

Breaking the Cycle: The Role of Post-Release Supports in Reducing Reoffending

by

Tanya Brown

A Paper in partial fulfillment of requirements for the Degree of

Master of Counselling (MC)

City University of Seattle

Victoria, B.C., Canada

March, 2026

APPROVED BY

Laurel Tien, Ph.D. RCC, Capstone Advisor, Master of Counsellor Faculty

Peter Monk, MSW, RCSW Faculty Second Reader, Master of Counselling Faculty

School of Health and Social Sciences

Dedication

This work is dedicated to my Aunt, who suffered in silence and was denied the justice she deserved, and to my Uncle, who lost his battle with mental health struggles. Their stories are painful reminders of the systemic gaps and silences within our healthcare and social support systems—especially for those most vulnerable. Their experiences fuel my commitment to pursue counselling as a profession grounded in compassion, justice, and advocacy. I carry them with me in this journey, and I honour their lives by working to build a system where every voice is heard, every pain is validated, and no one has to suffer alone or in silence.

Abstract

The treatment and rehabilitation of individuals who perpetrate violence remains a critical and complex area of practice within counselling and related helping professions. While public and professional attention often centers on victims and survivors—as it rightly should—there is a growing recognition that effective violence prevention also requires meaningful intervention with those who commit such acts. This Capstone Research Project explores current approaches to working with perpetrators of violence, with a focus on therapeutic frameworks, intervention models, and the practical challenges faced by counsellors in clinical settings. The goal of this inquiry is to assess the effectiveness of existing strategies, identify gaps in current practice, and consider how counselling interventions can be improved to support long-term behavioral change, reduce recidivism, and enhance community safety. Through this exploration, this Capstone Research Project aims to contribute to more ethical, evidence-informed, and accountable practices in the treatment of violent offenders.

Keywords: violent offender, offender rehabilitation, recidivism, restorative justice, trauma-informed care

Table of Contents

Dedication ii

Abstract iii

Table of Contents iv

Breaking the Cycle: The Role of Post-Release Supports in Reducing Reoffending 9

Chapter 1: Introduction 9

 Introduction 9

 Background of the Issue/Problem 10

 Purpose of the Capstone Research Project 13

 Research Questions and Significance of the Capstone 13

 Contributions to the Field 14

 Theoretical Orientation 16

 Definition of Terms 19

Chapter 2: Literature Review 22

 Introduction 22

 Counselling Interventions to Reduce Recidivism and Promote Long Term Behavioural Change
 24

Trauma-Informed and Restorative Approaches 24

 Restorative Justice and Relational Repair 29

Integration of Frameworks 31

Chapter Summary 32

Chapter 3: Summary, Discussion, Services, Recommendations and Conclusions..... 34

 Summary of Findings..... 34

 Discussion..... 34

 Services..... 34

 The Relationship Violence Prevention Program (RVPP)..... 34

The RVPP is a structured cognitive-behavioural program delivered by BC Corrections for individuals convicted of relationship or family violence offences. It focuses on helping participants recognize abusive patterns, regulate emotions, and develop pro-social communication and problem-solving skills. From a trauma-informed perspective, RVPP aligns with several key principles, including education on emotional triggers and non-violent coping strategies. However, the program has limited explicit focus on participants’ trauma histories, attachment patterns, or the effects of intergenerational and systemic trauma. A more comprehensive trauma-informed approach could include psychoeducation about trauma, culturally responsive practices, and structured opportunities for emotional safety within group settings—particularly important for Indigenous men, who are disproportionately represented in the justice system. Viewed through a restorative lens, RVPP emphasizes intrapersonal accountability but rarely incorporates relational repair. Participants work on self-management, yet opportunities for mediated dialogue, family healing circles, or restorative conferencing are largely absent. Embedding these elements could enhance empathy, understanding of harm, and long-term community safety. 34

Repeat Violent Offending Intervention Initiative (ReVOII) 35

Established in 2023, ReVOII hubs in Victoria and across BC provide a multi-agency response to repeat violent offending. The initiative integrates police, prosecutors, probation officers, and social supports such as housing and mental health services. This system-wide coordination reflects a shift toward wraparound care, recognizing that violent behaviour often stems from intersecting issues such as addiction, homelessness, and untreated trauma. While ReVOII demonstrates potential from a trauma-informed perspective, the current model focuses primarily on supervision and case management rather than direct therapeutic intervention. Enhancing the initiative with trauma screening, staff training in trauma-sensitive communication, and access to counselling could strengthen outcomes. From a restorative justice perspective, ReVOII emphasizes public safety but could further support relational accountability. Incorporating restorative conferencing or structured reintegration meetings may help participants rebuild trust with families and communities, addressing social isolation that can perpetuate cycles of violence. 35

Integrated Community Outreach Teams (Victoria Region)..... 36

Victoria’s Integrated Community Outreach Team coordinates services for justice-involved individuals facing complex social and health challenges, including mental illness, substance use, and housing instability. This approach inherently supports trauma-informed practice by addressing social determinants of offending and prioritizing relationship-building between staff and clients. Nevertheless, trauma-informed practice could be strengthened by ensuring all team members—including police and probation staff—receives training in trauma awareness, de-escalation, and culturally safe engagement. Structured reflective practice for staff can also reduce burnout and improve consistency in client relationships. From a

restorative perspective, the teams’ support for reintegration and community connection aligns with principles of relational repair. Currently, the program functions mainly as a service coordination mechanism. Embedding restorative processes, such as peer support circles or community mentorship, could enhance participants’ sense of belonging, accountability, and purpose—critical protective factors against reoffending. 36

Community and Voluntary Counselling Programs (e.g., Men Who Use Violence Services) 36

Indigenous-Led and Culturally Grounded Healing Approaches 37

System-Level Recommendations (Cross-Sector) 38

Counsellors and Mental Health Practitioners 40

For Corrections and Justice Stakeholders 44

For Public Health and Policy Makers 46

Research and Evaluation Recommendations 47

 Mixed-Methods Evaluation Frameworks 47

Policy Review and Gap Analysis..... 47

Knowledge Mobilization 48

Recommendations..... 48

Limitations to the Capstone 49

Intersection Consideration 51

Conclusion 51

References..... 55

Breaking the Cycle: The Role of Post-Release Supports in Reducing Reoffending

Chapter 1: Introduction

Introduction

The transition from incarceration to community life presents a critical juncture (Andrews & Bonta, J, 2017) for individuals involved in the criminal justice system. Without adequate support, many formerly incarcerated individuals face significant barriers (Evans, 2024) to reintegration, which can contribute to high rates of recidivism. This Capstone Research project explores the post-release services and supports available to individuals exiting the criminal justice system, with a focus on their effectiveness in reducing reoffending and alleviating the ongoing strain on justice institutions.

Crime and acts of violence extend beyond the immediate harm to victims and perpetrators; they generate a ripple effect that impacts families, neighborhoods, and society at large. Many people struggle to find the emotional or moral capacity to engage with those who have caused harm, and our broader social discourse tends to position offenders as irredeemable. Yet my own experiences have shown me that violence is not an isolated act committed by a single individual—it is a ripple that travels outward, affecting families, communities, and generations. My belief is that true safety and healing can only emerge when we are willing to confront harm at its source, with compassion, accountability, and commitment to change. This conviction is deeply personal. I have witnessed the long and painful shadow that violence casts over people's lives. My aunt, a survivor of intimate partner violence, endured decades of emotional and physical suffering in her marriage. Although she eventually found physical safety, the cumulative toll of those years lingered; she later passed away from cancer after more than

forty years of carrying the emotional weight of her experiences. Her story is a reminder that the effects of violence extend far beyond the immediate incident—they become embodied in the health, identity, and spirit of survivors. I have also experienced the devastating consequences of violence more directly. A family friend was murdered by her classmates—a tragedy that tore through our community and ignited an understandable desire for retribution. I remember hearing some family members express the wish to “throw away the key” and never allow the perpetrators a second chance. I understood their grief and anger; yet I could not help but question what this approach achieves beyond perpetuating pain. Punishment may satisfy a collective sense of justice in the short term, but it does not address the conditions that give rise to violence in the first place. The impact of unresolved harm has also touched my family in other ways. My uncle’s experience of parental alienation left him isolated, misunderstood, and without adequate emotional or psychological support. Over time, that loneliness became unbearable, and he took his own life. His death, too, was a form of violence—one shaped by silence, stigma, and a lack of systemic care. Witnessing these experiences has impressed upon me that violence manifests in many forms: physical, relational, structural, and emotional. Its prevention therefore requires a wholistic, compassionate response that attends to both those who suffer from it and those who cause it. Engaging in work with people who perpetrate violence is, for me, an act of solidarity with victims and survivors. It is a commitment to ensuring that others do not endure what my loved ones have endured.

Background of the Issue/Problem

Drawing on recidivism research, I analyze the factors that contribute to an individual's likelihood of reoffending after release from custody. It examines the effectiveness of various

criminal justice interventions—such as alternative sentencing models, rehabilitative programs, and community-based support systems—in fostering successful reentry and long-term desistance from crime. By identifying and evaluating these supports, the paper aims to inform evidence-based practices that enhance public safety, support community well-being, and promote restorative justice outcomes. A persistent contemporary concern (World Health Organization, 2002) within the field of counselling is the high rate of recidivism among individuals who have engaged in violence, and the associated impacts on survivors, the criminal justice (CJ) system, and the healthcare system. Despite numerous interventions, many individuals who come into contact with the justice system due to violent offences continue to reoffend, highlighting a cycle that remains unbroken without comprehensive psychosocial support. This cycle of violence (Zehr, 2015) has far-reaching consequences not only for the perpetrators and their victims but also for public systems and society as a whole. One of the root issues is the lack of accessible, trauma-informed, and behaviourally focused counselling interventions that address the underlying causes of violent behaviours, such as unresolved trauma, mental health challenges, addiction, and systemic marginalization. Research shows that traditional punitive responses often fail to facilitate meaningful behavioural change, leading to reoffending and chronic involvement in the CJ system. This problem is exacerbated by the limited integration of counselling and therapeutic services into post-conviction and rehabilitation programs.

Consequently, the burden on the CJ system continues to grow, with repeat offenders consuming a significant portion of court, policing, and correctional resources. Similarly, the healthcare system faces strain due to frequent admissions related to violence-related injuries and mental health crises, both for survivors and perpetrators. The problem affects multiple stakeholders: perpetrators of violent crimes -who often lack access to counselling that could help

them understand and change their behaviour-, survivors of violence- who face long-term physical and mental health consequences, including PTSD, anxiety, depression, and substance misuse; and their children- who witness and potentially model the behaviours increasing rates of youth engaging in violence-, the criminal justice system, which continues to experience case overload (Public Safety Canada, 2002) and resource depletion due to high rates of reoffending. The healthcare system, which bears the cost of emergency and mental health care related to violence and communities, which suffer from reduced safety, social cohesion, and increased intergenerational trauma.

While existing research such as Levenson (2016), Taxman, Pattavina & Caudy (2014), van der Kolk (2014), Thordarson & Rector (2020) and Shishane, Khuzwayo, & Taylor (2023) acknowledges the correlation between mental health, trauma, and recidivism, there is still a lack of empirical evidence on: 1) the specific types of counselling interventions that are most effective in reducing violent reoffending, 2) how counselling can be systematically integrated into post-incarceration or diversion programs, and 3) the long-term impacts of counselling on both perpetrators and survivors in reducing harm and improving well-being. This lack of data hinders the development of effective, evidence-based programs that could interrupt the cycle of violence at multiple levels. Failure to adequately address this issue may result in: continued cycles of reoffending and victimization, ongoing trauma and health deterioration in both survivors and perpetrators, escalation of healthcare and criminal justice costs, and perpetuation of intergenerational violence and community-level dysfunction. Without interventions that prioritize behavioural change, healing, and accountability through counselling, society will continue to address symptoms.

Purpose of the Capstone Research Project

The purpose of this capstone is to explore a framework to work with and support perpetrators of violence to reduce recidivism among individuals who have committed acts of violence. The study seeks to understand which services and supports are available to promote behavioural change, increase mental wellness, and reduce the burden on justice and healthcare systems. This capstone will explore how counselling and support services can be effectively used to reduce recidivism among perpetrators of violence and crime to focus on the wellbeing of individuals and the overall health of communities. By addressing the underlying drive of violent behaviour—such as trauma, mental health challenges, addiction, and lack of social support—this Capstone Research Project aims to inform the development or enhancement of programs that facilitate rehabilitation, accountability, and reintegration. This study will examine existing interventions, identify gaps in current service delivery, and consider preventative strategies. The ultimate goal is to contribute to a more wholistic, health-centered approach to justice that benefits both individuals and society.

Research Questions and Significance of the Capstone

In this capstone I will outline a framework for a comprehensive, multidisciplinary, wrap-around, de-colonial approach to working with and supporting perpetrators of violence to reduce recidivism and promote long-term behavioural change among individuals who are exiting the justice system after incarceration. This capstone is significant because it addresses the urgent need for more effective, compassionate, and preventative responses to violence. By focusing on supporting perpetrators of violence this Capstone Research Project seeks to reduce the likelihood of reoffending and ultimately break the cycle of harm that affects individuals, families, and communities. Reducing recidivism directly lessens the strain on the criminal justice system,

which is often overwhelmed by repeat offences that stem from unaddressed trauma, mental illness, addiction, and socio-economic instability. Rather than relying solely on punitive measures, this capstone advocates for therapeutic and rehabilitative approaches that are more likely to lead to long-term change. The significance also lies in improving the mental and physical health of both perpetrators and survivors of violence. For perpetrators, access to counselling and behavioural support can help develop healthier coping strategies and promote accountability. For survivors, fewer re-offenses mean reduced exposure to trauma, increased safety, and greater opportunities for healing. Ultimately, this Capstone Research Project supports a shift toward a more restorative and health-centered model of justice—one that strengthens individuals while contributing to safer, more resilient communities

Contributions to the Field

From a counselling perspective, violent behaviour is best understood not as inherent criminality, but as a maladaptive coping response shaped by trauma, disrupted attachment, unmet needs, sociocultural marginalization, and systemic harm. Counselling theory shifts the focus from punishment to healing, accountability, relational repair, and contextual understanding. Addressing the research problem has the potential to create meaningful and lasting change at both individual and systemic levels. By identifying effective counselling-based supports for perpetrators of violence, this study can contribute to a reduction in recidivism rates and, in turn, a decrease in repeat harm toward survivors and families. This directly supports safer communities, healthier relationships, and fewer interactions with the criminal justice system. From a public health perspective, the study promotes the development of strategies that increase the mental and physical well-being of both perpetrators and survivors of violence. Counselling interventions can support emotional regulation, self-awareness, and trauma processing—factors strongly linked to

behaviour change. Improving access to and the quality of these services can significantly reduce the long-term impacts of violence, such as chronic illness, psychological distress, and substance use. At a systemic level, this research can help reduce the burden on overloaded criminal justice and healthcare systems. By focusing on prevention, early intervention, and post-release support, the study supports more sustainable and cost-effective approaches to justice and rehabilitation. This can inform policy, practice, and funding decisions in correctional systems, social services, and community health organizations.

This capstone will contribute to a growing body of literature that challenges traditional punitive approaches (Urquhart, Jasiura, & TIP Project Team, 2013) and advocates for restorative, trauma-informed responses (Hill, 2002) to violence. While there is emerging research on the effectiveness of therapeutic programs for violent crimes, there remains a gap in understanding which specific approaches are most successful across different populations and stages of justice involvement. This study will help fill that gap by exploring what is currently available, what has proven effective elsewhere, and where the key gaps in care exist—particularly in transition periods like pre-release planning and reintegration. By synthesizing existing models and identifying areas for innovation or improvement, the capstone aims to offer practical recommendations for program development, future research, and policy-making in the field of counselling and criminal justice.

This capstone adopts an integrative counselling framework grounded in trauma-informed, attachment-based, cognitive-behavioural, humanistic, and systems theories. It situates violent behaviour within developmental, relational, and structural contexts, and advances a multidisciplinary, wrap-around, and decolonial model of intervention that promotes accountability, healing, and community reintegration.

Theoretical Orientation

This capstone provides an integrative counselling framework grounded in trauma-informed, attachment-based, cognitive-behavioural, humanistic, and systems theories. Trauma-informed restorative practices (Gaber, Scallan, & Kouyoumdjian, 2025) integrate an understanding of trauma's impact into restorative approaches to repair harm and strengthen relationships. This integration involves recognizing the widespread effects of trauma, responding with empathy and support, and creating safe, empowering environments where individuals can heal and build trust. By applying trauma-informed principles to restorative processes, these practices aim to avoid re-traumatization, support victims and offenders, and foster well-being for everyone involved in a community or organization. This approach supports accountability while recognizing the role of harm exposure in shaping behaviour.

Attachment theory suggests that early caregiver relationships shape internal working models of self and others. Insecure or disorganized attachment patterns are associated with impaired empathy, fear of abandonment, poor emotional regulation, and relational aggression. A wrap-around model ensures these relational interventions are reinforced across systems (family services, peer support, community programming).

CBT conceptualizes violent behaviour as influenced by maladaptive cognitions, distorted beliefs, and learned behavioural scripts. In a multidisciplinary framework, CBT is strengthened when paired with housing, employment, and mental health supports to reduce environmental triggers.

Humanistic counselling theory emphasizes dignity, empathy, and unconditional positive regard. Many individuals who perpetrate violence carry deep experiences of rejection, dehumanization, and stigma. This is particularly important in decolonial frameworks, which

resist deficit-based narratives and affirm cultural identity, community belonging, and collective healing.

Systems theory recognizes that behaviour cannot be understood in isolation from family, community, culture, and institutions.

Positionality Statement

I am a bicultural Settler woman living in Canada. I was raised in a working-class family by a Portuguese immigrant mother and a Settler father. I am a mother to three sons and a wife to an incredibly supportive partner who embraced a significant lifestyle change so I could return to school and pursue my passion. I currently reside on the traditional territory of the WSÁNEĆ peoples, including the WJOLELP (Tsartlip), BOKÉCEN (Pauquachin), STÁUTW (Tsayout), WSIKEM (Tseycum), and MÁLEXEŁ (Malahat) Nations. The area also falls within the traditional territory of the ləkʷəŋən-speaking peoples; Songhees and Esquimalt Nations. My aspiration is to enter the field of counselling and to honour the diverse traditions and lived experiences of my future clients. I intend to support individuals in reconnecting with their cultural identities and to collaboratively develop care plans that integrate both Western therapeutic practices and traditional, culturally grounded approaches to healing. I am committed to ongoing self-education on allyship and anti-oppressive practices, and I strive to listen actively and humbly. My goal is not to speak for others, but to uplift and amplify the voices of those who have historically been silenced. I acknowledge the numerous privileges I hold, many of which stem from being white-presenting. Among the most impactful are: having experienced a healthy and emotionally stable upbringing, receiving a strong education, living in an affluent neighbourhood, having a loving and supportive partner, and benefiting from consistent, gainful employment for both of us. These privileges afford me access to people and institutions with the

power to effect change. They also provide access to vital resources such as quality education, healthcare, and school-based supports for my children. I benefit from well-funded recreational and social facilities, which are the product of effective local governance and collective resources. Additionally, I have the knowledge and confidence to assert my rights as a citizen, consumer, and employee. With these privileges comes responsibility. I believe I can use my position—and particularly my voice—to educate others and to stand against oppression and marginalization. My education in counselling will be a tool to expand access to mental health resources for underserved populations, including people experiencing homelessness, those living with addiction, the elderly, and individuals facing end-of-life transitions. I hope to contribute to institutional change, potentially through policy reform, to reduce barriers and address inequities in our mental health systems. I also aim to inspire other leaders and practitioners to implement similar changes within their own spheres of influence. If I do not find myself in a position to make systemic or global changes, I remain committed to reducing inequalities in my daily practice. I hope to inspire those I work with to adopt anti-oppressive, trauma-informed, and culturally safe approaches, creating a ripple effect from the ground up. Working in allyship supports an anti-oppressive approach to counselling because it requires us to recognize and address the complex, intersecting forms of oppression that shape people's lives. This approach allows for a wholistic understanding of individual lived experiences, rooted in their unique social, cultural, and historical contexts. Allyship reinforces the strengths-based, client-centered philosophy of empowering individuals. It fosters trust and rapport, creating conditions in which people feel ownership of their healing journeys and are empowered to succeed. It also exposes the inequities embedded within institutions and contributes to efforts to dismantle the systemic injustices that persist. Through education about colonialism and its legacy—particularly

racism—we can better understand how these ideologies have shaped current inequities and how they continue to marginalize certain populations. Being an ally and embracing anti-oppressive practice is a form of decolonization. It involves forming partnerships to dismantle the attitudes, powers, and institutions that perpetuate oppression. Through critical reflection, systemic analysis, and thoughtful evaluation of our work, we can return power and agency to those who have been marginalized. This collaborative, restorative process allows individuals to reclaim their voices and their power. Ultimately, we must work toward rebuilding trust in systems of support so that individuals can access help without fear or stigma. No one should be denied care, silenced, or punished for seeking assistance. Everyone deserves support and guidance in ways that honour their worldviews, lived experiences, and cultural knowledge. These perspectives should not only be accepted but celebrated and integrated into mainstream counselling practices. It is our responsibility to ensure that all individuals—regardless of background—can access mental health support free of discrimination, judgment, or fear.

Definition of Terms

Violent Offender

Violent offender is an individual who commits, or threatens to commit, acts of physical harm against others, including homicide, sexual assault, robbery, or kidnapping (World Health Organization [WHO], 2002, p. 5).

Offender Rehabilitation

Offender rehabilitation refers to structured interventions designed to support individuals in changing behavior, developing skills, and addressing underlying causes of criminal conduct to reduce the risk of reoffending (Andrews & Bonta, 2017).

Pre-release Planning

Pre-release planning involves the coordination of services and supports that help individuals transition from incarceration to the community, including housing, employment, mental health care, and social reintegration (Government of Canada, 2022).

Recidivism

Recidivism is commonly defined as the act of relapsing into criminal behavior after receiving sanctions or undergoing intervention for a previous offense, often measured by re-arrest, reconviction, or re-incarceration (Bureau of Justice Statistics, 2021).

Restorative Justice

Restorative justice is an approach to addressing harm that focuses on accountability, healing, and dialogue between those who caused harm and those who were affected, aiming to repair relationships and reintegrate individuals into the community (Zehr, 2015).

Trauma-Informed Care

Trauma-informed care is an organizational and clinical framework that recognizes the prevalence and impact of trauma and emphasizes physical, psychological, and emotional safety for clients, while creating opportunities for survivors to rebuild a sense of control and empowerment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

Overview of the Paper

This Capstone Research Project examines the role of counselling and support services in reducing recidivism among perpetrators of violence, with the broader goal of improving

individual and community wellbeing. The issue of recidivism remains a contemporary concern in both the criminal justice and counselling fields, as many individuals cycle through incarceration without receiving the therapeutic interventions necessary to change harmful behaviours. This not only perpetuates harm to survivors but also places significant strain on justice, healthcare, and social systems. By synthesizing current research on violent offending, offender rehabilitation, restorative justice, trauma-informed care, and pre- and post-release supports, this Capstone Research Project highlights the interconnected nature of violence, mental health, and systemic barriers to reintegration. A central focus is placed on identifying what interventions are currently in place, which models have proven effective elsewhere, what gaps exist—particularly during the transition from incarceration to community—and how preventative measures can be strengthened. The research contributes to existing literature by bridging the fields of counselling and criminal justice, emphasizing a health-centered, trauma-informed approach to violence prevention and offender support. Ultimately, this work supports a shift from punitive to rehabilitative models of care, aiming to reduce repeat offending, improve health outcomes for both perpetrators and survivors, and create safer, more resilient communities.

Chapter 2: Literature Review

Introduction

This chapter will review the literature related to the question: ‘what counselling interventions in addition to post release services and supports are available to violent offenders to reduce recidivism and promote long-term behavioural change?’ specifically looking at research from BC that examines services and supports that reduce recidivism and promote long-term behavioural change among individuals who have committed violence. This capstone project draws on both peer-reviewed literature and practitioner insight to examine interventions for individuals who have perpetrated violence. A systematic search strategy was used to identify relevant sources. Academic articles were primarily located through Google Scholar and the National University System repository to ensure access to scholarly, evidence-based research. In addition, qualitative insight was incorporated through an interview with the Executive Director of the Men’s Therapy Centre, where I am completing an internship. This interview provided contextual and practice-based perspectives that complemented findings from the literature as well as providing direction to specific programs and organizations. Key search terms included violent offender, offender rehabilitation, recidivism, restorative justice, and trauma-informed care. These terms were used individually and in combination to capture studies addressing treatment approaches, program effectiveness, and outcomes for individuals involved in violent behaviour. Inclusion criteria focused on peer-reviewed articles, dissertations, and program evaluations targeting adult offender populations, intervention or rehabilitation models, and outcomes related to behavioural change or recidivism. Sources emphasizing trauma-informed or restorative approaches were prioritized due to their relevance to the project’s theoretical framework. Exclusion criteria included articles not available in English, studies focusing solely

on victim services without discussion of offender intervention, opinion pieces lacking empirical support, and research centered exclusively on juvenile populations.

Recent research highlights a shift in approaches to violent offending, moving away from purely punitive models toward trauma-informed and restorative justice frameworks (Gaber, Scallan & Kouyoumdjian, 2025; Evans, 2024; Public Health Agency of Canada, 2018). Trauma-informed care (TIC) emphasizes understanding the pervasive impact of trauma on behaviour, promoting safety, empowerment, and individualized interventions, and addressing structural inequities that may contribute to offending (Gaber et al., 2025; Canada Public Health Agency, 2018). Evidence suggests that TIC can improve mental health outcomes, enhance client and staff experiences, and support behavioural change, though research on long-term recidivism outcomes remains limited (Gaber et al., 2025).

Restorative justice complements trauma-informed approaches by focusing on relational repair, accountability, and community reintegration (Evans, 2024). Rather than emphasizing punishment, restorative interventions encourage offenders to recognize the harm caused, engage in reparative actions, and rebuild relationships with victims and communities. This relational emphasis fosters empathy, social connection, and public safety through inclusion and trust rather than surveillance alone. When integrated, trauma-informed and restorative frameworks provide a wholistic approach to offender rehabilitation, addressing both the underlying causes of violent behaviour—such as trauma, emotional dysregulation, and social disadvantage—and the relational consequences of harm. This combined approach promotes interventions that are culturally responsive, strength-based, and oriented toward sustainable behavioural change, aligning with broader efforts in Victoria, BC, and across Canada to create safer communities and support reintegration (Andrews & Bonta, 2017; Gaber et al., 2025; Evans, 2024). Compared with

traditional punitive approaches, this framework emphasizes healing, accountability, and long-term desistance, providing a strong empirical and theoretical foundation for counselling interventions targeting individuals who have perpetrated interpersonal violence. However, Restorative Justice approaches are only possible when offender and victim give full consent and it's deemed safe.

Counselling Interventions to Reduce Recidivism and Promote Long Term Behavioural Change

Trauma-Informed and Restorative Approaches

Efforts to reduce violent offending and promote long-term behavioural change are increasingly grounded in trauma-informed and restorative justice frameworks (Gaber, Scallan & Kouyoumdjian, 2025.) These perspectives move beyond purely punitive (Bureau of Justice Statistics, 2021.) or behaviourist models by emphasizing healing, accountability, and relational repair — both for those who cause harm and those affected by it. In the context of counselling interventions in Victoria, BC, these frameworks provide valuable guidance for designing programs that acknowledge the complex personal histories of perpetrators while promoting safer, more cohesive communities.

Gaber, et al. (2025) conducted a scoping review examining the implementation of trauma-informed care (TIC) in adult correctional facilities. Their study analyzed 45 academic and grey-literature sources, organizing findings according to levels of implementation— structural, organizational, and individual—as well as outcomes aligned with a Quintuple Aim framework, which includes population health, care experience, cost reduction, staff well-being,

and health equity. The authors highlight that incarcerated populations experience disproportionately high rates of trauma, making TIC particularly relevant in correctional settings.

The review identified significant challenges to implementing trauma-informed care, including rigid security protocols, resource constraints, staff turnover, and inconsistent training. At the structural level, the adoption of TIC policies across institutions is uneven, and organizational-level training for staff is inconsistent. At the individual level, while some trauma-informed interventions and interactions exist, their scope and consistency are limited. Despite these challenges, studies included in the review suggest that TIC can improve mental health outcomes, enhance the experience of care for incarcerated individuals, support staff well-being, and promote health equity, though evidence on long-term outcomes such as recidivism remains limited. For counselling interventions targeting violent offenders, this work provides a strong empirical foundation for integrating trauma-informed approaches into program design. Gaber et al. (2025) emphasize the need for multi-level implementation, including supportive policy, staff training, and individualized counselling, which aligns with restorative and trauma-informed frameworks that address both the roots and consequences of violent behaviour. Their findings also underscore the importance of addressing systemic inequities, particularly for marginalized populations, in order to achieve meaningful behavioural change. Finally, the review highlights the need for rigorous, long-term evaluation of trauma-informed programmes, linking clinical outcomes with behavioural and reintegration measures. This reinforces the importance of monitoring recidivism, community reintegration, and health indicators when assessing the effectiveness of counselling interventions in correctional contexts. Overall, Gaber, et al. (2025) provide compelling evidence that trauma-informed care is both necessary and beneficial, and that

multi-level, system-integrated approaches are critical for reducing violent recidivism and promoting sustainable behavioural change.

In contrast, punitive approaches to criminal justice, as highlighted by the Bureau of Justice Statistics (2021), continue to rely heavily on incarceration as a primary response to crime. At the end of 2021, over 1.2 million people were held in state or federal prisons in the United States, reflecting a system that prioritizes punishment and deprivation of liberty. Longitudinal BJS data tracking prisoners released in 2008 show that many individuals return to crime over a ten-year period, indicating that purely punitive approaches often fail to address the underlying causes of offending, such as trauma or social disadvantage. In addition to high recidivism, punitive incarceration imposes significant systemic and financial costs, including the construction and maintenance of prisons, staffing, and long-term detention. Traditional punitive models emphasize deterrence, retribution, and incapacitation rather than rehabilitation, focusing more on compliance and control than on fostering psychological change, accountability, or reintegration planning. These approaches also disproportionately affect marginalized communities, perpetuating racial, economic, and social inequities while failing to provide interventions that address underlying trauma or structural disadvantage. Although incarceration temporarily removes individuals from the community, it may have limited long-term impact on public safety if it does not address the personal, relational, and systemic factors that contribute to violent behaviour. The limitations highlighted by BJS (2021) underscore the need for counselling-based interventions and trauma-informed approaches, which aim not only to reduce reoffending but also to support pro-social identity development, relational repair, and sustainable behavioural change.

A trauma-informed approach (Canada Public Health Agency, 2018) recognizes that experiences of trauma — including childhood abuse, neglect, exposure to violence, intergenerational trauma, and systemic oppression — often play a significant role in the development of violent behaviour. The Public Health Agency of Canada (2018) defines a trauma- and violence-informed (TVI) approach as one that recognizes the widespread impact of trauma and its relationship to health, behaviour, and social outcomes. This approach emphasizes creating environments and interactions that minimize the risk of re-traumatization, ensuring that clients feel emotionally and physically safe, supported, and empowered. Core principles include understanding the prevalence and effects of trauma, establishing safety, promoting choice and collaboration, and focusing on clients' strengths and capacity for resilience. A TVI approach also operates under the assumption of universal trauma precautions, meaning that all clients are treated with sensitivity to the possibility of past trauma, even if it is not disclosed. Cultural, gender, and historical factors are integral, requiring services to be culturally safe and responsive to the systemic and historical contexts in which clients live. The framework recognizes that working with trauma-affected populations can also impact staff, making training, supervision, and organizational support essential to prevent burnout and secondary trauma. In practice, adopting a trauma-informed approach in counselling involves structuring therapeutic interactions to promote safety, collaboration, and empowerment, building clients' strengths and coping skills, and tailoring interventions to reflect clients' lived experiences and social contexts. When applied to individuals who have committed violence, this approach helps address the roots of violent behaviour while supporting long-term behavioural change, accountability, and successful reintegration.

Andrews and Bonta (2017), in *The Psychology of Criminal Conduct*, do not excuse harm in their understanding of offending; rather, they provide a rigorous, psychologically grounded explanation for criminal behaviour without absolving responsibility. Their Risk-Need-Responsivity (RNR) model emphasizes that offending is linked to a set of empirically identified criminogenic needs—such as antisocial personality patterns, pro-criminal attitudes, social supports for crime, substance use, and relationship issues—which are not just surface behaviours but underlying risk factors. By framing these dynamic risk factors (i.e., those that can change, not just static history) as “needs,” Andrews and Bonta (2017) argue that interventions must target exactly those areas that contribute to criminal conduct. To do otherwise—to ignore needs and focus only on punishing the behavior—would limit the potential for true rehabilitation and long-term behavioural change. At the same time, the RNR model insists on responsivity, meaning that effective treatment must be delivered in a way that matches the individual’s abilities, learning style, motivation, and personal characteristics (e.g., a cognitive-behavioural approach for many, but adapted when cultural or cognitive differences demand it.) This ensures that interventions are not one-size-fits-all excuses, but tailored and meaningful. In other words, Andrews & Bonta’s (2017) framework holds individuals accountable: by identifying, assessing, and treating the criminogenic needs that fuel offending, they do not bypass responsibility, but embed it within a structured, evidence-based path to rehabilitation. Their model sees offending as a function of dynamic psychological and social factors, but it does not excuse harm — it aims to transform behaviour through treatment, not absolve it. This framework seeks to understand violence as a maladaptive response to unhealed trauma and disrupted attachment, and to create therapeutic environments that promote safety, trust, and empowerment.

When both frameworks are combined, trauma-informed and restorative approaches provide a wholistic framework for reducing violent recidivism. Trauma-informed care attends to the driving factors of violent behaviour — unhealed pain, emotional dysregulation, and systemic trauma — while restorative practice addresses the consequences of violence by promoting accountability and relationship repair. Together, they challenge punitive paradigms and support the development of counselling interventions that are compassionate, culturally responsive, and oriented toward sustainable behavioural change.

In the Victoria and broader BC context, integrating these frameworks could strengthen existing, ensuring that rehabilitation is not limited to compliance and monitoring but extends to genuine healing and reintegration. This alignment also reflects BC's commitments to trauma-informed justice, reconciliation with Indigenous communities, and the creation of safer, more restorative pathways for both victims and offenders.

Restorative Justice and Relational Repair

The restorative justice framework (Evans, 2024) complements trauma-informed practice by focusing on repairing harm, rebuilding relationships, and reintegrating individuals into their communities. Rooted in Indigenous and community-based traditions, restorative approaches emphasize accountability, dialogue, and healing rather than punishment and exclusion. In the context of violent offending, restorative processes invite perpetrators to understand the human impact of their actions, take responsibility, and engage in reparative actions — whether through mediated dialogue, community service, or ongoing counselling commitments. This framework aligns with the broader goals of rehabilitation and desistance theory, promoting empathy, personal growth, and social connection as protective factors against reoffending.

Evans (2024) describes restorative justice as an approach to justice grounded in the idea that crime is not just a violation of law, but a violation of people and relationships — harm that must be acknowledged, repaired, and transformed. According to Evans, central principles of this framework include respect, empowerment, safety, and inclusivity, which guide how restorative processes are designed and implemented. In restorative justice, offenders are encouraged to take accountability by acknowledging the harm they have caused, understanding its impact on victims, and participating in meaningful reparative actions when offenders and victims both consent and the approach is deemed safe. This accountability is not transactional; it is deeply relational, emphasizing truth-telling and mutual understanding rather than mere punishment. Evans (2024) also emphasizes reconnection and inclusion: restorative justice processes invite victims, offenders, and community members into structured dialogue, giving each a voice to express needs, concerns, and hopes for the future. By doing so, RJ fosters healing — not just for individual victims and offenders, but for affected communities as well. A further critical principle in Evans’s framework is public safety through relationship building. Rather than seeing safety purely as the absence of crime or through surveillance, restorative justice sees it as emerging from trust, participation, and social cohesion. This vision supports the reintegration of offenders — encouraging their reconnection with families and communities in ways that reduce isolation and stigma. Importantly, Evans notes that despite broad public support for restorative justice in Canada, it continues to operate largely “on the margins” of the mainstream criminal justice system, primarily through community-based programs rather than as a central part of court processes. It is also suggested that expanding restorative justice requires not only program growth, but also greater awareness among criminal justice professionals and the general public. Finally, Evans argues that restorative justice has a strong potential to address systemic inequities:

by centering victim needs, promoting offender accountability, and engaging community voices, RJ can help mitigate overrepresentation of marginalized groups (including Indigenous, Black, and racialized populations) in the justice system.

Key restorative principles guide interventions that aim to repair harm and strengthen community connections. Accountability involves encouraging offenders to acknowledge the harm they have caused and to take concrete steps toward making amends. Reconnection supports the reintegration of individuals into their families and communities, helping to reduce isolation and stigma. Inclusion and dialogue provide structured opportunities for victims, offenders, and community members to participate meaningfully in the healing process, where appropriate. Finally, community safety through relationship building emphasizes that public safety emerges from trust, inclusion, and social cohesion, rather than relying solely on surveillance or punitive measures.

Integration of Frameworks

When both frameworks are combined, trauma-informed and restorative approaches provide a wholistic framework for reducing violent recidivism. Trauma-informed care attends to the *drivers* of violent behaviour while restorative practice addresses the *consequences* of violence by promoting accountability and relationship repair. Together, they challenge punitive paradigms and support the development of counselling interventions that are compassionate, culturally responsive, and oriented toward sustainable behavioural change. In the Victoria and broader BC context, integrating these frameworks could strengthen existing initiatives such as the Repeat Violent Offending Intervention Initiative and Integrated Community Outreach Teams, ensuring that rehabilitation is not limited to compliance and monitoring but extends to genuine healing and reintegration. This alignment also reflects BC's commitments to trauma-informed

justice, reconciliation with Indigenous communities, and the creation of safer, more restorative pathways for both victims and offenders.

Chapter Summary

This chapter reviewed the literature to explore how counselling frameworks can reduce recidivism and promote sustainable behavioural change among individuals who have perpetrated violence, with a particular focus on Victoria and the broader British Columbia context. Central to this discussion are trauma-informed and restorative justice frameworks, which move beyond punitive or purely behaviourist approaches by emphasizing healing, accountability, and relational repair. Trauma-informed care recognizes the role of unhealed trauma, disrupted attachment, and systemic inequities in shaping violent behaviour, while creating therapeutic environments grounded in safety, trust, and empowerment. Restorative justice complements this approach by focusing on repairing harm, rebuilding relationships, and reintegrating offenders into their communities through accountability, dialogue, and structured opportunities for reconciliation. Key restorative principles include encouraging offenders to acknowledge harm and take reparative actions, supporting reconnection with families and communities, fostering inclusion and dialogue among victims, offenders, and community members, and promoting public safety through relationship building rather than surveillance alone. By integrating trauma-informed and restorative approaches, counselling frameworks can address both the driving forces towards and consequences of violent behaviour, challenge punitive paradigms, and cultivate pro-social identity, empathy, and long-term behavioural change. In the BC context, these frameworks can strengthen initiatives such as the Repeat Violent Offending Intervention Initiative and Integrated Community Outreach Teams, supporting rehabilitation that goes beyond compliance monitoring

toward genuine healing, reintegration, and culturally responsive practice aligned with trauma-informed justice and reconciliation efforts.

Chapter 3: Summary, Discussion, Services, Recommendations and Conclusions

Summary of Findings

The previous chapter explored how counselling frameworks promote behaviour change to reduce recidivism. This chapter critically examines the effectiveness of existing interventions, identifies gaps in practice, and considers how counselling approaches can be strengthened to better support both offender rehabilitation and community safety in addition to assessing the impact of current correctional, community, and outreach programs in Victoria on reducing violent recidivism.

Discussion

Violence and repeat offending remain pressing public safety concerns across British Columbia, with profound consequences for individuals, families, and communities. In Victoria, a variety of justice-based and community-led initiatives aim to reduce reoffending while supporting rehabilitation. Key programs include correctional interventions, integrated outreach services, and community-based counselling. This section examines these initiatives through trauma-informed and restorative lenses, highlighting both strengths and areas for improvement.

Services

The Relationship Violence Prevention Program (RVPP)

The RVPP is a structured cognitive-behavioural program delivered by BC Corrections for individuals convicted of relationship or family violence offences. It focuses on helping participants recognize abusive patterns, regulate emotions, and develop pro-social communication and problem-solving skills. From a trauma-informed perspective, RVPP aligns with several key principles, including education on emotional triggers and non-violent coping strategies. However, the program has limited explicit focus on participants' trauma histories,

attachment patterns, or the effects of intergenerational and systemic trauma. A more comprehensive trauma-informed approach could include psychoeducation about trauma, culturally responsive practices, and structured opportunities for emotional safety within group settings—particularly important for Indigenous men, who are disproportionately represented in the justice system. Viewed through a restorative lens, RVPP emphasizes intrapersonal accountability but rarely incorporates relational repair. Participants work on self-management, yet opportunities for mediated dialogue, family healing circles, or restorative conferencing are largely absent. Embedding these elements could enhance empathy, understanding of harm, and long-term community safety.

Repeat Violent Offending Intervention Initiative (ReVOII)

Established in 2023, ReVOII hubs in Victoria and across BC provide a multi-agency response to repeat violent offending. The initiative integrates police, prosecutors, probation officers, and social supports such as housing and mental health services. This system-wide coordination reflects a shift toward wraparound care, recognizing that violent behaviour often stems from intersecting issues such as addiction, homelessness, and untreated trauma. While ReVOII demonstrates potential from a trauma-informed perspective, the current model focuses primarily on supervision and case management rather than direct therapeutic intervention. Enhancing the initiative with trauma screening, staff training in trauma-sensitive communication, and access to counselling could strengthen outcomes. From a restorative justice perspective, ReVOII emphasizes public safety but could further support relational accountability. Incorporating restorative conferencing or structured reintegration meetings may help participants rebuild trust with families and communities, addressing social isolation that can perpetuate cycles of violence.

Integrated Community Outreach Teams (Victoria Region)

Victoria's Integrated Community Outreach Team coordinates services for justice-involved individuals facing complex social and health challenges, including mental illness, substance use, and housing instability. This approach inherently supports trauma-informed practice by addressing social determinants of offending and prioritizing relationship-building between staff and clients. Nevertheless, trauma-informed practice could be strengthened by ensuring all team members—including police and probation staff—receives training in trauma awareness, de-escalation, and culturally safe engagement. Structured reflective practice for staff can also reduce burnout and improve consistency in client relationships. From a restorative perspective, the teams' support for reintegration and community connection aligns with principles of relational repair. Currently, the program functions mainly as a service coordination mechanism. Embedding restorative processes, such as peer support circles or community mentorship, could enhance participants' sense of belonging, accountability, and purpose—critical protective factors against reoffending.

Community and Voluntary Counselling Programs (e.g., Men Who Use Violence Services)

Community-based counselling programs provide early intervention for men who use violence. Examples include services offered through the BC Society of Transition Houses (BCSTH) and other local agencies. These programs often operate outside the criminal justice system, allowing participants to engage voluntarily or through family referrals. From a trauma-informed perspective, these programs can create safer and more accessible spaces for individuals not yet ready or mandated to engage in corrections-based treatment. When grounded in empathy, confidentiality, and cultural awareness, such programs have the potential to interrupt cycles of

violence before they escalate. However, many operate with limited resources, inconsistent funding, and insufficient integration with mental health or substance use supports, which constrains their capacity to provide comprehensive trauma-informed care. Viewed through a restorative lens, community programs play a crucial role in relational healing. Facilitated group discussions, opportunities for empathy development, and reflection on the impacts of harm align with restorative principles of accountability and repair. Strengthening partnerships between community counsellors, justice agencies, and victims' services could create a more cohesive restorative ecosystem in Victoria, supporting both prevention and rehabilitation.

Indigenous-Led and Culturally Grounded Healing Approaches

Across Vancouver Island, Indigenous communities and Justice Centres have developed culturally grounded approaches to addressing violence. Programs such as healing circles, Elder guidance, and initiatives integrating traditional teachings with counselling are central to these efforts. These programs are inherently trauma-informed, addressing intergenerational effects of colonization, residential schools, and systemic marginalization. They are also deeply restorative, emphasizing relational repair, community inclusion, and balance. While promising, many initiatives are underfunded or operate parallel to mainstream correctional programs. Stronger collaboration between Indigenous-led programs and provincial initiatives, such as RVPP or ReVOII, could enhance cultural safety, promote reconciliation, and provide more holistic pathways for rehabilitation. Such integration would ensure Indigenous perspectives and knowledge systems are respected and embedded within broader strategies to reduce recidivism and support long-term behavioural change.

In summary, collectively, these programs illustrate Victoria's commitment to reducing violent recidivism through supervision, skill development, and supportive interventions.

However, persistent rates of repeat offending suggest current strategies may not fully achieve long-term behavioural change. Integrating trauma-informed and restorative principles more consistently across all programs could strengthen outcomes, addressing both the driving factors and impacts of violence.

System-Level Recommendations (Cross-Sector)

Effective violence prevention and offender rehabilitation require coordinated, cross-sector approaches that connect counselling services with corrections, public health, and community supports. To strengthen these systems, it is essential to develop integrated case management frameworks that link counselling, corrections, health care, and social services. Shared assessment tools and coordinated protocols should be implemented across these sectors to ensure continuity of care, support sustainable behavioural change, and allow practitioners to monitor client progress consistently. Information-sharing processes should be clearly defined and guided by privacy safeguards to enable collaboration between counsellors, probation officers, and other professionals involved in a client's rehabilitation journey.

Counselling should be embedded within a public health model of violence prevention, which recognizes violent offending as a complex social and health issue influenced by trauma, substance use, poverty, and systemic inequities rather than solely as a criminal justice problem. Early intervention programs, including family counselling, youth resilience initiatives, and community education, should be prioritized to prevent pathways into violence before harmful patterns become entrenched. Public health strategies should formally recognize counselling-based interventions as essential tools for reducing violence, mitigating trauma, and improving long-term community health outcomes.

Evaluation of counselling interventions must extend beyond traditional recidivism measures to capture multidimensional indicators of change. Assessments should include psychological and emotional growth, relational capacity, social connectedness, housing and employment stability, and engagement with supportive networks. Longitudinal research should validate therapeutic change indicators, such as empathy development, emotional regulation, and the formation of a prosocial identity, as reliable predictors of long-term public safety and behavioural transformation.

Cross-sector collaboration should be strengthened through formal partnerships between corrections, community counselling programs, mental health services, housing agencies, and Indigenous-led initiatives. Multi-agency coordination, including joint case planning and consistent communication, is necessary to minimize service gaps during critical transitions from custody to community. Knowledge sharing should be actively promoted through interagency networks, collaborative training, and learning hubs that facilitate communication, skill development, and evidence-based practice across sectors.

Culturally safe and Indigenous-led practices must be integrated into system-level interventions. Indigenous-led healing programs, culturally grounded counselling models, and restorative approaches should be adequately funded and incorporated into broader service delivery. Policies, training, and evaluation frameworks should reflect principles of cultural safety, addressing historical and intergenerational trauma while promoting relational repair, accountability, and community inclusion.

Sustainable funding and workforce development are essential to support long-term program effectiveness. Multi-year investments are required to maintain program fidelity, enable rigorous evaluation, and ensure continuity of care. Provincial training standards for violence-

prevention counsellors and case managers should emphasize trauma-informed practice, restorative principles, cultural responsiveness, and reflective supervision. Supporting staff wellbeing through structured supervision, reflective practice, and professional development is critical to mitigate burnout, secondary trauma, and workforce attrition.

By embedding trauma-informed, restorative, and culturally responsive practices into an integrated continuum of care, Victoria and British Columbia can move toward a coordinated system in which counselling interventions are not isolated services but interconnected components of rehabilitation. Such a system will enhance offender accountability, support personal and relational transformation, reduce violent recidivism, and strengthen long-term community safety.

A cohesive system-level approach ensures that counselling-based interventions are not isolated services but part of an interconnected continuum of care spanning custody, community, and public health systems. By embedding trauma-informed, restorative, and culturally responsive practices within integrated case management, outcome tracking, and cross-sector collaboration, Victoria and British Columbia can enhance rehabilitation, reduce violent recidivism, and strengthen community safety over the long term.

Counsellors and Mental Health Practitioners

Violent behaviour is best understood through an integrative counselling lens that recognizes the interaction between developmental trauma, disrupted attachment, maladaptive cognitions, identity formation, and systemic context. No single theory sufficiently captures the complexity of violent conduct. Instead, combining trauma-informed, attachment-based, cognitive-behavioural, humanistic, and systems approaches allows counsellors to address both individual responsibility and the relational and structural environments in which violence

develops and is sustained. Such an approach allows interventions to address not only observable behaviours but also the development of a pro-social identity grounded in accountability, empathy, and meaningful social connections. By focusing on identity transformation as well as skill acquisition, practitioners can support clients in building lives that are incompatible with violence. Specialized training and supervision are essential to ensure that practitioners are equipped to work effectively with mandated, resistant, or high-risk clients. Training should include trauma-informed care, cultural safety, risk assessment, and evidence-based interventions tailored to diverse populations, including Indigenous, immigrant, and marginalized communities.

A trauma-informed foundation is essential. Research demonstrates that early adversity and cumulative trauma significantly increase the risk of persistent antisocial and violent behaviour (Moffitt, 1993; Sampson & Laub, 1993). Trauma-informed counselling begins with safety, stabilization, and emotional regulation before deeper cognitive or relational work is undertaken. Many individuals who perpetrate violence exhibit hyperarousal, impaired impulse control, and heightened threat perception—responses often rooted in survival adaptations. Counsellors trained in trauma-informed care avoid shaming or purely confrontational tactics, instead helping clients build self-regulation capacities and recognize triggers that precede violent behaviour. Accountability is maintained, but it is grounded in understanding rather than moral condemnation.

Attachment-based theory deepens this work by examining early relational templates that shape expectations of intimacy, power, and conflict. Insecure or disorganized attachment patterns are frequently associated with jealousy, control, abandonment fears, and relational aggression. The therapeutic relationship becomes a corrective emotional experience in which consistency, empathy, and firm boundaries model secure attachment. Through this relational process, clients

can develop emotional literacy, distress tolerance, and the capacity for vulnerability without resorting to coercion or aggression. Attachment-informed counselling thus shifts intervention from solely behaviour management toward relational repair.

Cognitive-behavioural theory (CBT) provides the structured tools necessary for addressing distorted beliefs and reinforcing accountability. Violent behaviour is often maintained by cognitive distortions such as hostile attribution bias, minimization of harm, rigid entitlement beliefs, and externalization of blame (Gottfredson & Hirschi, 1990). CBT techniques assist clients in identifying thought–emotion–behaviour cycles, challenging maladaptive cognitions, and rehearsing non-violent responses. Empathy development and victim-impact awareness are central components. Within an integrative model, CBT does not function as a standalone compliance tool but is embedded within trauma-informed and relational work to ensure cognitive change is emotionally integrated.

Humanistic counselling principles anchor the framework in dignity and intrinsic motivation. Individuals who perpetrate violence frequently experience deep shame, stigma, and identity foreclosure. A person-centred stance—characterized by empathy, unconditional positive regard, and genuineness—helps separate behaviour from identity while still maintaining responsibility. This balance reduces defensiveness and increases engagement in change processes. By fostering self-awareness and personal meaning-making, counsellors support internal motivation for transformation rather than externally imposed compliance.

Finally, systems theory situates violent behaviour within broader ecological and sociohistorical contexts. Behaviour is shaped not only by individual psychology but also by family systems, peer norms, community environments, institutional responses, and structural inequities. A systems-oriented counsellor recognizes intergenerational trauma, community

normalization of violence, and the impact of social exclusion or marginalization. Intervention therefore extends beyond individual therapy to include family engagement, group programming, collaboration with justice systems, and coordination with housing, employment, and cultural services. This multidisciplinary, wrap-around approach strengthens protective factors and reduces environmental stressors that may trigger reoffending.

Integrated together, these theories create a comprehensive counselling framework with five core components: trauma-informed stabilization and emotional regulation, attachment-based relational repair, cognitive restructuring and behavioural accountability, humanistic dignity-centred engagement, and systems-level, multidisciplinary collaboration.

This integrative model allows counsellors to hold individuals accountable for violent actions while also addressing the developmental wounds, relational patterns, cognitive distortions, and systemic influences that contribute to harm. Rather than relying solely on punitive or behaviourist interventions, the framework emphasizes healing, relational growth, structured cognitive change, and ecological support as pathways toward sustainable behavioural transformation and community reintegration.

Reflective supervision and ongoing professional support are necessary to prevent burnout, manage the emotional demands of working with trauma-affected populations, and maintain consistency in the therapeutic relationship.

Practitioners should strengthen connections with community-based supports to provide continuity of care after formal counselling concludes. Partnerships with housing services, employment programs, peer mentorship networks, and mental health agencies are critical to sustain behavioural change and promote successful reintegration. Peer mentorship, in particular, offers opportunities for clients to engage with individuals who have lived experience of

desistance, fostering hope, modelling prosocial behaviour, and reinforcing the potential for long-term transformation.

Furthermore, counsellors should prioritize relational and restorative elements in their practice. This involves facilitating opportunities for clients to understand the impact of their actions, through maintaining reliability, clarity, and transparency—responding to absences, setting clear boundaries, and keeping commitments such as scheduled sessions and updating clients about any changes. By integrating restorative practices into counselling interventions, practitioners can reinforce accountability, empathy, and social connectedness, which are key protective factors against reoffending.

Ultimately, counsellors and mental health practitioners play a central role in bridging the gap between justice systems and community supports. By adopting evidence-based, culturally responsive, and trauma-informed approaches, and by fostering collaboration with broader systems of care, practitioners can enhance the long-term effectiveness of interventions and contribute to safer, more resilient communities.

For Corrections and Justice Stakeholders

Corrections and justice stakeholders should prioritize rehabilitation over purely surveillance-focused models by shifting toward collaborative case planning. This approach involves counsellors and clients working together to identify individual goals, strengths, and pathways for meaningful change. Decisions related to parole, release, and supervision should incorporate insights from counselling interventions to ensure they reflect therapeutic progress and the client's readiness for reintegration.

Counselling should be fully integrated into the correctional continuum, beginning during incarceration and continuing seamlessly after release. Establishing strong partnerships between

institutional programs and community-based services ensures that progress made in custody is sustained during reintegration and reduces the disruption that often accompanies re-entry.

Consistent follow-up, mentorship, and support systems are essential to reinforce behavioural change and maintain accountability.

Evaluation of counsellor effectiveness should combine both qualitative and quantitative measures. Feedback from clients, staff observations, and measurable outcomes such as emotional regulation, prosocial behaviour, and recidivism should all be considered to provide a wholistic assessment of program impact. By grounding practice in evidence while incorporating the lived experiences of clients, corrections and justice stakeholders can more accurately determine which interventions are effective and for whom.

Restorative and community-based justice options should be expanded within correctional and post-custody contexts. Programs such as restorative circles, victim–offender dialogue, and community reintegration initiatives help offenders develop empathy, acknowledge harm, and understand the relational consequences of their actions. Inclusion of victims and community representatives in program design and evaluation ensures that interventions uphold public safety, foster trust, and reflect the needs and experiences of those most affected by violence.

Finally, justice stakeholders must actively support cross-sector integration, ensuring that corrections, community counselling, and public health systems work collaboratively rather than in isolation. Policies, funding, and operational protocols should facilitate seamless transitions, consistent monitoring, and coordinated interventions that promote long-term rehabilitation, accountability, and community safety. By embracing these principles, corrections and justice systems can move toward a model in which punishment is balanced with rehabilitation, restorative practice, and sustainable reintegration.

For Public Health and Policy Makers

Public health and policy makers should recognize violence prevention as a critical component of population health, framing counselling-based interventions as essential tools for reducing trauma, improving well-being, and supporting community safety. Violence and repeat offending are not solely criminal justice issues; they are deeply connected to social determinants of health, including poverty, substance use, housing instability, and systemic inequities. By integrating violence prevention strategies into public health planning, governments can address the factors of harmful behaviour while supporting early intervention and community-based initiatives.

Sustainable funding and workforce development are fundamental to achieving long-term outcomes. Multi-year investments are needed to ensure that programs can operate consistently, maintain fidelity to evidence-based models, and undergo rigorous evaluation. Establishing provincial training standards for violence-prevention counsellors and case managers can promote consistent, high-quality practice across service settings and communities, ensuring that interventions are delivered effectively and equitably.

Policy makers should also prioritize knowledge translation and community education, creating mechanisms to disseminate evidence-based practices through interagency networks, professional associations, and community learning hubs. By sharing best practices and lessons learned, policy makers can strengthen cross-sector collaboration, improve service integration, and increase public understanding of the benefits of counselling-based violence prevention. Communicating research findings using accessible formats, such as data visualizations or policy briefs, can support informed decision-making and enhance accountability at all levels of government and service delivery.

In addition, monitoring and evaluation frameworks should go beyond recidivism rates to include broader indicators of individual and community well-being, such as psychological growth, relational stability, social reintegration, and employment outcomes. Funding longitudinal research that connects therapeutic outcomes with public health indicators can demonstrate the societal benefits of effective interventions and inform policy reforms.

By embedding violence prevention into public health strategy, securing sustainable resources, and fostering interagency collaboration, policy makers can create the systemic conditions necessary for long-term behavioural change and safer communities. Supporting evidence-based counselling interventions as part of an integrated continuum of care ensures that both individual rehabilitation and broader public safety goals are advanced simultaneously

Research and Evaluation Recommendations

Mixed-Methods Evaluation Frameworks

Program evaluation should combine quantitative measures, such as risk scores and recidivism rates, with qualitative data, including client narratives, staff reflections, and community feedback, to capture a comprehensive picture of effectiveness. In addition, realist evaluation approaches should be applied, asking the critical questions: “What works, for whom, in what context, and why?” to ensure that interventions are responsive to diverse populations and settings

Policy Review and Gap Analysis

Programs in British Columbia and Victoria demonstrate important strengths, yet several gaps continue to limit their effectiveness. Key issues include structural inconsistencies, limited trauma-informed practice, uneven staff training, and inadequate access to culturally grounded services—particularly for Indigenous participants. Continuity of care is often disrupted during transitions between correctional, voluntary, and community-based programs, reducing

therapeutic stability. Evaluation methods rely heavily on recidivism, offering little insight into long-term personal, relational, or community outcomes. Strengthening these systems requires consistent integration of trauma-informed, restorative, and culturally responsive approaches, improved coordination with social supports, and broader outcome measures.

Knowledge Mobilization

Research findings should be translated into policy briefs and practice guidelines that are accessible and actionable for local agencies, helping to bridge the gap between evidence and practice. To ensure broad adoption and impact, it is important to engage with provincial networks, including BC Corrections, the Ministry of Mental Health and Addictions, and Public Safety BC, facilitating uptake and integration of evidence-based interventions across systems.

A cohesive violence prevention and rehabilitation model for BC should integrate counselling into a continuum of care that spans from custody to community, ensuring consistent support during critical periods of transition. Interventions should focus on identity transformation, not solely on controlling behaviour, helping clients develop a pro-social self-concept and a commitment to accountability. Program effectiveness must be evaluated using multi-dimensional outcomes that capture both individual progress and broader public health benefits. Finally, these efforts should be supported by aligned policy, cross-sector collaboration, and sustainable investment, creating the systemic conditions necessary for long-term success.

Recommendations

Future research should prioritize longitudinal and mixed-methods studies that examine how counselling-based interventions contribute to sustained desistance and community safety beyond program completion. While short-term behavioural improvements are often well documented, there remains limited empirical understanding of how therapeutic change

processes—such as identity transformation, empathy development, and community reconnection—translate into long-term outcomes. Tracking these pathways over time would help identify the mechanisms through which counselling interventions produce enduring effects and clarify which program components are most effective for specific populations. Further inquiry is also needed into the structural and systemic conditions that influence intervention success, including policy coherence, funding stability, and interagency collaboration between corrections, public health, and community services. Comparative research across regions within British Columbia—and with other jurisdictions nationally and internationally—could illuminate best practices for integrating counselling into a broader continuum of care. Finally, future studies should centre the perspectives of people with lived experience—both service users and practitioners—to capture nuanced understandings of what supports or hinders sustainable change. Participatory and community-based research methods could play a vital role in co-producing knowledge that is not only academically rigorous but also directly applicable to practice and policy reform. In this way, ongoing research can continue to build the evidence base needed to move from isolated interventions toward a comprehensive, person-centred model of violence prevention and rehabilitation in British Columbia.

Limitations to the Capstone

This capstone, while offering a comprehensive framework integrating trauma-informed, attachment-based, cognitive-behavioural, humanistic, and systems theories, has several inherent limitations. First, the scope of the project is constrained by its focus on theoretical and counselling frameworks rather than direct empirical implementation. While the literature provides strong support for multidisciplinary, wrap-around interventions, the capstone does not include longitudinal data to measure real-world effectiveness in reducing violent behaviour or

improving relational and community outcomes. This limits the ability to draw definitive conclusions about the framework's impact across diverse populations or contexts.

Second, access to primary data was limited. Research involving justice-involved individuals, their families, and community stakeholders often faces ethical and logistical barriers, including confidentiality, informed consent, and safety considerations. Consequently, this capstone relies primarily on secondary sources, peer-reviewed literature, and established theoretical models, which may not capture the full complexity of lived experiences or localized cultural dynamics.

Third, the integration of multiple counselling and theoretical approaches—while strengthening the conceptual framework—also introduces challenges. Combining trauma-informed, attachment-based, cognitive-behavioural, humanistic, and systems perspectives creates conceptual complexity, and the practical application of this integrative model may vary across practitioners, communities, and institutional settings. Some nuances of individual approaches may be simplified or underemphasized in the synthesis.

Fourth, cultural and contextual limitations must be acknowledged. Although the framework emphasizes decolonial and culturally responsive practices, it cannot fully account for all community-specific norms, historical trauma, or Indigenous knowledge systems. As a result, some recommendations may require adaptation when applied to particular populations or settings.

Finally, time and resource constraints inherent in capstone projects restrict the depth of analysis and the ability to conduct empirical testing, follow-up, or program evaluation. While the framework is evidence-informed, it serves primarily as a conceptual guide rather than a validated

intervention. Future research and applied studies are needed to evaluate its effectiveness, refine its strategies, and tailor it to the needs of specific families and communities.

In summary, this capstone provides a theoretically robust, integrative approach to supporting perpetrators of violence, but its limitations highlight the need for careful contextual adaptation, empirical evaluation, and ongoing practitioner training to ensure meaningful repair, trust rebuilding, and sustainable community impact.

Intersection Consideration

Access to culturally responsive programming—particularly for Indigenous offenders and those in rural or under-resourced areas—remains uneven. Moreover, the transition between mandated correctional programs and voluntary community-based counselling is frequently fragmented, leading to service gaps that undermine continuity of care.

Conclusion

Through an analysis of these themes, this Capstone Research Project aims to outline a framework for a comprehensive, multi-disciplinary, wrap-around, and de-colonial approach to working with and supporting perpetrators of violence to move beyond short-term behavioural management toward lasting change, accountability, and community safety. By integrating policy review, local program analysis, and theoretical frameworks, it seeks to inform a more cohesive and evidence-driven model of violence prevention and offender rehabilitation in Victoria and across British Columbia. This research highlights the critical need for counselling-based interventions to evolve beyond short-term behavioural management toward fostering lasting personal transformation, accountability, and community safety. The evidence reviewed across theoretical, programmatic, and policy domains suggests that while British Columbia has made

important strides in integrating counselling within correctional and community settings, current practices often remain fragmented and outcome measures limited to recidivism or compliance indicators. A more cohesive, evidence-driven model must recognize that sustainable desistance from violence is rooted in identity reconstruction, relational healing, and the presence of social supports that sustain change over time. Integrating insights from trauma-informed, attachment-based, cognitive-behavioural, humanistic, and systems theories based frameworks, this study underscores the value of treating violence prevention as both a criminal justice and a public health priority. Counselling interventions, when linked to community resources and supported by consistent case management, have the potential to disrupt cycles of harm by addressing underlying trauma, improving emotional regulation, and rebuilding prosocial identity. To achieve this, counsellors, correctional agencies, and public health systems must operate not as parallel silos but as interconnected components of a broader continuum of care. Policy review and local program analysis point to several key directions for future practice: embedding counselling within intersectional case management structures; expanding outcome tracking to include psychosocial, relational, and community indicators; investing in workforce development and reflective supervision for practitioners; and ensuring sustainable funding mechanisms that allow programs to demonstrate long-term impact. Such measures would strengthen accountability not only among offenders but also across the institutional systems responsible for rehabilitation and public safety. Ultimately, the findings reinforce that effective violence prevention is a collective responsibility that transcends disciplinary boundaries. Counselling-based interventions can play a transformative role when embedded within a coordinated policy framework that aligns therapeutic change with systemic supports for reintegration. Advancing this integration in Victoria and across British Columbia will require continued collaboration

between researchers, practitioners, and policymakers to generate robust evidence and to translate it into enduring social impact. The path toward safer communities lies not merely in managing risk, but in enabling individuals to reclaim agency, responsibility, and belonging within the social fabric.

My passion for working with perpetrators of violence is often met with hesitation and controversy. Many people—both within and outside professional circles—struggle to find empathy or motivation to engage with those who have caused harm. Society’s collective response to violent offenders frequently leans toward exclusion, punishment, and moral distancing. Yet, my perspective is grounded in a belief that sustainable community safety cannot be achieved by isolating those who commit violence; rather, it requires meaningful engagement, accountability, and pathways to change. If we do not work with those who perpetrate harm, we forfeit an essential opportunity to interrupt cycles of violence and build safer, more compassionate communities for all. For me, engaging in this work is not an act of leniency toward offenders but an act of solidarity with victims and survivors. True justice, in my view, involves preventing future victimization by addressing the driving forces of violent behaviour. Supporting offenders in their journey toward accountability and transformation honours survivors’ experiences by striving to ensure that others are not harmed in similar ways. In this sense, counselling and rehabilitation are not oppositional to justice; they are extensions of it. It is disheartening, however, to witness how our criminal justice system has increasingly moved away from restorative principles toward a punitive, risk-driven model. In many ways, the focus on punishment over rehabilitation reflects broader societal fears and political pressures rather than empirical evidence of what fosters long-term safety. Research in criminology, psychology, and social work consistently demonstrates that punitive sanctions alone do not reduce recidivism,

while integrative, counselling-based approaches—rooted in empathy, accountability, and skill development—produce more enduring outcomes. Rehabilitation and second chances should not be viewed as weaknesses within justice but as moral and pragmatic necessities for a society that seeks both safety and humanity. My commitment to this field emerges from a conviction that every person, regardless of their past actions, possesses the potential for change. This belief does not diminish the harm caused by violence, nor does it excuse accountability. Rather, it situates rehabilitation as a collective responsibility—a way of holding individuals and systems accountable for fostering environments that enable growth, repair, and reintegration. Through this lens, working with perpetrators becomes an act of hope: a deliberate choice to believe that transformation is possible and that by supporting it, we contribute to a more just and resilient community.

References

- Andrews, D. A., & Bonta, J. (2017). *The psychology of criminal conduct* (6th ed.). Routledge.
- Bureau of Justice Statistics. (2021). *Recidivism of prisoners released in 34 states in 2012: A 5-year follow-up*. <https://bjs.ojp.gov>
- BC Corrections. (2021, June 14). Trauma-informed practice in BC Corrections. Province of British Columbia. <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/corrections/reducing-reoffending/trauma-informed-practice>
- Canadian Agency for Drugs and Technologies in Health. (2018). Trauma-informed care for offenders who engage in chronic self-injurious behaviour: A rapid evidence assessment (Report R-388). <https://www.canada.ca/en/correctional-service/corporate/library/research/glance/338.html>
- Canada Public Health Agency. (2018). Trauma and violence-informed approaches to policy and practice. Government of Canada. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
- Evans, J. (2024, September). Public perceptions of restorative justice in Canada. Research and Statistics Division, Department of Justice Canada. <https://canada.justice.gc.ca/eng/rp-pr/jr/pprjc-ppejrc/index.html>
- Federal-Provincial-Territorial Ministers of Justice and Public Safety Working Group on Restorative Justice. (2016, April 27). Restorative justice in the Canadian criminal justice sector (Report). Government of Canada. <https://www.canada.ca/en/correctional-service/services/you-csc/restorative-justice/criminal-justice-sector.html>

- Gaber, J., Scallan, E., & Kouyoumdjian, F. G. (2025). Understanding trauma-informed care in correctional facilities: A scoping review. *Journal of Correctional Health Care*, 31(3), 144-167. <https://doi.org/10.1089/jchc.24.07.0056>
- Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford University Press.
- Government of Canada. (2022). *Pre-release planning and community reintegration*. <https://www.canada.ca/en/correctional-service/corporate/publications/pre-release-planning.html>
- Substance Abuse and Mental Health Services Administration. (2014).
- Hill, G. (2002). Restorative justice: A Canadian approach. *Corrections Compendium*, 27(8), 6-7. <https://restorativejustice.org/rj-archive/restorative-justice-a-canadian-approach/>
- Levenson, J. S., Willis, G. M., & Prescott, D. S. (2016). Adverse childhood experiences in the lives of male sex offenders: Implications for trauma-informed care. *Sexual Abuse*, 28(4), 340–359. <https://doi.org/10.1177/1079063214535819>
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior. *Psychological Review*, 100(4), 674–701.
- Public Safety Canada. (2006, November). Restorative justice and offender treatment (Research Summary, Vol. 11 No. 6). <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ffndr-trtmnt/index-en.aspx>
- Public Safety Canada. (2002). Restorative justice and recidivism. <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/jstc-rcdvs/index-en.aspx>
- SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Harvard University Press.

- Shishane, K., Khuzwayo, N., & Taylor, M. (2023). Mental health disorders and recidivism among incarcerated adult offenders in a correctional facility in South Africa. *The Open Public Health Journal*, 16, e187494452301200. <https://doi.org/10.2174/18749445-v16-e2301200>
- Thordarson, H., & Rector, T. (2020). From trauma-blind to trauma-informed: Rethinking criminalization and the role of trauma in persons with serious mental illness. *CNS Spectrums*, 25(5), 665–674. <https://doi.org/10.1017/S1092852919001432>
- Urquhart, C., Jasiura, F., & TIP Project Team. (2013). Trauma-informed practice guide. BC Centre of Excellence for Women’s Health. https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- World Health Organization. (2002). *World report on violence and health*. <https://www.who.int/publications/i/item/9241545615>
- Zehr, H. (2015). *The little book of restorative justice* (Revised and updated ed.). Good Books.