter the program provide survivors' contact information, and program staff contact survivors to assess abusive partners' behavior and provide supportive resources. In May 2017, we gained university IRB approval to obtain survivors' contact information and recruit them for the study.

We initially invited survivors who were over the age of 18 and had partners who entered the program up to 18 months (January 2016) before the study approval date. Since partners were typically court-mandated to 22 weeks (about 6 months) in the program, we selected an 18-month time frame to ensure we had a large enough pool to recruit survivors. We assumed this sample would be difficult to reach given how we obtained their information and our inability to build rapport with potential participants before phone recruitment outreach. We continued ongoing recruitment with survivors during the study period. Following similar confidentiality procedures as program therapists, recruiters contacted 155 survivors up to five times by phone and a generic mailed letter to participate in an individual interview. Confidentiality was critical in our recruitment process. Abusive partners did not know we contacted survivors, and we assured survivors that all contact with our research team was completely confidential. Sixty-seven survivors answered the phone, about half declined the interview, and 34 survivors agreed to participate in the interview. Twenty-five survivors completed in-depth interviews and received \$25 for their participation. One survivor was excluded from the analysis because she was not the target of the harm that caused her partner to enter the RVIP and did not consider herself a survivor. Interviews lasted, on average, 72 min and took place in homes, libraries, coffee shops, or on the university campus. Survivors were asked to select locations where they could have a confidential conversation without children or other adults present. All interviewers were trained to conduct basic safety planning and used trauma-informed approaches for interviewing vulnerable populations. Participants received a resource guide at the end of the interview.

Interview Guide

Using a semi-structured interview guide, survivors responded to open-ended questions about their hopes for the RVIP (“Can you tell us what you hope(d) this program will (would) do for your partner? For you?”) and their perceived influence of the RVIP on their needs and experiences, as well as their partners’ behaviors (“Did your needs change or shift when your partner entered the RVIP? If so, what changed?”); “How effective, if at all, was the program in meeting your hopes/expectations for your partner?”). Survivors were also asked about their safety (“How do you feel about your safety?”) and for their basic demographic information.

Data Analysis

We analyzed the data using a six-step inductive thematic analysis process identified by Braun and colleagues (2019). This inductive approach allowed us to explore the

complexities and interdependent relationships between abusive partners’ participation in the RVIP and survivors’ hopes, perceptions, and needs. We first engaged in data familiarization by reading the entire dataset and memoing the data. Then, we engaged in in-depth coding of the data and used these initial codes to develop a preliminary codebook to guide future analysis. We continued to code the data and refine the codebook until all codes were finalized. We developed themes by grouping relevant codes and then tested and refined themes by finding patterns, as well as using negative case analysis. The coders also developed a set of variable-by-variable matrices to assess the nuances present within the primary themes (Miles et al., 2014). After preliminary analysis, survivors were invited to small-group member check sessions to establish trustworthiness of the findings. Five survivors reviewed preliminary themes and shared whether the themes aligned with their experiences or not. Themes were revised based on survivors’ insights and incorporated into the results and discussion. In our description, we employ pseudonyms for survivors.

Reflexivity

All members of our research team have expertise in intimate partner violence and collectively believe in centering the voices, needs, and perspectives of survivors. Some of us are also clinical practitioners who provide individual counseling for survivors or abusive partners. Independently, we have diverse, personal reasons for why ending violence is critical, but collectively, we recognize that RVIPs are a vital source of violence intervention. The choices often available to survivors and their abusive partners are between going to RVIPs or carceral responses (e.g., incarceration). RVIPs, then, become one of the very few non-carceral options (abusive partners can voluntarily enter a program) available designed to reduce or eradicate harmful behaviors by abusive partners. Simultaneously, we recognize the limitations of RVIPs to adequately meet survivors’ needs for safety and their desires to effectively transform abusive partners’ attitudes toward violence and related behaviors. Given this knowledge, we conceptualized research questions, made sampling decisions, and created interview questions informed by the desire to generate action-orientated data from a diverse group of survivors (many of whom are women of color) that could improve community-based violence interventions and reduce the need for carceral responses. Thus, in our data collection and analysis, we chose inductive analytic processes to identify the shared positive, mixed, and negative experiences survivors encountered when trying to meet their personal needs, stay safe, and (if desired) support their partners. By centering survivors’ complex, nuanced, and comprehensive perspectives on RVIPs, we create a unique opportunity to understand what survivors want from

community interventions that they are expected to trust with their safety and the behavior change of their partners.

Results

What Survivors' Hoped Partners Would Gain from the RVIP

Survivors had varied hopes for how the RVIP would influence their abusive partners. Most survivors wanted their abusive partners to get help. A few survivors did not expect the program to make a difference in their partners' behavior. Generally, survivors expressed hope that the RVIP would promote accountability of abusive partners by teaching them healthier relationship skills, providing support for mental health and substance use concerns, and employing creative strategies to engage and retain abusive partners (theme 1). Survivors also wanted to give feedback, and be updated, on abusive partners' progress in the RVIP (theme 2).

Theme 1: Survivors Hoped the RVIP Would Promote Accountability and Behavior Change

Many survivors hoped their abusive partners would become accountable by learning what abuse is, why abusive behavior occurs, and the impact abusive behavior has on others. These survivors also hoped the RVIP would help abusive partners gain internal and external awareness. Internally, survivors wanted abusive partners to understand why they engaged in abusive behaviors and how they ended up in the RVIP, in hopes that this understanding would help to prevent future abusive behavior. For instance, Bethany shared:

I hoped that the program would educate him about what abuse was. And that abuse wasn't just physical. That abuse could be emotional, could be verbal, could be financial. And, also, I hoped that the program could work on his psychological imbalances and bring to light why he behaved the way he behaved.

Externally, survivors wanted their partners to understand the impacts their abusive actions had on others and take responsibility for this impact. Aracely asserted, "I wanted him to accept that this is all true and that that happened. And I want him to understand what I went through." Simply put, survivors wanted abusive partners to accept that they had indeed perpetrated abuse and that the abuse was traumatic for survivors and their children.

A few survivors specifically wanted abusive partners to learn that abuse was not just physical violence but encompassed other forms of coercive control. These survivors believed this knowledge would enable their partners to then recognize their actions as abusive. One survivor,

Desiree, wanted her partner to understand the role of power and control in perpetrating abuse. Her partner did not believe he had abused her because she had 'accepted' his behavior, rather than seeing how used coercive control to pressure her into different sexual activities. She stated, "If he gets the game that he's playin', then he can understand his role a little bit better. I don't think he's knowledgeable enough about these sorts of things when it comes to domestic violence, power, and control." Survivors strongly believed that abusive partners' evolved awareness and understanding would transform their behavior and start the pathway to accountability.

Subtheme 1: Survivors Hoped Abusive Partners Would Acquire Healthier Relationship Skills

Many survivors believed that abusive partners' anger and lack of impulse control contributed to their abusive behavior. Thus, many survivors hoped that the RVIP would provide partners with skills and tools to address their anger and change their abusive behavior. A common hope shared by survivors was for partners to learn anger management techniques including strategies to manage their emotions, control their tempers, and reduce their aggression. Marianna hoped "it'd give him some coping skills to allow him to find other ways to express anger other than yelling and throwing things and hitting people." Furthermore, some survivors hoped their partners would grow from the program to become better partners, parents, and people. For instance, Janelle hoped the RVIP would:

Just help him with ways of channeling his anger and his anxiety. And just showing him how to be a better him. And understand that it's not just the resource is offered to him. [It is] how what he does and what led him to having to take the class, how it affected me and how it could affect other people.

Survivors described wanting the program to help their partners become better people, though most varied in their ideas about what the program would do to facilitate this growth. Caroline hoped the program would help her partner become more driven and "that someday he thinks more positively." Darianny hoped the program would make her partner "a better person for any relationship" by giving him a space to talk openly about his problems with other abusive partners and helping him think twice before engaging in behavior that could have negative consequences. She says, "I hope that one day, he even cross his mind to do something he will just say, oh, my God, I can't, I'm gonna lose everything in my life." Finally, Bethany thought that counseling could "fix" her husband so that he would be the "happy" person she had married, and she could "get [her] person back." Ultimately, survivors wanted partners to develop the capacity to regulate

their emotions and manage their anger to become happier, more present partners.

Subtheme 2: Survivors Hoped Partners Would Get Support for Mental Health and Substance Use Concerns Some survivors attributed partners' abusive behavior to partners' mental health needs and substance use. These survivors felt that abusive partners experienced mental health concerns, some of which were rooted in the partners' childhoods, and believed these concerns contributed to partners' perpetrating abusive behavior. Thus, survivors wanted abusive partners to receive counseling to address these mental health concerns. Marianna stated:

Counseling would be great 'cuz a lot of the reasons why he started drinking was to cope with other issues that he had. You know, issues with his parents, issues here, issues there. So, if he got counseling that he needs, that would help.

A few survivors indicated that their partners engaged in substance use to cope with upsetting emotions and hoped the program could provide partners with alternative strategies for regulating their emotions. Adrianna wanted her husband to acquire help for his alcohol use, which she believed would help him become a better parent to their daughter:

The only thing that I wish is for him to stop, you know, with his alcohol problem. And for my daughter. Because my daughter, she needs to live in a good environment. . . And that was one problem that we were having when she was spending the night with him. Because it was affecting her behavior, because at his house she didn't have rules or nothing. And at my house we have rules, and we have, you know, like, normal things. And most of the time someone else was taking care of her. So, what I wanted is for him to get good for my daughter.

Some survivors thought the program should help their partners access substance use treatment when needed, particularly when it hindered partners' participation in the program. Keisha noted:

You see this man every week for an hour. You have to know or start to study or, like, talk about something or use other resources. Like, hey, I think that Mr. [name omitted], I think that we have a problem. I think that maybe this counseling, even though it's court-ordered...is not a fit for him. We really need to put him in a treatment.

Overall, survivors believed that addressing the roots of their partners' substance use would mitigate abusive behavior. Survivors hoped the RVIP would provide targeted

support for partners' mental health and substance use concerns so that partners could achieve accountability.

Subtheme 3: Survivors Wanted the RVIP to Employ Creative Strategies to Engage and Retain Abusive Partners Some survivors suggested that the RVIP engage abusive partners by employing creative strategies to facilitate accountability and behavior change, particularly because most partners were court-ordered to attend and not necessarily self-motivated. For instance, Lucy recommended that counselors include people with shared lived experience:

I don't know who the counselors are or how they do it or whatever, but maybe for someone like [partner's name], to get him to open up, maybe he needs to speak to a counselor who has, I guess, been the abuser or have been in a situation like that. Maybe they feel like, if they can connect to that person, they will actually open up for real.

Lucy believed partners would benefit from engaging with counselors who could personally attest to how they changed their abusive behavior. Another survivor, Bethany, suggested the program identify gender-responsive ways to engage abusive partners, who are predominantly men:

There's gotta be something that psychologists or counselors or somebody can do in order to make it better for men to go to counseling where there's not so much stigma. I feel like for men, maybe you need to go take 'em for a run and do the counseling. Maybe you need to go form a basketball league. Maybe . . . you gotta meet the man at the man's needs. Men don't just sit around and talk like women do. Women sit around and talk about their babies, talk about their husband, talk about their job... Men, it's like, be quiet, don't say anything, you're not supposed to do that, you're defacing the secrets of the family.

These survivors also wanted the program to retain abusive partners through continued outreach and collaboration to address obstacles to participation. Bethany felt the RVIP did not follow up with her partner because he enrolled voluntarily as opposed to being court-mandated. She felt the program could have tried harder to retain her partner:

It was his choice to attend counseling. But sometimes you need a little nudging. And I mean, I'm not saying harass the man. But reach out to him and try to figure out, well, why did you stop coming. What can we do in order to help you to come? What can we do in order to make it so that you feel like your needs are being met? What does your wife think? Does she say you still need to go? You know, that kind of a thing.

These survivors wanted the program to engage in creative, person-centered practices to support the participation and retention of abusive partners and ultimately promote behavior change.

Theme 2: Survivors Wanted to Give and Receive Feedback on Abusive Partners' Progress

Survivors had little to no contact with the RVIP after being initially contacted by program providers when abusive partners entered the program. Generally, survivors were informed of when abusive partners entered and when they completed the RVIP. Several survivors reached out to the RVIP to ask for updates on their partner's progress or to provide information about his behavior, particularly when they felt the partner's behavior was not changing. Keisha shared:

I remember on a couple of occasions him being intoxicated drivin' [my daughter] around. What do I do? I call [the RVIP] to say, 'Hey, [partner's name] on the way there. He is drunk. Just FYI.' I felt like I was getting the runaround. There was no real help there.

However, these survivors were told they could not be given updates on partners' progress. Several survivors reported not knowing what their partners were learning in the program. Lucy asked program staff, "What are you guys teaching him in that class? Is it one-on-one, is it group?" and was told, "We can't disclose that." A few survivors asserted their partners would not share information or were vague about what happened in the RVIP. For instance, Desiree noted:

He has group every Tuesday. So, when he comes home and it's like, 'Oh, how was [the program]?' 'It was fine,' you know. 'Some guy said a funny joke and we laughed.' 'Did you learn anything? Were there any concepts that were a little bit foreign? Did you see things differently?' You know? 'Oh, no,' you know, 'we didn't do nothin'.' Every week, 'We didn't do nothin'.'

In contrast, a few partners did share openly with survivors what they learned, such as how to cope with stressful situations in the relationship through acceptance and problem-solving. For instance, Karen asserted, "he would share with me the information he would get out of the classes. And it was just different ways to handle situations. And I thought that was very helpful."

Some survivors relied heavily on the RVIP to change their partners' abusive behavior. A few survivors even described using partners' participation in the program as a bellwether of whether to stay in the relationship. Bethany stated, "when he entered it, I had hope. When he quit it after four weeks, I lost all hope. And I think that helped me decide to leave."

Similarly, Desiree emphasized the faith that she put in the RVIP to help her partner, which she believed that other survivors likely experienced as well. She asserted the importance of receiving feedback from the program on abusive partners' progress to determine whether their partners are changing or not:

I don't know what they're doin'. I don't know if my spouse is getting better. I feel like if we're putting so much faith in a program, we should almost know these things. Because I think as survivors or women or people on the other side of the spectrum, we're puttin' a lotta hope into this program. And we're putting a lot of our lives on the line that this program is gonna make a difference for our relationships. But there's no real way of knowin' that.

Some survivors wanted to reclaim agency through bidirectional information sharing to facilitate informed decision-making about their safety and the future of their relationships, particularly when their partners' participation in the RVIP was their last hope for the relationship.

Survivors' Perceptions of RVIP Impact

Survivors' perceptions were conceptualized based on survivors' reports of abusive partners' behavior after entering the RVIP. Survivors who perceived the RVIP positively described behavior changes in their abusive partners such as employing anger management techniques, whereas negative perceptions of the RVIP entailed partners continuing to engage in abusive tactics. Survivors who perceived the program to have mixed influences reported a mix of positive and negative outcomes. Five survivors perceived the program as solely positive; eight survivors perceived the program as having mixed outcomes, and five survivors perceived the program as solely negative. Six survivors reported uncertainty around whether the program influenced their partners' behavior change; these survivors were either no longer in touch with their partners or were not yet sure of whether the program was resulting in behavior change.

Generally, survivors' perceptions of the influence of the RVIP depended on the pervasiveness of the abuse experienced, the extent of abusive partners' behavior change, and the degree to which survivors' hopes were actualized. Specifically, the RVIP was perceived positively when survivors did not describe an inequitable power dynamic in their relationship and when abusive partners' behavior changes aligned with survivors' hopes (theme 3). Survivors perceived the RVIP as having mixed outcomes when abusive partners' behavior changes were temporary or insufficient (theme 4). Survivors perceived the RVIP negatively when abusive partners did not demonstrate behavior changes, and

survivors felt that abusive partners' substance use concerns impeded the ability of the RVIP to be effective (theme 5).

In addition, survivors' perceptions of the program were connected to their relationship status. Nine survivors were in a relationship with their abusive partner, 13 were no longer in a relationship, and two were unsure of their relationship status. All five survivors who perceived the program positively were still in a relationship with their partners, and all five survivors who perceived the program negatively were no longer in a relationship with their partners.

Theme 3: Survivors Perceived the RVIP Positively When They Did Not Perceive an Inequitable Power Dynamic Between Them and Their Partners

Survivors' positive perceptions of the program were connected to how they appraised the abuse they experienced. Some survivors viewed abuse as an ongoing pattern of behavior whereas others viewed the abuse as a standalone incident. Participants described the RVIP positively when they did not perceive an inequitable power dynamic in the relationship and did not view themselves as survivors. When survivors experienced the program as solely positive, abuse was usually viewed as a stand-alone event rather than an ongoing pattern. Some participants felt the abusive incident was mutual and influenced by both partners' alcohol use. Angela noted:

I just don't think there's enough protection for people who go through domestic violence. Well, whose situations are different than mine. I don't think [partner's name] would do anything like that. Or even if we wasn't together, I don't think he is that kinda person. But we worked out our differences and it's not like it's a reoccurin' thing where we fight each other or he beats me up all the time. It was just a night where alcohol played a major role.

Moreover, Angela believed that she also should have been arrested rather than just her partner because “he had marks on him, too.”

One survivor, Madeline, who perceived the program as solely positive did not appraise the incident that led her partner to the RVIP as abusive. She described the incident as a “misunderstanding,” whereby she and her partner were drunk and arguing in the car as bystanders called the police. She believed that police were called because of racist undertones – she, a white woman, was crying while arguing with her partner, a Black man. In addition, Madeline felt that alcohol influenced her and her partner to “blow up” and asserted that their relationship “wasn't violent ever.” Thus, these

survivors experienced the program's impact as aligned with what they hoped their partners would gain from the program. They wanted partners to learn concrete behavioral changes to de-escalate conflict, rather than believing their partners needed to learn how to stop engaging in abusive tactics. In contrast, only one survivor who viewed the program as solely positive, Rochelle, described an ongoing pattern of abuse whereby her partner engaged in “emotional attacks” and accused her of cheating, which started a “tumultuous” dynamic. However, she reported that her partner's behaviors changed upon his participation in the RVIP; he acquired new habits and took responsibility for his emotions.

Subtheme 1: Survivors Perceived the RVIP Positively When Abusive Partners' Behavior Changes Aligned with Survivors' Hopes

Relatedly, survivors had varied hopes for what the program would do for their abusive partners based on their conceptualization of the abuse they experienced. Survivors who viewed abuse as a standalone event were focused on their partners learning anger management strategies. In contrast, survivors who viewed abuse as an ongoing dynamic wanted abusive partners to learn about the different types of abuse and take responsibility for their behavior, as well as acquire anger management skills. Survivors perceived the RVIP as solely positive when their partners' behavior changes aligned with their hopes for the program's impact. Survivors who reported hopes for their partners asserted that the RVIP provided their partners with communication tools and emotion management skills. Caroline shared:

Like if me and him get in an argument usually he would start screaming or yelling or whatever. Where in this case he hangs up, takes a couple of breaths or a break, and then he'll call me back and we can talk or stuff like that. Instead of just screaming and yelling. And it seems like that was something that they may have taught him... [a] coping skill.

Most survivors who perceived the program as solely positive also described that their partners demonstrated desired behavior changes in navigating conflict. For instance, Madeline wanted the RVIP to help her partner acquire skills for impulse control, identify his emotions, and cope with his emotions without “getting super upset.” She reported that the program was positive because “he's got more tools now when he gets upset or frustrated.” Her partner even de-escalated an incident between them while intoxicated. Thus, RVIPs were viewed positively when survivors' hopes for what partners would gain from the program aligned with partners' behavior changes.

Theme 4: Survivors Perceived the RVIP to Have Mixed Outcomes when Abusive Partners Demonstrated Temporary or Insufficient Behavior Change

When survivors perceived the program as having mixed outcomes, they described abusive partners' behavior change as short-lived and/or insufficient. Some survivors stated that partners initially demonstrated some positive behavior change, such as counting backward to calm down. However, partners soon reverted to old abusive behaviors and stopped using the anger management strategies they learned. For instance, Bethany's partner initially reduced his alcohol use and was more attentive to their children, but his behavior change did not last:

I think it maybe helped a little bit. He stopped drinking the way he was...he basically didn't buy whiskey for a little while after. He seemed to become more attentive to the children. He would help a little more around the house. We had already been tryin' to get out on a date here and there, but... I felt like we went maybe on a few more dates. That kind of a thing. So, I do think there was some positive outcome. But there was also some negative outcome from him too.

Bethany's partner quit the program prematurely, which she attributed to him "starting to learn some things about himself, and he didn't like what he was learning."

While survivors who perceived mixed outcomes reported some positive behavior changes in basic anger management skills and reducing physical abuse and aggression, they also asserted that they did not experience improvement in the overall quality of the relationship. In addition, survivors described abusive partners engaging in behavior that was contradictory to their positive behavior changes. For instance, Janelle's partner learned to manage his anger, which increased communication between them, and he would exit conflict situations to prevent them from escalating. However, Janelle also described her partner provoking and gaslighting her:

While he's learning to deal with his anger, he's still able to, like, sometimes he still, I'll say, like, maybe nitpick an argument, but it's like he's not really doin' it to come off like he's tryin' to argue, but I know what he's doin'. Like he's an agitator. And so, he does it very peacefully and calmly. And then I'm sittin' there screamin' and yellin' and upset and he's just calm like, 'What are you arguin' about?'

Similarly, Caroline's partner would take breaks during arguments to take breaths and calm down rather than yelling. However, he still expressed aggression toward others, like wanting "to beat people up." Caroline described the program as limited in its helpfulness:

I've seen him be a little bit better with the temper when it comes to talk with me. But in general, I don't know. He still makes comments like, '...if I end up in jail, I'll be a statistic.' So, I don't think it was very effective in that. I think it gave him some new coping skills, which I think is helpful for him. But other than that, I don't think they were very helpful.

While abusive partners learned various anger management and emotional regulation techniques through the RVIP, temporary and insufficient behavior changes led to many survivors feeling that the program was not adequately helpful.

Theme 5: Survivors Viewed the RVIP Negatively When Their Safety was Compromised Because Abusive Partners Maintained Abusive Behaviors

Two-thirds of survivors indicated that safety was not a need at the time of the interview. All survivors who perceived the program as solely positive reported that safety was not a need and did not report seeking a court order. Karishma stated, "he's not the kind of a criminal person that he would come and assault [me] or anything like that...So, safety is no longer an issue with me once he moved out." Most survivors who perceived the program as having mixed outcomes also felt that safety was not a need, though a few indicated they were uncertain about their safety. Survivors who were uncertain about their safety were not sure how their partners might behave in the future, particularly because of partners' past abusive behaviors. Bethany worried about how her partner would react to her filing for full custody of their children:

I mean, he's playin' along nicely right now. But at some point, it could be. 'Cuz you don't know. It's so volatile. And I feel like safety may become an issue when he gets those divorce papers. Because it's gonna say I want sole custody. It's gonna say use and possession of the house or house to be sold. It's gonna make him angry.

In contrast, most survivors who perceived the program as solely negative asserted that safety was a need for them and/or their children, and they sought a court order. Grace stated:

I know that I don't feel necessarily safe at school even though Title IX came in and they have suspended him from school until he completes, like, a long laundry list of demands. But, you know, it's not like they're always on the lookout for him, so I'm especially hypervigilant, like, when in the parking lot because I'm sure he knows where I park. I also don't necessarily feel safe at home since he knows where I live. So, most of the time I would rather spend time at a friend's house, like somewhere he doesn't know where I would be. And I also avoid areas that I know he would be. ... And so, in order

for me to take action against him they said, ‘We also want you to be safe at home and outside of school.’ Because they can protect me at school. They can’t protect me everywhere else. So, I had to go get a protective order.

Evidently, when survivors experienced the program as having solely positive outcomes, they simultaneously reported feeling safe. Conversely, when they experienced the program as having solely negative outcomes, they worried about safety for themselves and their children.

Survivors who experienced the program as having solely negative and/or mixed outcomes described the numerous ways that their abusive partners continued to use various tactics to cause harm to them and their children. For instance, Keisha asserted:

Two weeks ago, I came home late, and my husband was in the parking lot and followed me all the way up the steps. And I had no idea. I was on the phone. But I just instantly, like, felt, like, something. And I turned around and it was him. And that scared me.

These survivors described partners continuing to stalk survivors, verbally and emotionally abuse survivors, use children to manipulate survivors, engage in physical aggression toward survivors, and manipulate systems in their favor – including the RVIP. Keisha felt her partner “intimidated [the program counselor] to the point where maybe like, there was just no help.” Survivors felt that abusive partners manipulated program counselors by not being honest or transparent and performing the desired behaviors while in sessions. Thus, partners could complete the program without facing real accountability or making authentic changes. A few abusive partners used the program to manipulate and blame survivors. Lucy’s partner weaponized the program by telling her that he learned from participating in the RVIP that she is the abuser – not him. As expected, ongoing violence that compromises survivors’ safety leads to negative perceptions of RVIPs.

Subtheme 1: Abusive Partners’ Substance Use Concerns Impeded Behavioral Change Most survivors who perceived the program as solely negative indicated that abusive partners’ substance use concerns prevented partners from gaining anything meaningful from the program and thus inhibited the program from influencing partners’ behavior change. These survivors believed that their partners’ substance use prevented partners from employing the strategies taught by the program and that their substance use needed to be addressed for the program to be helpful. All survivors who described the program as solely having negative outcomes indicated that their partners were still engaging in alcohol use.

Discussion

In this study, we explored survivors’ hopes for their abusive partners after partners entered an RVIP, and survivors’ perceptions of the RVIP, particularly on their partners’ behavior change. Results demonstrated that survivors hoped that abusive partners would learn accountability, build capacity to manage their anger, and establish healthier ways of relating. Survivors also wanted their partners’ mental health and substance use concerns addressed because many believed that substance use was the root cause of partners’ abusive behavior. Survivors also hoped the RVIP would employ diverse engagement strategies to support their partners’ participation and retention. Finally, survivors desired feedback on their partners’ progress through the program.

When partners’ behavior changes aligned with survivors’ hopes, survivors described the program as solely positive. Interestingly, most survivors who viewed the program positively did not appraise the violence as an ongoing dynamic in which their partners asserted power and control over them and thus did not describe hopes for partners learning about, or taking responsibility for, abuse. Instead, they hoped that their partners would gain anger management and conflict de-escalation skills, which some survivors felt the program was able to accomplish. Survivors questioned program helpfulness when their partners engaged in temporary and/or insufficient behavior changes and believed partners’ substance use concerns impeded the program’s ability to be helpful. When survivors described the program as solely negative or having mixed outcomes, their abusive partners continued to engage in abusive behavior. This aligns with prior evidence that illustrates how abusive partners’ resentment around having to participate in the RVIP resulted in continued abusive behavior (Hayward et al., 2007).

RVIPs are designed to provide psychosocial education that reduces abusive behavior in relationships. However, results suggested that a sole focus on the reduction of abusive behaviors was insufficient in addressing the needs of many survivors. Like other studies that explored survivors’ experiences of their partners’ participation in an RVIP, survivors in this study felt their partners learned anger management techniques but not necessarily how to be in healthy relationships (McGinn et al., 2016). Survivors wanted the RVIP to provide comprehensive support to address the root issues of their partner’s anger, abusive behavior, and lack of healthy relationship skills. While most RVIPs are theoretically modeled on a feminist analysis of IPV that conceptualizes gender-based violence as rooted in patriarchal norms, they vary in the level of adherence to a feminist program philosophy (Cannon et al.,

2016). Similarly, survivors in this sample did not discuss gender-based assertions of power when describing what their partners learned in the program or when describing the program as helpful. Survivors' attribution of the root causes of violence to partners' substance use or anger, and not to inequitable power dynamics, signals that RVIP outreach might be a critical opportunity to discuss the root causes of abusive behavior and common challenges in abusive partners' change processes.

The psychoeducational approach to RVIPs aligns with survivors' desires for abusive partners to increase their knowledge of abusive and controlling tactics. However, survivors hoped this knowledge would in turn increase partners' accountability and lead to transformative behavior change. This presumed pathway of partners' increased awareness leading to personal accountability and transformation may be incomplete without a more extensive self-reflective process. Psychoeducational and cognitive-based approaches may be insufficient without trauma-informed strategies that help abusive partners recognize and regulate their physiological responses to trauma, which may contribute to aggressive behavior (Voith et al., 2020).

Survivors' desire for comprehensiveness, depth, and accountability aligns with calls to integrate more trauma-informed, client-centered practices that deepen abusive partners' self-awareness within RVIPs. Trauma-informed approaches encourage providers to help abusive clients understand how childhood adversities and traumatic events can impact relationship functioning through feelings of mistrust, shame, low self-esteem, and a perceived need for control (Taft et al., 2016b). For example, an intervention approach that provides high levels of support and empathy has been found to increase abusive partners' assumption of personal responsibility for abuse during subsequent group sessions (Musser et al., 2008). In addition, trauma-informed interventions have been found to reduce emotional and physical abuse among military veterans, many of whom have symptoms of PTSD (Taft et al., 2016a). Although more research is needed to understand whether supportive and trauma-informed approaches can promote accountability in abusive partners, the available evidence suggests that these practices may attend simultaneously to abusive partners' emotional needs and survivors' safety needs.

In our experience, RVIPs do not consistently engage in survivor-centered practices in their partner outreach that prioritize survivors' direct needs. However, in reviewing prior qualitative research on survivors' perspectives, the study that seemed to provide the most positive examples of survivors' safety and well-being was derived from an intervention model that closely resembled the earliest incarnations of RVIP practice. In that study, most survivors were receiving services from a shelter program offered by the same organization that provided counseling to the abusive partner.

Program counselors had sufficient contact with survivors to be frequently mentioned in the narrative examples as having validated the survivors' experiences, enhanced their self-esteem, and helped them resolve feelings of responsibility for the abuse (Austin & Dankwort, 1999). The current study's findings suggest a desire and need for greater survivor engagement in service planning, more extensive contact with survivors over time, and more mutual sharing of information about the abusive client's change process.

Survivors in this sample also wanted to contribute and receive feedback about their partners' progress. Many survivors are interested in figuring out how they can move forward in their relationships; a little less than half of the survivors in our sample were either still with their partners or trying to figure out their relationship statuses. It might be helpful to provide survivors with more information about the program goals, change strategies, and expectations for their abusive partner. Specifically, providers could ask survivors what they desire, what they believe the partner needs support with, and how the providers can attend to needs that the program does not typically address. This may help survivors contextualize their experiences and perceptions to make informed decisions about their relationships. Informational and emotional support from RVIP providers is also important because many survivors in this sample experienced ongoing abuse while their partners were in the program. Therefore, honest feedback could support them in assessing their safety and the possibility of their safety in the future. Providers can also ensure that they are periodically evaluating survivors' safety while partners are engaged in the program.

Future Implications for Research and Practice

Despite having similar abuse and IPV-related PTSD rates as the general population of survivors, survivors whose partners are in RVIPs have relatively low levels of help-seeking (Nnawulezi & Murphy, 2019). Many IPV studies collect data from survivors who have already sought support from formal domestic violence support services, and often do not connect with survivors who have not, or do not plan to, access these same services. The benefit of studying this survivor sample is to connect with survivors who believe that their partners are not making changes in the RVIP, who are experiencing ongoing abuse, and who may not be connected to formal services for IPV. Survivors would benefit from RVIPs which provide continuous outreach to survivors who desire it, in a way that is responsive to their expressed needs without being intrusive or burdensome. Therefore, future research should focus on how to establish and maintain a connection with survivors whose partners are receiving RVIP services.

Although not all state standards require outreach to survivors, a strong case can be made for this being a fundamental

aspect of ethical RVIP practice by mental health professionals. The duty to protect potential known or identifiable victims of violence perpetrated by a client receiving mental health treatment is a widespread legal requirement. Although imminence is a key consideration in violating confidentiality to protect potential victims in mental health practice, in IPV cases there is a clear potential victim of violence and an ongoing risk over time. Even though it is rare that RVIP counselors identify an acute imminent risk – because abusive partners rarely express an imminent intention to commit a violent act – one could nevertheless argue that the ongoing risk requires proactive outreach that includes an offering of supportive services, safety planning, and provision of information about ongoing risk. Arguably, if RVIP providers fail to discharge this broadly conceived duty to protect, the survivor may retain false hope or may make decisions that increase their risk of additional exposure to violence at the hands of the abusive client (e.g., deciding to continue the abusive relationship or to re-unite because the abusive individual is receiving RVIP counseling).

While this study provided critical insight for survivors' perspectives of an RVIP, several limitations need to be named. Survivors were contacted at different points in their partners' process in the RVIP; some partners had recently begun the program, other partners had completed it or dropped out, and a few partners were still completing the program. Given the dynamic nature of survivors' experiences with their partners, survivors' perspectives may have shifted as the program went on. Therefore, similar points of comparison would have provided a more synchronous understanding of program helpfulness among survivors. However, sampling only survivors whose partners completed the RVIP would overlook the experiences of survivors whose partners discontinued the program or who were unaware of their partners' status in the program. Thus, longitudinal research that captures survivors' perspectives at multiple time points after partners' entry into the RVIP might help explain what dosage of the program is necessary to create or sustain positive behavior change. Another limitation is that the sample is limited to one specific suburban locale and a specific treatment program that relied primarily on cognitive-behavioral intervention strategies. Several of the emergent themes suggest that specific behavioral change strategies involving communication and conflict management are experienced as very helpful by some survivors, and as inauthentic, manipulative, or insufficient by others. It remains quite plausible that RVIPs utilizing a different approach might produce distinct experiences and concerns among survivors.

RVIP providers can consider integrating survivors' perspectives into service planning to better support survivors' safety and promote accountability for abusive partners. Survivor-centered, trauma-informed RVIP practices realign program providers with the field's original intentions – to

promote healthier relationships and create safer families and communities.

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Declarations

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