

Perpetrators of Intimate Partner Violence: A Path Towards Healing

by

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Abstract

Intimate partner violence continues to be a universal public health concern that is prevalent in all sectors of society. IPV is often repetitive, and the degree of physical violence can be extreme, with one in five homicides in Canada involving the killing of an intimate partner. Given the destructive effects of IPV on the wellness of families and society, there is an increasing need to create and implement more effective, long-term solutions to reduce IPV and its high rates of recidivism. This paper will discuss the frameworks of IPV as well as interventions that are commonly mandated as rehabilitative measures for perpetrators of IPV. Based on current literature, it is evident that many mainstream interventions are not well matched to the therapeutic needs of the perpetrators and, as a result, are ineffective in reducing the rates of IPV recidivism. The focus of this paper is to explore the behavioural issues affecting perpetrators and provide recommendations for interventions that may be more appropriately matched to their needs. If mandated interventions are appropriately matched to the presenting issues of the perpetrators, it is likely that rates of IPV recidivism would begin to decrease.

Keywords: Intimate partner violence, victim, perpetrator, recidivism, intervention, rehabilitation

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Chapter 1: Introduction

Intimate partner violence (IPV) refers to any behaviour between current or ex-intimate partners that causes physical, sexual, psychological, spiritual or financial distress. IPV can vary in how often it occurs and how severe the aggression is, ranging from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years (WHO, 2021). Although IPV does not discriminate based on age, gender, sexual identity, socioeconomic status, or cultural background, WHO (2021) reports that globally, “intimate partner violence is by far the most prevalent form of violence against women, affecting 1 in 3 women, or [approximately] 641 million - a number that has remained largely unchanged over the past decade” (para. 3). Within Canada, in 2017, 80% of IPV victims were female and to date, research has repeatedly shown that women disproportionately experience the most severe forms of IPV, such as being choked, being assaulted, or threatened with a weapon, or being sexually assaulted. Additionally, homicide data have consistently shown that women victims of homicide in Canada are more likely to be killed by an intimate partner than by any other type of perpetrator. Among solved homicides in 2019, 47% of victims who were women were killed by an intimate partner, compared with 6% of homicide victims who were men (Cotter, 2021).

Although these statistics are nothing short of alarming, even more egregious is the high rate of recidivism among convicted perpetrators of IPV. Ouellet (2021) posits that perpetrators of IPV who have already been convicted not only have a higher rate of reoffending than convicted offenders of other violent crimes, but perpetrators of IPV are also more likely to repeat this type of crime, whether their intimate partner is the same or someone different. In a sample of 415 individuals who were convicted of perpetrating IPV, 18% were arrested again for perpetrating the same crime within the first year of their first conviction. Additionally, 24% reoffended within

two years, and 30% reoffended after 51 months (Ouellet, 2021). Similarly, Flannery (2022) suggests that 10% to 18% of IPV perpetrators who are arrested and convicted for the first time, are arrested again within six months, 15% to 30% face a second arrest within 28 months, and up to 60% are rearrested within 10 years. My interest in these statistics has formed the foundation upon which this capstone paper was built.

The remainder of this chapter will include my statement of what I perceive as being an impactful issue, as well as the purpose of this paper. Additionally, I will pose my research question, and what I believe to be the significance of this paper. The chapter will conclude with a statement of my positionality, definitions of terms and an overview of the chapters to follow.

Statement of the Issue

Although the availability of statistics surrounding IPV recidivism remains quite limited, the research that is available inarguably reflects high rates of recidivism among convicted perpetrators of IPV. In other words, convicted IPV offenders continue to re-offend regardless of the judicial consequences imposed by the court of law. This reality, however, lies in direct opposition to sentencing principles set out by the courts where, in addition to denunciation and deterrence, “sentencing should include ensuring the long-term safety of the complainant and other family members” (PPSC, section 4, para. 1). With adherence to sentencing guidelines, conditions for convicted offenders, whether they are entering a period of probation following a custodial sentence or serving a non-custodial sentence within their community, typically mandate that offenders be prohibited from communicating with the victim either directly or indirectly and that they participate in, and successfully complete a treatment intervention program (British Columbia, 2022).

As the relationship between perpetrator recidivism and court mandated conditions of sentencing is further unpacked, what becomes increasingly apparent is the courts' inability to consistently denounce and deter criminal behaviour, while at the same time, ensuring the safety of victims. Ultimately, not only does an incident of IPV recidivism represent a victim who has been inadequately protected by the system but each of these incidents is also indicative of a perpetrator who the system has failed to deter. It can be argued that if successful rehabilitation of convicted offenders is truly a legitimate consideration of the criminal justice system, the current process deserves nothing short of an extensive evaluation; an evaluation that includes the time frame immediately following the incident up to and including the actual conviction and ensuing sentence. Immediately following an incident of IPV, most victims will likely experience symptoms of post-traumatic stress disorder (PTSD) and endure an extended period of crisis. As such, there are extensive supports in place to assist victims throughout the days, months and even years following the crime. The availability of multiple victim resources lies in stark contrast to the limited few, if any, that are available to offenders. Upon initial contemplation, this imbalance of resources may not garner much surprise from the general public. However, an ulterior perspective that warrants thoughtful consideration is that despite their criminal behaviour, there should be community resources in place to mitigate the trauma and crisis perpetrators themselves may be experiencing.

Research continues to indicate that the effects of past trauma, especially childhood trauma, are often diverse, with no identical set of symptoms among traumatized individuals. To this end, Maldonado and Murphy (2020) posit that "studies of IPV perpetrators in Relationship Violence Intervention Programs (RVIPs) reveal that 78 to 100% have been exposed to at least one potentially traumatic event which would qualify for a PTSD diagnosis" (p. 347). The authors

also go on to discuss the social cognitive theory of post-traumatic stress disorder (PTSD), which suggests that when an individual processes a traumatic event, not only can it impact their immediate emotional reactions, but their belief system about the world, the self, and others is often dramatically altered. Additionally, Hoskins and Kunkel (2020) suggest that perpetrators of IPV are more likely than non-perpetrators to have experienced adverse childhood experiences (ACES) and that “sexual, physical, and psychological abuses, neglect, and witnessing IPV in childhood are significantly associated with both perpetration and victimization involving physical, sexual, and psychological IPV” (Godbout et al., 2017, as cited in Hoskins & Kunkel, 2020, p. 1011).

The aforementioned firmly supports the plausibility that many perpetrators are trauma survivors themselves. As such, a critical factor in deterring this population from future recidivism would be to ensure timely access to appropriate resources and support. Although there may be those who commit to seeking the help they need on their own accord, this tends to rarely be the case. Unfortunately, it is typically not until an alleged offender has been convicted that any kind of mental health support becomes accessible. By this point, months or even years have likely elapsed since the offense occurred, and it is probable that the offender’s state of mental health has become even more dire, making recidivism a probable likelihood. To this point, it should be expected that mandated perpetrator programs are truly therapeutic, thus a vital step in rehabilitating convicted perpetrators and deterring them from repeated criminal behaviour. The grim reality remains, however, that convicted perpetrators continue to offend, even upon completion of intervention programs. While one would expect that court mandated intervention programs are developed with the intention of improving an individual’s maladaptive behaviours, current IPV recidivism statistics reflect otherwise.

Purpose of the Paper

The first purpose of this capstone paper is to explore the prevalent theories of IPV, the therapeutic frameworks that have influenced perpetrator intervention programs, and the programs themselves, to determine their combined impact on perpetrator recidivism. The secondary purpose of this paper is to highlight apparent gaps in the therapeutic frameworks, and subsequent interventions, that I would suggest are contributing to the ineffective rehabilitation of convicted perpetrators. The final purpose of this paper is to propose plausible changes, therapeutic and otherwise, that have the potential to reflect the diversity of perpetrators, thus providing successful rehabilitation and ultimately reducing IPV perpetrator recidivism.

Research Questions

The research questions that this paper will address are as follows:

- What are the theories that have historically been linked to IPV?
- What are common therapeutic approaches adhered to by IPV perpetrator programs?
- Do common intervention programs influence perpetrator recidivism?
- What is the scope of potential changes that can be made or added to mainstream interventions that may successfully reduce perpetrator recidivism?

Significance of the Study

I am confident that the information I have researched on the topic of intimate partner violence has the potential to be both valuable and significant to several stakeholders within my own community and beyond. Most communities have implemented several resources and supports for victims of IPV, regardless of whether the incident has been reported to the police. Resources often include assistance with housing alternatives, financial issues and with the required process for protection orders. However, a desire for counselling services is perhaps the

most widely requested resource by IPV victims. There is widely recognized value in counselling, as it is considered to be the gatekeeper to emotional healing, without which most victims will continue to struggle in many aspects of their lives. The fact that similar access to appropriate counselling is not as readily offered to or as easily accessed by perpetrators of IPV is a systemic shortcoming that is deserving of intentional consideration. Whether these therapeutic interventions are available in the days immediately following the offense or are a part of a larger treatment process mandated by the courts, there are several members of our communities who would inevitably benefit from their existence.

In the aftermath of IPV incidents, the ripple effect is far reaching. Upon initial reflection, one might consider the impact of IPV to solely affect the immediate victims, which all too often also include the children of either the victim or the victim and the perpetrator. However, effects of IPV can stretch much further beyond the immediate victim(s). The safety of extended family and friends of the victim may also be compromised as too the victim's employer and co-workers. The victim's mental and/or physical ability to return to work is often limited, as is their capacity for accomplishing day-to-day tasks. Community resources such as victim services and emergency shelters often must implement waitlists to accommodate the volume of clients accessing services. As IPV incidents increase in frequency and intensity, the safety of the responding police officers can become compromised, and higher rates of perpetrator recidivism equates to greater utilization of taxpayer dollars as well as a backlog in the courts. I am willing to hypothesize however, that if timely and person-centered therapeutic interventions were available to IPV perpetrators, the same ripple effect would exist, however its impact would yield a much more positive ripple.

Positionality

I am passionate about the topic of intimate partner violence. Although I am fortunate to have not witnessed IPV within my own family, over the past several years I have supported numerous survivors of IPV while working with community-based victim services. As such I have repeatedly witnessed the heartbreaking fallout that inevitably accompanies every single incident of IPV. Most victims, often including children, must face immediate upheaval and uncertainty in several aspects of their life. Among the countless painful transitions, new realities can include relocating homes or cities, grim financial difficulties, compromised safety and emotional and/or physical well-being. Although no two situations are rarely the same, I continue to observe three common themes surrounding IPV. The first is that there are numerous community resources in place for victims should they choose to access them. Even without the assistance of victim service workers like me, survivors of IPV can reach out to resources that they feel might be of benefit to their specific situation. Additionally, most of my clients disclose their enduring concern for the state of their current/former partner's mental health and the desire for them to have access to mental health interventions. The third commonality among IPV cases is one that pertains to perpetrator conviction. In addition to prohibiting the convicted perpetrator from seeking any form of contact with the victim, most sentences also mandate perpetrators to a treatment program. It is a combination of these three issues that have propelled my interest in this capstone topic.

Inarguably, every community should have a wide range of resources in place that are readily available and accessible to victims of IPV. However, the apparent lack of resources for perpetrators, especially during the period immediately following an arrest, is a gap in the justice system worth considering. As previously touched on, this is a period in which the perpetrator is

cycling through stages of crisis and trauma, however the reality is that most are left to endure this emotional turmoil on their own. Eventually, if the case culminates in a conviction, the opportunity, albeit months or years down the road, for treatment may potentially arise. Although the treatment that is mandated within the BC judicial system is considered to be a therapeutic intervention, the framework and content does not change, regardless of the needs of the participants. Offenders of IPV represent a multitude of social and cultural locations. They are also a population whose heterogeneity of family origin and life experiences are vast. Thus, it is unlikely, nor should it be expected, that all offenders will respond equally to a therapeutic delivery model that has remained unchanged regardless of the needs of its participants.

Definitions of Terms

Convicted

“When the criminal charges against an accused are proven beyond a reasonable doubt at the trial and the judge or jury finds the accused person guilty of committing a crime and the accused is not discharged” (British Columbia, Ministry of Justice, 2023)

Court Mandated Treatment/Intervention

Treatment or intervention that is ordered by a court. An individual may be ordered to undergo treatment for a set period of time, receive an evaluation from an approved mental health expert, pursue treatment at a specific facility, or agree to treatment as a condition of probation or parole (Villines, 2019).

Custodial Sentence

“A sentence given to an offender under which they are kept in custody” (British Columbia, Ministry of Justice, 2023, para 41)

Intimate Partner

Refers to both current and former spouses and/or dating partners (CDC, 2022).

Intimate Partner Violence (IPV)

Abuse or aggression that occurs in a relationship with an intimate partner. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years and can include physical, psychological, sexual, financial, and spiritual abuse (CDC, 2022).

Non-Custodial Sentence

“A sentence served by an offender somewhere other than at a correctional facility. For example, an offender may be given probation and serve their time in the community with supervision” (British Columbia, Ministry of Justice, 2023).

Offender

“Someone who the court has convicted of or who has pleaded guilty to a criminal offence” (British Columbia, Ministry of Justice, 2023).

Perpetrator

“Someone who has committed a crime or a violent or harmful act” (Cambridge, 2023). Perpetrator is used when an individual is being accused of a crime and the term, offender is used when discussing crime. The term perpetrator is always associated with breaking the law/crime).

Perpetrator Intervention

System and service responses to perpetrators of domestic, family, and sexual violence from the community sector and within the civil, criminal, child protection and family law systems (ANROWS, 2019).

Probation Order

“An order requiring an offender to follow certain rules (conditions) for a set period of time while they are serving all or part of their sentence in the community” (British Columbia, Ministry of Justice, 2023).

Protection Order

“A court order stating the offender must stay away from the victim” (British Columbia, Ministry of Justice, 2023).

Post-Traumatic Stress Disorder (PTSD)

When thoughts and memories of a traumatic event don’t go away or get worse over time, and seriously disrupt a person’s ability to regulate their emotions and maintain healthy relationships (CAMH, 2023).

Recidivism

“The act of committing another crime or coming into conflict with the criminal justice system (CJS) again” (Canada, 2020).

Rehabilitation

“Improvement of a person’s behaviour and their return to the community as a law-abiding member of the community” (British Columbia, Ministry of Justice, 2023).

Survivor

“A person who is able to continue living their life successfully despite experiencing difficulties” (Cambridge, 2023).

Trauma

The challenging emotional consequences that living through a distressing event can have for an individual. Traumatic events can be difficult to define because the same event may be more traumatic for some people than for others (CAMH, 2023).

Trauma-Informed Practice

A framework grounded in an understanding of and responsiveness to the impact of trauma, and emphasizes physical, psychological, and emotional safety for survivors (British Columbia, Ministry of Health, 2023).

Trial

“A court proceeding where parties come together to present their case for or against an accused person. The judge or jury then determines if, based on the law and facts, the accused person is guilty or not guilty of committing a crime” (British Columbia, Ministry of Justice, 2023).

Victim

“An individual, who has received deliberate, severe, and demonstrable physical injury, or is in fear of imminent deliberate, severe, and demonstrable physical injury from a current or former intimate partner” (NNEDV, 2022).

Chapter Summary

Thus far in chapter one, I have provided a statement of the issue this paper will address, as well as the purpose of the paper and the research questions I have sought to answer. I have also discussed the significance of the research, my own positionality surrounding IPV recidivism, and closed out the chapter with definitions of terms. Looking ahead to chapter two, I will provide an overview of the theories of intimate partner violence and a description of specific interventions that have been created in response to these theories. While some of these interventions are more commonly used, I have also included interventions that are not mainstream but do exist, nonetheless. I will conclude my capstone paper with chapter three, where I will seek to identify apparent gaps and shortcomings that exist within mandated

interventions and the current judicial process for IPV perpetrators. As well, this chapter will include my thoughts and subsequent proposal for a therapeutic approach that has the potential to successfully lower the rates of perpetrator recidivism.

Chapter 2: Literature Review

Intimate partner violence (IPV) continues to be a universal public health concern that challenges our systems to create and implement more effective, long-term solutions to reduce perpetrator recidivism. For those perpetrators of IPV who are arrested, charged, and sentenced with the inclusion of probation orders, a common condition is their mandated participation in a perpetrator intervention program. Although the goal of these interventions is to denounce, deter and rehabilitate violent behaviour towards intimate partners and children, many fail to take into account the distinctive lived experiences of the offending individual. Even though the rates of recidivism have shown little to no improvement over recent years, the current theoretical approaches to interventions continue to neglect to address the diversity of perpetrators.

Before effective change can be implemented, it is vital to consider and evaluate the therapeutic approaches to IPV that are currently prevalent in the field. Although the primary objective among programs is to rehabilitate the offender and reduce recidivism, the clinical approaches of the programs, as well as their success rates, often vary significantly. In this chapter, I will explore and discuss the theories of IPV, the theoretical frameworks influencing perpetrator interventions, and the description of the various programs that are currently in place to rehabilitate perpetrators of IPV.

Theories of Intimate Partner Violence

Feminist Theory

Feminist theory aims to understand violent relationships through examining the sociocultural context in which these relationships occur and centers around the core concepts of sex, gender, race, discrimination, equality, difference, and choice. Feminist theorists argue that there are systems and structures in place that work against individuals based on these qualities

and against equality and equity. As such, Bell and Naugle (2008) suggest that support for the feminist theory stems from “descriptive, correlational research examining the relationship between men's endorsements of patriarchal values and their respective rates of physical violence against their partners” (p. 1097), and argue that families are at a greater risk for experiencing IPV when husbands hold traditional sex-role attitudes and there are greater discrepancies between the husbands' and wives' acceptance of patriarchal values. Similarly, Burelomova et al. (2018), posit that supporters of this theory view gender inequality and sexism within patriarchal societies as the main causes of IPV. They posit that IPV is primarily a problem of men’s violence against women being caused by societal rules and patriarchal beliefs encouraging male dominance and female subordination, and that women’s violent behavior towards their male partners should be understood as self-defense, retaliation, or pre-emption for male violence. Additionally, feminist theoretical tradition views violence towards women as a special case, different from other forms of violence and other forms of crime, and interventions should be concerned with educating men and addressing their patriarchal beliefs and domineering behaviour toward women. The ultimate goal of feminist theorists is to overturn patriarchal social structures to prevent, reduce, and eliminate violence against women (Dutton, 2011, as cited in Burelomova et al., 2018).

Social Learning Theory

Social learning theorists hypothesize that violence against intimate partners is initially acquired through modeling during childhood. Like the power theory, social learning theory proposes that methods for settling family conflicts are often learned during childhood by observing parental and peer relationships (Bell & Naugle, 2018). In the context of IPV perpetration, the Social Learning theory predicts that the probability of IPV perpetration is greater when one associates more frequently with persons or groups that engage in IPV

perpetration, hold definitions favorable to IPV perpetration, or provide differential reinforcement for IPV perpetration. Additionally, Li (2022), describes the theory as human behavior being learned and modified through the same four social psychological mechanisms: 1) differential association, 2) differential reinforcement, 3) imitation, and 4) definitions favorable towards breaking the law. The social learning process starts when a person differentially associates with others who commit and model criminal behavior, and who support violations of legal and social norms. “These groups not only act as observable behavioral models, [but] they also provide reinforcement for criminal or conforming behaviors through rewards and punishments” (Li, 2022, para. 7).

Perpetrators and their victims are believed to have either witnessed abuse or directly experienced physical abuse as children, resulting in the development of tolerance or acceptance of violence within the family. Whether violence continues into adulthood is also thought to be dependent on the consequences associated with early episodes of violence in peer and dating relationships. IPV is believed to be maintained if it serves a purpose or has been appropriately reinforced, and if there are positive outcomes following partner abuse it may increase a person's expectations that future violence will result in similar outcomes. Social learning theorists also emphasize that direct reinforcement of violent behavior is not required to maintain that behavior but simply witnessing either positive or negative consequences of violent behavior may be sufficient in determining whether or not an individual will engage in future violent episodes (Bell & Naugle, 2018).

Perpetrator Intervention Programs

Despite the diverse theoretical frameworks of IPV, there continues to be a lack of diversity among mainstream perpetrator intervention programs. As suggested by Cannon et al.

(2016), most mainstream programs either emphasize adherence to a power and control model of treatment, based on sociopolitical theories of patriarchy, or place an emphasis on a client's mental health issues and personality. There are few interventions that ensure treatment is conducted in accordance with the treatment needs of each client, based on a thorough assessment and rather, are of the same intensity and duration for all perpetrators regardless of abuse history, motivation, or other individual factors. The following section will explore several programs currently serving as mandated interventions, some of which are mainstream and others which may not be as well-known but have shown notable efficacy.

The Duluth Model

Aaron and Beaulaurier (2017) explore the historical and empirical reasons for what they consider to be a lack of overall effectiveness of current perpetrator interventions. The authors initially discuss the Domestic Abuse Intervention Project (DAIP), commonly referred to as the Duluth Model. The Duluth model is based on feminist/patriarchal theory and was “developed at the societal level and [eventually] translated to the individual level” (Aaron & Beaulaurier, 2017, para. 4) and suggests that men’s abusive behavior is the result of male gendered socialization in a culture of male privilege and institutionalized patriarchy and views men’s violence as battering. In this conceptual framework, battering is considered to be a web of intentional tactics such as intimidation, male privilege, isolation, emotional and economic abuse, and violence to gain and maintain power over a victim.

Condino et al. (2016) further explain the Duluth method as a psychoeducational curriculum that aims to challenge the denial or minimization associated with abusive behaviour. The primary instructive technique is known as the *power and control wheel* which is used to explain the different tactics that perpetrators use against their partners, in the context of a larger

construct of socialization. The feminist Duluth model program can last anywhere from 8-36 weeks and remains the unchallenged treatment of choice for most communities.

Over the past decade and a half, there have been several studies that have examined intimate partner violence contexts that do not fit the population that the prevailing Duluth was designed to treat. This includes IPV perpetrated by women, bidirectional violence in couples, and violence between same-sex couples, where violence in relationships cannot be easily characterized as patriarchal gendered socialization. The Duluth approach was not designed or intended to distinguish between types of violence nor to treat IPV that was not perpetrated by a man whose victim was a woman, and although this population exists, researchers recognize that it represents an extreme end of a continuum and does not represent all violence between intimate couples (Aaron & Beaulaurier, 2017).

Psychoeducational Intervention

Psychoeducation is psychotherapeutic intervention that focuses on developing an individual's understanding of their mental health condition in order to improve their managing and coping abilities. It is considered a simpler form of therapy and does not require practitioners to have a highly developed theoretical background. As an intervention, psychoeducation can be used frequently to encourage client responsibility, proactive care, and awareness and to reduce clients' feelings of guilt, helplessness, and denial. Additionally, the sessions can be delivered in various ways, and in a variety of settings and may also vary in session length, number, and overall time span, whether weeks, months, or years. Although there are not any formal standards that dictate exactly how the sessions should be conducted, the interventions should be individualized for each client by taking into consideration particular patient characteristics and family dynamics. By developing psychoeducational interventions that are specifically tailored to

individual needs, psychoeducation efficacy may be increased. It is important to note that within the psychoeducational framework, ultimately it is the client who is responsible for implementing what they have learned (Bouchard & Wong, 2021).

An example of an intervention that is delivered through a psychoeducation framework is the current mandated program in British Columbia. In 2014, B.C. released its three-year IPV Plan, which included a court-mandated perpetrator treatment plan being offered in 45 communities throughout the province (Government of Canada, 2017). The program, known as *Relationship Violence Prevention Program*, is a psychoeducational standardized program whose vision is to “eliminate all forms of physical, sexual, emotional, psychological, and financial abuse perpetrated by male offenders against their intimate female partner” (Stroh, 2016, para. 2). The program is delivered in two parts: *Respectful Relationships (RR)* and *Relationship Violence Program (RVP)*. The RR part 1 component is ten sessions of 2 ½ hours in length and gives the perpetrators solid foundation in the dynamics of IPV. It is usually co-facilitated by a male and a female Probation Officer, who have received training in group facilitation skills and then in the delivery of this specific program. Men who have completed RR1 together will usually move on as a group to RR2. The RR2 component is 34 hours in length and its goal is a demonstrated reduction of violent and abusive behaviour (Stroh, 2016).

Aside from the *Respectful Relationships* program being based solely on a psychoeducational framework, an additional concern is regarding the program’s treatment results. *Stroh Health Services* is the consultant group that facilitates the program province wide. However, although the government website update is relatively current, the website for Stroh Health Services indicates that they have been delivering the same program since 2003 and have reduced offender recidivism by 50% (Stroh Health Care Corp., 2017). What remains unclear is

whether there have been any fluctuations in the 50% reduction in repeat IPV offences since 2003 or whether any reviews or adaptations to the RVP Program have been made since its implementation in 2003.

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) is rooted in social learning theory, which posits that behaviours are acquired through conditioning and gradually occur over time as people interact with their environment, cueing signals to shape their actions. CBT rests on the idea that thoughts and perceptions influence behaviour and emphasizes what is going on in the client's current life, rather than what has led up to their difficulties (Miller, 2019). The basic principle that underlies CBT is that because most emotional and behavioral reactions are learned, they can also be unlearned or changed. Through interrogating and uprooting negative or irrational beliefs, CBT teaches individuals to interrupt their maladaptive thoughts with a deeper understanding of the errors or distortions in the perception of these automatic thoughts, ultimately helping clients to correct misinterpretations of the thoughts that have caused disruption in their daily lives. Sessions in CBT are meant to be well structured and is a time limited approach in which the client's active participation is a key principle. Without the client's participation, this goal-oriented and problem focused approach would not be effective. CBT is considered to be an effective treatment for a wide range of disorders, including but not limited to depression, anxiety, anger management, obsessive-compulsive disorder and post-traumatic stress disorder (Miller, 2019).

As an alternative to the Duluth model of intervention the primary goal of the CBT approach to interventions to help offenders identify and examine their maladaptive cognitions that often precedes violence and addresses intrapersonal processes that are theorized to

perpetuate abuse. An intervention with a CBT component is discussed by Tutty et al. (2019), in which the treatment outcomes of 694 men, who participated in *Responsible Choices for Men* (RCM), are assessed over a ten-year period. RCM is an intervention program that has been used in Calgary, Alberta for over 25 years, and through a narrative therapeutic framework, combined with CBT approach, challenges the “victim-only” narrative that many men have when they begin RCM. Among other tools, the program utilizes “responsible choices logs” and implements time-outs to encourage the offender to begin taking responsibility for their abusive behaviour towards their partner. A unique component to this specific intervention is that prior to starting RCM, the participant must engage in individual counselling with a primary therapist who assesses the extent of the violence, their readiness for change, as well as individual treatment goals. These counselling sessions can last up to a year or until the offenders are deemed ready for the RCM program based on the Transtheoretical theory of change perspective” (Prochaska, 1995, as cited in Tutty et al., 2019, para. 9). The group component of the program incorporates both structured psycho-educational and unstructured psychotherapeutic components and is a closed group including eight to twelve men who complete 30 hours of program sessions conducted over 14 weeks. Upon program completion, Tutty et al. observed that there were significant improvements in self-esteem and psychological distress such as depression and anxiety. Although group setting is the standard modality approach for mandated interventions, the authors indicate that there are few studies that describe interventions that offer individual counselling prior to group participation. In light of the participants’ notable improvement in psychological distress even after the individual counselling, Tutty et al. suggest the consideration of whether pre-program individual counselling should be a standard component in more intervention

programs. However, they do note that this approach would likely be more compatible with programs that use a narrative therapeutic approach.

The CBT approach has been criticized by Duluth advocates for (1) its dismissal of structural factors, such as patriarchy, power, gendered roles, that are theorized to be at the root of IPV perpetration and (2) failure to directly confront perpetrators. Despite these critiques, many components of CBT have been integrated into more recent iterations of Duluth treatment. In practice, many IPV interventions include components of both Duluth and CBT (Butters et al., 2021).

Turhan (2020) suggests that the weakness of CBT and anger-control strategies is that they do not take account of cultural norms and power control as a factor of violent behaviour. CBT focuses on the “higher stage of change goals such as focusing on improving skills and awareness of their abusive behaviour rather than fostering their motivation to enter into the intervention process” (p. 5). Social learning approaches and anger management approaches are limited since men who use violence excuse their behaviour by their social environment and it could be argued that CBT fails to respond to some perpetrators' needs in the process of taking responsibility. The reasons for this might be due to patriarchal concepts, masculinity, class, gendered power relations and lack of culturally-sensitive services.

Narrative Therapy

Narrative therapy is founded in social constructionism, which views the world and its constructs, such as knowledge and truth, as constituted in social processes of interaction. The premise of narrative therapy is that identity is formed by the narrative of an individual's life where there are several narratives at play simultaneously, and one's interpretation of their narrative can influence thinking, feelings, and behaviour. As one experiences events and

interactions throughout their life, meaning is given to those experiences and, in turn, these meanings can influence how one sees themselves and the world. Many narratives are useful and healthy, whereas others can result in mental distress. Mental health becomes compromised when there is an unhealthy or negative narrative, or if there is a misunderstanding or misinterpretation of a narrative (Clarke 2021).

A narrative therapeutic approach places an emphasis on the stories that are carried through one's life and helps individuals to find their voice and explore events in their lives and the meanings they have placed on these experiences. Through this lens people are viewed as separate from their problems and destructive behaviour, thus challenging the dominant problematic stories that prevent them from living their best lives. The therapist encourages the client to create distance between the individual and their problems, which is called externalization. Through externalization, clients are led towards viewing their problems or behaviours as external, instead of an unchangeable part of themselves (Guy-Evans, 2022). As such, this approach guides the client to identify alternative stories, widen their views of self, challenge old and unhealthy beliefs, and open their minds to new ways of living that reflect a more accurate and healthier story. The belief is that telling a story is a form of action toward change, therefore it is the role of the therapist to assist their client in objectifying their problems, framing these problems within a larger sociocultural context, and teaching their client how to make room for other stories (Guy-Evans, 2022). During therapy, the client is treated as the expert of their own problems, and the collaborative therapist does not impose judgements. Rather, they assume that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the effect of problems in their lives. The goal of narrative therapy is not to change a person but allow them to become an expert in their own life (Clarke, 2021).

Although current literature does not reflect a notable presence of stand alone narrative approaches to IPV interventions, Wendt et al. (2019) discuss the benefits of using this framework for engaging perpetrators of violence in intimate relationships, to explore the offender's shame and the effects of their violence. The focus during an intervention with a narrative approach is centered on being respectfully curious about, and listening for, ethical preferences and readiness for change. "The acts of naming violence and abuse and articulating their effects on [the victims], are then used by practitioners to enable [the offender] to connect with ethical principles of responsibility and accountability" (Wendt et al., 2019, p. 80). Rather than focusing on the "wrongness" of the offender's beliefs—telling them what they should do or how they should feel—practitioners approach the session in ways that enable their clients to experience their own realisations within the context of their own lives. The creation of a richer story informed by ethical preferences can provide offenders with an anchor, both in terms of accountability and as the basis for sustainable long-term change. In this way, a narrative therapeutic approach replaces a focus on pathology, deficit and the offender as "the problem" with a larger socio-political analysis of gendered power relations, thereby positioning men as agentic and capable of meaningful, lasting change (Wendt et al., 2019).

Augusta-Scott and Maerz (2017) suggest that a common narrative among perpetrators as one of victim-only. As such they discuss the benefits of a utilizing a narrative therapeutic approach that draws from the perspective of the feminist domestic violence field to explore how men are recruited into the victim-only narrative through traumatic experiences and the influences of dominant masculinity. Additionally, such an approach will typically use five strategies for deconstructing the victim-only narrative that serves to undermine men's willingness and ability to take responsibility: challenging

dominant masculinity, attending to persistent hyper and hypo-arousal, establishing a collaborative relationship, separating the past from the present and challenging the victim/perpetrator binary (Augusta-Scott & Maerz (2017). Interventions that pull from a narrative approach have been successful in bringing to light the ways in which dominant masculinity can influence perpetrators and, in doing so, guides these men towards healthier ways of relating to others. A trauma-informed narrative therapy approach works compassionately with men around their victimization and in a manner that allows them to take greater responsibility.

Acceptance and Commitment Therapy

An Acceptance and commitment therapeutic approach (ACT) is a mindfulness-based therapy that aims to transform one's relationship with difficult thoughts and feelings, so that they are no longer perceived as symptoms. Instead, one learns to perceive these thoughts and feelings as harmless, even if uncomfortable, transient psychological events (Harris, 2006). ACT interventions focus around developing acceptance of unwanted private experiences which are out of personal control, commitment and action towards living a valued life. In contrast to CBT, not one of these cognitive diffusion techniques involves evaluating or disputing unwanted thoughts. In stark contrast to most Western psychotherapy, ACT does not have symptom reduction as a goal. This is based on the view that the ongoing attempt to get rid of 'symptoms' actually creates a clinical disorder in the first place. "As soon as a private experience is labeled a 'symptom', it immediately sets up a struggle with it because a 'symptom' is by definition something 'pathological'; something we should try to get rid of" (Harris, 2006, p. 2). Research shows that higher experiential avoidance is associated with anxiety disorders, depression, poorer work performance, higher levels of substance abuse, lower quality of life, high risk sexual behaviour,

borderline personality disorder, greater severity of PTSD, long term disability and alexithymia (Harris, 2006). Ironically, through the process of accepting uncomfortable thoughts and feelings, ACT actually achieves symptom reduction—but as a byproduct and not the goal. ACT can be used with individuals, couples and groups, both as brief therapy and long term therapy, in a wide range of clinical populations.

Zarling et al. (2019) explore an alternate intervention modality. *Achieving Change Through Values-Based Behavior* (ACTV) is a less common intervention framework that was developed for the correctional setting and is based on empirical evidence regarding the perpetrator population as well as the principles and techniques derived from *Acceptance Commitment Therapy* (ACT). The ACT approach to counselling builds on traditional CBT but emphasizes different processes in behavior change. ACT focuses on experiential learning and changing one's relationship with one's thoughts and emotions. Whereas the Duluth/CBT curriculum focuses on teaching perpetrators to change their thoughts about their partners via cognitive reappraisal or self-talk methods, ACTV focuses on teaching the participants to choose behavior that is values-consistent, even in the presence of those thoughts. The primary difference between these program philosophies is that the ACTV model does not teach or require that the content of participants' thoughts have to change for behavior to change, only the way that they respond to their thoughts.

Zarling et al. (2019) sought to test the effectiveness of ACTV compared to treatment outcomes using Duluth/CBT, specifically in terms of reducing recidivism for men who were court mandated to complete an intervention program after being convicted of intimate partner violence. For the purpose of their study, the authors defined recidivism as being new criminal charges within the 12 months after the program (Zarling et al., 2019). Their study sample

included 3,474 men who were assigned to either ACTV or Duluth/CBT, open group interventions, from 2011 to 2013. The participants chose their own group based on scheduling and availability, but the overall demographic of each group did not differ significantly. The overall results supported the author's hypotheses in that evaluation of the recidivism rates between ACTV and Duluth/CBT 1 year post intervention, showed that ACTV participants were significantly less likely to be arrested for any charge, including domestic assault charges, and any other violent charges. As well, ACTV participants had significantly fewer charges than Duluth/CBT participants on average.

Zarling et al. (2019) conclude their study, with a reflection on the possible reasons that an ACT-based model appeared to be so effective. The possibilities suggested are (a). ACTV targets processes that are directly related to decreases in aggressive behaviour, (b). the flexibility of ACTV is more suited to the heterogeneity of this population compared with the one-size-fits-all model of traditional interventions, (c). the facilitators in both groups had training in motivational interviewing, which has been associated with positive treatment outcomes for perpetrator interventions (Kistenmacher & Weiss, 2008; Taft, Murphy, Elliott, & Morrel, 2001, as cited in Zarling et al., 2019), and (d). the specific skills training taught in ACTV is flexible and can be applied to a greater diversity of situations, including but not limited to their own general behaviour, as well as relationships with one's intimate partners.

Healing Circles

Zakheim (2011) explores the effectiveness of healing circles as an alternative approach to perpetrator intervention. Whereas mainstream interventions may be an effective consideration for certain perpetrator populations, the author suggests that interventions such as the healing circle is more culturally sensitive to the diversity that exists among perpetrators of IPV.

Although healing circles have been a part of indigenous heritage for hundreds of years, Zakheim (2011) acknowledges that there are numerous additional cultures in which the healing circle has proven to be an effective framework of intervention. Unlike interventions which target the behaviors of the abuser only, healing circles are considered to a restorative justice approach, and permit the victim, rather than legal authorities, to define what restitution he or she receives from the perpetrator. Healing circles involve the voluntary participation of the perpetrator, along with the victim and members of the extended family and community, in the resolution process. During the healing circle, the circle keeper invites the victim to participate, but participation is only voluntary. The circle keeper also invites individuals from the abuser's and victim's families and community network to participate. The goal is to heal all parties while, at the same time, rehabilitating the abuser (Zakheim, 2011).

Zakheim (2011) includes a review of results from a study the author conducted in 2009. The participants of this study were a small population of Orthodox Jewish couples, half of which participated in mainstream perpetrator intervention and the other half participated in healing circles. Although the post intervention interviews revealed similar themes between the two groups, the results associated with the themes were significantly different for each group. For example, each group was guided by insights they gained into the abusive situation, however insights of the mainstream intervention group only came from the perspectives of other male perpetrators, whereas insights from the healing circles included those from victims, family members and other members of the community who were affected by the violence. In terms of learned behaviour skills, “all but one of the men participating in [mainstream intervention] stated clearly that their behavioral patterns had not changed, nor had their relationships at home shown any change, as a result of their participation in the group” (p. 490). By contrast, among the

participants in the healing circles all but one couple showed changes. The author suggests that these changes in learned behaviour were “attributable in large part to the concrete ideas for change in behavioral patterns that had been offered by the support people participating in the groups-people who understood the individuals involved and the cultural dynamics of their lives as Orthodox Jewish couples” (p. 491). The third theme, taking responsibility, also offered differing results; in theory, even though the aim of mainstream intervention is to encourage perpetrators to take responsibility for their abusive behaviour, in actuality this did not happen. In yet another contrast, the authors determined that:

Not only did the perpetrators in the healing circles take full responsibility for their abusive behavior but also all participants came to understand their respective roles in the complex dynamic that had turned violent. All circle members (i.e., abusers, victims, family members, and members of the community) shared the responsibility of brainstorming ideas that would reduce the abuse and violence in the family. (p. 491)

Zakheim (2011) argues that a potential reason for the success of healing circles is that a healing circle can be adapted to a culture’s specific needs (in this case, Orthodox Jewish families). As a form of intervention, the healing circles function within the participant’s own culture, whereas other modalities tend to focus on only the community at large.

Motivational Interviewing

Butters et al. (2020) discuss the potential benefits of utilizing motivational interviewing (MI) as an approach to perpetrator intervention. MI is a non-confrontational, person-centered interviewing approach that emphasizes client autonomy, decision-making and change. Originally developed for individuals struggling with alcoholism, it has since been found to be an effective approach in a variety of other contexts. Rather than taking an authoritarian role, the therapist

reflectively listens, provides support, and develops a collaborative relationship. Two of the primary goals of MI are to elicit change talk and explore ambivalence about change. In contrast to more confrontational approaches, like Duluth, MI emphasizes that the therapist expresses empathy, and emphasize client self-efficacy.

Butters et al. (2020) posit that MI shows promise, as either a standalone treatment or an adjunct intervention paired with other treatments, for certain IPV perpetrators and has been found to be more effective in reducing re-assault for first time perpetrators, offenders court-ordered to treatment, and offenders in early stages of change. According to the authors, men who were at later stages of change may potentially benefit more from CBT treatment. Butters et al., also suggest that many studies incorporating motivation-based approaches did not look at MI as a primary treatment but “as a brief adjunct to improve attendance, adherence, and outcomes in other intervention” (p. 397). The fact that perpetrators in earlier stages of change benefited most from MI type interventions reinforces the importance of individual assessment. Since perpetrators are frequently court mandated to participate in treatment, many may arrive in earlier stages of change. As such Butters et al., argue that interventions that are confrontational may increase defensiveness and resistance to treatment and for these reasons, non-confrontational approaches, like MI, should be considered to increase engagement and readiness to change.

Trauma-Informed Framework

Kar (2019) suggests that for decades, both domestic and international public health and community-based approaches to violence intervention, such as the Duluth model approach and the role model approach, have solely focused on attitude change, masculinity values change, and behavior change principles but very few intervention models are addressing a core element of violent behaviour: the healing the psychological and social processing ramifications of early

trauma. Kaur argues that even among psychological treatments, approaches specifically targeting violent behavior are ineffective, when they neglect to include trauma-based components. Kaur goes on to discuss the Strength-at-Home (SAH) program which is considered to be a psychological intervention that incorporates a trauma-focused foundation. The SAH program was initially developed in collaboration with the Centers for Disease Control and Prevention and is a cognitive-behavioral group intervention which was originally designed for military and service members and their partners. The intervention is informed by a social information processing model for IPV perpetration and specifically addresses the types of deficits characteristic of early trauma experience. Results of this approach have demonstrated that across total, mild and severe physical IPV, differences pre/post were statistically significant and effect sizes were large. Kaur concludes that even though there are few examples of trauma-based violence interventions, the SAH model has demonstrated high promise in reducing violent behavior.

Chapter Summary

In this chapter I reviewed the literature surrounding court mandated perpetrator intervention programs. Despite the diverse therapeutic approaches that clearly do exist, the evidence suggests that mainstream interventions continue to be limited in their scope which ultimately impedes rehabilitation success. Participants of court mandated IPV perpetrator interventions are individuals who exhibit diverse and culturally sensitive treatment needs, which inevitably affects the likelihood of program dropout and/or recidivism. As research reflects, attending to these diversities, specifically through modifications to mainstream program approaches, is necessary if these individuals are to have a truly honest chance at successful long-term rehabilitation.

In the following chapter I will further discuss diversity among perpetrators and subsequently propose a multi-lens intervention that seeks to address and include the multitude of perpetrator diversity.

Chapter 3: Discussion

Current research indicates that recidivism rates of intimate partner violence (IPV) fail to decline, despite the existence of perpetrator intervention programs mandated by the courts. Research also suggests that despite diversity among convicted perpetrators, the theoretical approaches of intervention programs remain unchanged. As such, it is a realistic belief that until our intervention programs begin to consider the unique needs of its participants, we are unlikely to witness any impactful decrease of IPV recidivism.

In this chapter I will consider current, mainstream intervention programs, and the implications they continue to yield for convicted perpetrators and greater society. Additionally, I will offer my recommendations for reform to the current process of perpetrator rehabilitation; recommendations that I believe could be consequential in lowering the rates of IPV recidivism.

Implications of Findings

Therapeutic Approaches

There are specific factors that remain key to the overall success of therapeutic outcomes. One such factor is the appropriateness of the intervention in relation to the presenting issue of the client. However, mainstream interventions being mandated by the courts, continue to be influenced solely by the theoretical frameworks of IPV, and, as such, can be limited in their ability to address diversity among the participants. As previously addressed, the Duluth model of intervention was developed through a feminist theoretical lens and identifies gender inequality and sexism within patriarchal societies. Feminist theorists view IPV victimization as a web of intentional tactics such as intimidation, isolation, emotional and economic abuse, and violence to gain and maintain power over a victim. IPV is considered to be a result of societal rules and patriarchal beliefs that encourage male dominance and female subordination, and the model does

not assume that IPV is caused by other issues such as mental or behavioral health problems (Burelomova, 2018). Alternatively, a framework based on social learning theory, hypothesizes that methods for settling family conflicts are most often learned during childhood by observing parental and peer relationships. As such, social learning theorists posit that most perpetrators are believed to have either witnessed or experienced abuse as children, resulting in the development of tolerance or acceptance of violence within the family (Bell & Naugle, 2018).

Although the scope of approaches has begun to widen, psychoeducation and cognitive behavioural therapy (CBT) continue to be the preferred modality of choice used within the theoretical frameworks of perpetrator interventions. A psychoeducational approach focuses on developing an individual's understanding of their maladaptive behaviour in order to improve their managing and coping abilities. Through psychoeducation, clients are encouraged to focus on responsibility, proactive care, and awareness to reduce one's feelings of guilt, helplessness, and denial. Alternatively, CBT focuses on strategies to replace maladaptive thought patterns with a deeper understanding of the errors or distortions in the perception of automatic thought processes.

Even though the therapeutic approaches of psychoeducation and CBT continue to be recognized as popular interventions for treating a variety of maladaptive behaviours, their effectiveness in reducing perpetrator recidivism remains marginal. Inarguably, the inability of these interventions to positively influence the rehabilitation of IPV perpetrators may be attributed to a variety of factors. However, a primary consideration is whether these mainstream interventions are well matched to the rehabilitative needs of the participants. As I begin to explore the maladaptive behavioural issues often shared among IPV perpetrators, it becomes increasingly apparent that feminist and social learning frameworks combined with

psychoeducation and CBT are not accurate therapeutic frameworks or approaches for this demographic.

Perpetrator Behaviour

In a study by Maldonado and Murphy (2020), perpetrators of IPV report being exposed to more trauma and adverse childhood experiences (ACES), such as witnessing violence between parents or experiencing severe physical punishment or abuse during childhood, than those who do not perpetrate IPV. Although IPV perpetrators generally indicate a need for power and control, Maldonado and Murphy posit that “these cognitions are primarily influenced by traumatic exposures and posttraumatic stress reactions” (p. 353). Similarly, Hoskins and Kunkel (2020) suggest that even though ACES are typically more prevalent among perpetrators of IPV than among non-perpetrators, perpetrators often experience multiple, co-occurring ACES. In their study, Hoskins and Kunkel (2020) report that 73.3% of participants experienced psychological abuse throughout their childhood, 86.7% experienced physical abuse, 73.3% were victims of emotional abuse and 86.7% felt neglected throughout their formative years.

Velotti et al. (2022) further support the link between ACES and perpetrators of IPV, while also incorporating the premise of attachment; the emotional bond that forms between infant and caregiver, and its enduring influence on the ability to form stable relationships with others (Psychology Today, 2023). Velotti et al. (2023) specifically highlight the maladaptive influences of preoccupied and dismissive adult attachment styles, which are formed out of adverse childhood experiences. Individuals deemed to have a preoccupied attachment (whose internal working model is based on an anxious attachment established during infancy) generally have a sense of unworthiness but tend to evaluate others positively. As such, they strive for self-acceptance by attempting to gain approval and validation from their relationships with significant

others. They also require higher levels of contact and intimacy from relationships with others (Huang Huang, 2023). Additionally, those with preoccupied attachment levels tend to over activate their attachment system when their partners do not respond to their attachment needs, thus frequently experiencing negative emotional states due to the unfulfilled need for demonstrations of love and commitment. When the attachment system becomes over activated, the preoccupied individual will often begin to engage in a “catastrophic appraisal of interpersonal conflicts, the perpetuation of the resulting negative affect, and conflict escalation” (Mikulincer & Shaver, 2003, as cited in Velotti et al., p. 83). Velotti et al. posit that a combination of attachment needs, frustration, and negative affect—characteristic of strongly anxiously attached individuals—increases the chance that individuals will act violently toward their partners when facing threats to their attachment bonds and suggest that the relationship between preoccupied attachment and IPV perpetration is significant regardless of the type of violence used.

A dismissive attachment style (whose internal working model is based on an avoidant attachment established during infancy) is demonstrated by adults with a positive self-image and a negative image of others. Dismissive-avoidant adults tend to deny experiencing distress associated within relationships and will downplay the importance of attachment in general, often viewing others as untrustworthy. There is often a fear of intimacy, emotional highs and lows, and jealousy, and are often unsure of their feelings toward their romantic partner, believing that romantic love can rarely last and that it is hard for them to fall in love (Hazan & Shaver, 1987, as cited in Huang Huang, 2023). Velotti et al. (2022) propose that individuals who are dismissively attached are more likely to use violence as a distancing strategy to push their partners away when they feel an excessive closeness. “IPV may be used as a way to keep the partner away, preserve

greater distance, or escape when the partner is perceived as too close or intrusive (Allison et al., 2008, as cited in Velotti et al., 2022, p. 198).

Inarguably, the repercussions of IPV continue to have tremendous, irreversible impacts on the victims and their families, as well as on greater society. As such, it is imperative that our communities continue to support victims of IPV in any and all ways we can. However, we must not lose sight of the fact that although perpetrators of IPV are responsible for inflicting pain and suffering, many have lived a life of pain and suffering themselves. As such, if mandated interventions are the primary tool for perpetrator rehabilitation, it is crucial that the curriculum of these programs recognize offenders also as survivors and not solely as perpetrators of crime.

Readiness for Change

Beyond the appropriate selection of intervention, a key influencing factor of therapeutic success is a client's readiness to engage in the change process. Krebs et al. (2018) posit that individuals seeking psychotherapy do not do so with identical motivation, preparation, or capacity for behavior change, and suggest that most psychotherapists "readily acknowledge that a [client's] readiness for behavior change profoundly influences the process and outcome of treatment" (p. 1965). In determining an individual's readiness for change, Prochaska and Norcross (2018) assert that the journey towards change is a gradual progression that consists of six stages and that different intervention strategies are most effective at moving an individual to the next stage of change. Also referred to as the Transtheoretical Model of change, these individual stages are described as precontemplation, contemplation, preparation, action, maintenance, and termination.

Precontemplation is the stage of change that may accurately describe a perpetrator of IPV during the months and/or years leading up to their conviction and subsequent attendance in a

mandated intervention program; they likely have “no intention to change [their] behavior in the foreseeable future...and are unaware or under-aware of their problems. It isn’t that they can’t see the solution. It is that they can’t see the problem” (p. 420). In this stage, precontemplators are not considering altering their behavior in the foreseeable future and, therefore, engage in little change-process activity. “In order to move ahead, they need to acknowledge the problem, increase awareness of the negative aspects of the problem, and accurately evaluate self-regulation capacities” (Prochaska & Norcross, 2018, p. 420).

Recommendations

Knowing that IPV recidivism rates fail to decrease year after year, has led me to ponder two questions; Why are offenders continuing to offend? What can we do to effect change? In the previous section I sought to explore plausible reasons behind the *why* and in this section, I will present recommendations that have the potential to influence successful perpetrator rehabilitation, thus lowering rates of recidivism.

Post-Arrest Intervention

It is widely recommended that before a therapeutic process can yield even the slightest change, the individual seeking the therapy should, at the very least, have entered the contemplative stage of change (Prochaska & Norcross, 2018). However, the period of time (which can be weeks, months, or years) leading up to an offender’s potential conviction, is not only one of crisis and turmoil for the victim, but it can also be just as profound for the offender. Immediately following an allegation of IPV, there is the likelihood of the alleged offender being arrested. Unless there is a history of multiple offenses, the offender is typically released from custody shortly after the arrest and is prohibited from communicating or contacting the victim(s) of the incident. Additionally, if the offender and victim had been cohabiting at the time of the

offense, the offender must immediately make alternate living arrangements. Ultimately, the time frame between the date of the offense until the criminal matter is settled in court, can be anywhere from a few months to a few years, during which time the offender has little to no access to resources and supports. Inevitably, this can be a very isolating time for perpetrators of IPV, as most often they are left to work through this tumultuous period on their own and are often ostracized from family and friends. Rokach and Goldberg (2021) posit that “our ability to survive begins with and over time remains dependent upon successful affiliation with other people” (para. 3), however, the existence of any meaningful human connection, especially during this period, remains limited. For those perpetrators who have been victims of adverse childhood experiences, feelings of isolation have likely been present throughout their life, and they have come to expect nothing less. For others, the social disconnection may be an experience that they are being exposed to for the first time in their life. Regardless, for most perpetrators, the only consistent human connection that exists during this time frame is often with the judicial system as they assist with navigating the criminal court process. As such, by the time perpetrators are mandated to an intervention program they have often had very little opportunity to prepare for their involvement, mentally and emotionally, in a therapeutic intervention. To this end, the likelihood for a successful therapeutic outcome remains low.

Although it can be argued that perpetrators are deserving of inferior treatment compared to that of victims, it is my belief that the post-offense timeframe has the potential to be an influential catalyst towards lowering IPV recidivism. I believe that the first step in this process is to provide the accused offender with a mental health professional, immediately following their arrest. In fact, their initial release from custody should depend on their participation in at least one session with a counsellor. The sole purpose of this session would be to establish a

connection with the accused who, after this point, would be referred to as the “client” rather than the “accused” or “perpetrator”. Even if the slightest alliance is formed during the initial session, a seed of hope would likely be planted. Following completion of the first session, the client would be given the opportunity to commit to a second session, approximately one week later, followed by two to three sessions approximately two weeks apart. For the remainder of the period up until a potential trial, a monthly session would be implemented. Overall, there are specific elements of this intervention process that must be present for it to succeed as an influential precursor to the court mandated intervention. Ideally, the post-arrest process would succeed in moving the client from a precontemplation stage of change to that of contemplation and, perhaps, on to preparation. The following are important elements that would need to be present if any change whatsoever is to occur:

- The counsellor must be trauma informed:
 - They must be aware of the prevalence of trauma, and that it can affect many people of many social and cultural locations (Enns, 2023).
 - They must be able to recognize the signs of traumatic impact and how the survival stances of *fight, flight, or freeze* may show up in the people they support (Enns, 2023).
 - They must ensure that they are taking the necessary steps to avoid re-traumatizing people while supporting healing from past traumatic experiences (Enns, 2023).
- The Primary focus of the counsellor must be on forming a strong therapeutic alliance with the client. Specifically, attention must be given to being flexible and responsive, using feedback, repairing ruptures, handling negative emotions, and promoting an effective ending (DeAngelis, 2019).

- During this initial process, it would likely be highly beneficial for the counsellor to maintain a person-centered approach with the client. In other words, the counsellor must be willing to maintain and show congruency with the client, provide the client with unconditional positive regard, and show an empathetic understanding to the client (McLeod, 2023).

An additional dimension of a post-arrest counselling intervention worth considering, would be to include the client's participation as a mitigating factor in terms of sentencing conditions. An ideal outcome of the post-arrest/pre-sentencing intervention process is that a convicted offender has been given advanced support in accessing the first stage of a path towards healing. If they choose not to participate, that is their choice to make, however for those who do put forth the effort, the effectiveness of subsequent mandated interventions is likely to yield a continuation of growth.

Court-Mandated Intervention

In a perfect world, mandated interventions would include a plethora of approaches that would consider the diverse and culturally sensitive treatment needs of all participants. My belief is that although it might not be possible to implement multiple approaches, it could be within reach to make effective changes to what we do have. To keep this section concise, I will be basing my recommendation for change on BC's current intervention, referred to as the *Relationship Violence Prevention Program*. BC has utilized this program since 2014 and, as discussed in chapter two, is psychoeducational standardized program, based on the Duluth model, with a vision is to "eliminate all forms of physical, sexual, emotional, psychological, and financial abuse perpetrated by male offenders against their intimate female partner" (Stroh, 2016, para. 2). The program is divided into two parts: *Respectful Relationships (RR)* and *Relationship*

Violence Program (RVP). My overarching concern with this program is three-fold; it is a psychoeducational format, trained counsellors are not the initial facilitators, and there is no indication that any part of this program is trauma informed. The following section will offer a detailed description of my recommendation for changes to the current intervention programming.

I am of the strong belief that the addition of my proposed post-arrest intervention is a necessary precursor to any group intervention. If each participant of the group programming has already completed a series of individual, trauma-informed, person-centered individual sessions, I feel that they will be adequately equipped, emotionally, to commence a group program. Regardless, however, of whether the individual has completed post-arrest sessions, it would be imperative that prior to group participation, all participants begin with an additional series of individual sessions, preferably in the form of motivational interviewing (MI). MI is a person-centered, conversational style of counselling that is often used for addressing a client's ambivalence about change. Not only is MI a collaborative approach, but it also aims to strengthen the client's motivation toward healthy behaviour change (Skinner, 2019). It would be made mandatory that an offender does not commence the group portion of the intervention until the counsellor conducting the individual sessions has deemed their client to have entered an appropriate stage of change.

The current group setting of BC's intervention program is not set up for rehabilitative success, as most participants entering the program are likely doing so with a mind-set of resistance and ambivalence. If each participant were to complete several individual sessions, the hope is that they would then enter the group with a stronger desire for positive change. However, regardless of how prepared the participants are at this point, I do not believe that a psychoeducational approach is the best promoter of change. If change is to remain fluid, it is

imperative that the group approach remain as person-centered and as trauma informed as it can. If it is not feasible to have a trained counsellor as the group facilitator it should be mandatory that the individual(s) who facilitate the group have extensive training in trauma-informed practice. In terms of an intervention approach that may likely have the potential to be an effective replacement for the current psychoeducational curriculum, I am confident that an acceptance and commitment therapeutic approach (ACT) could be an appropriate alternative for this demographic. The premise of ACT is to transform one's relationship with difficult thoughts and feelings, so that they are no longer perceived as symptoms (Harris, 2006). Contrary to psychoeducation, which refrains from exploring complex feelings and emotions, and CBT, which involves evaluating and disputing unwanted thoughts, ACT focuses on developing acceptance of unwanted private experiences which are out of personal control, and the commitment and action towards living a valued life (Harris, 2006).

In chapter two, I discussed a lesser-known approach that has been used in perpetrator interventions and is a variation of ACT, referred to as *Achieving Change Through Values-Based Behavior (ACTV)*. Whereas a CBT curriculum focuses on teaching perpetrators to change their thoughts about their partners via cognitive reappraisal or self-talk methods, ACTV focuses on teaching the participants to choose behavior that is values-consistent, even in the presence of difficult thoughts (Zarling et al., 2019). ACTV does not teach or require that the content of an individual's thoughts have to change for behavior to change, only the way that they respond to their thoughts. In the study that I reviewed, the results of an ACTV intervention were extremely positive. When compared to a group that participated in a Duluth/CBT intervention, IPV recidivism rates from one year post intervention were much lower for the group who had completed the ACTV program. Plausible aspects of the ACTV approach that are worth

considering are that the approach targets processes that are directly related to decreases in aggressive behaviour, the flexibility of ACTV is more suited to the heterogeneity of this specific population compared with the one-size-fits-all model of traditional interventions, and the skills training taught in ACTV is flexible and can be applied to a greater diversity of situations such as their own general behaviour, as well as relationships with one's intimate partners (Zarling et al., 2019).

Following the conclusion of the ACTV group sessions, I would recommend a final interview, so to speak, that would consist of one or two additional one-on-one sessions. The purpose of these sessions would be to assess client progress as well as any lingering concerns, or doubts that the client may desire to address. These final individual sessions would also allow for collaboration between the client and counsellor to map out a plan for the client's continuing progress towards emotional healing.

Although my recommendation has not included an evaluation of every aspect of the intervention, I am confident that the overall combination of post-arrest counselling, pre-group-intervention counselling, ACTV group intervention, and individualized post-intervention sessions, is a process that would prove effective. Not only would the combination of approaches offer meaningful and much needed connection, more importantly the process would offer its participants a safe environment for healing and growth from past experiences of trauma. Additionally, the participants would learn the tools needed to build a life that is enriched with purpose and healthy boundaries and behaviours. With this intervention process in place, there is no question that the rates of perpetrator recidivism would ultimately begin to decline.

Limitations

Gaps in the Literature

Understandably, there is an abundance of research that focuses on survivors of IPV, but while reviewing the literature, primarily from the past five years, I was struck by how little research has been done that explores the behavioural traits and experiences of IPV perpetrators. There is also very limited literature that offers detailed descriptions of intervention curricula and of the individuals facilitating the programs. There was also very little literature that discussed the inclusion of diverse genders and cultures within the various mandated interventions.

Suggestions for Future Research

As research continues, it will be imperative to engage in a deeper and more diverse exploration of IPV. Males are considered to be the primary perpetrators and mandated interventions are reflective of this. Further research should consider the diversity of perpetrators and recognize that our judicial systems do not necessarily account for this diversity. Additionally, each intimate partner relationship is unique, as is IPV. As such, if IPV is to be effectively denounced and deterred, it is crucial that research reflect a more realistic understanding of IPV diversity.

Conclusion

IPV continues to permeate all sectors of society, compromising the well-being of all that are involved. Despite efforts of our judicial system to denounce and deter perpetration of IPV, there has been no substantial decrease in the rates of recidivism in recent years. In efforts to deter convicted perpetrators from re-offending, mandated interventions continue to be the common approach to perpetrator rehabilitation. Although research indicates that several models of interventions exist, in actuality the models of mainstream intervention remain limited. The majority of these interventions are built on one of two theoretical frameworks: feminist theory or social learning theory. Feminist theorists view IPV as a result of societal rules and patriarchal

beliefs that encourage male dominance and female subordination and theorists of social learning posit that perpetrators have either witnessed or experienced abuse as children, thus developing tolerance and the acceptance of violence within the family. Out of these frameworks, common interventions were created using either psychoeducation or CBT as an approach to perpetrator rehabilitation. The realization that these therapeutic approaches appear to have little impact on IPV rates of recidivism has been the motivation behind this capstone.

Current literature has begun to further examine the maladaptive behavioural traits of perpetrators. What has become increasingly apparent is that many perpetrators have experienced substantial adverse childhood experiences, and subsequently, are trauma survivors themselves. Therefore, it is highly unlikely that psychoeducation or CBT, alone, are the appropriate choices to effectively rehabilitate perpetrators who are victims of trauma. As such, I am posing recommendations to perpetrator interventions that I believe have the potential to effect positive change and yield successful rehabilitation outcomes.

My recommendation focuses on the crucial need for trauma informed practices at every level of intervention. As such, my first suggestion is that individual, post-arrest counselling sessions become a precursor to the mandated group sessions. To ascertain the convicted perpetrator's readiness for change, I have also highlighted the importance of motivational interviewing, following conviction and prior to commencing group sessions. If an individual enters a therapeutic process prior to reaching the contemplation stage of change, their chances of therapeutic growth will likely remain limited. Additionally, I have suggested implementing an intervention that is based on ACT. ACTV focuses on teaching the participants to choose behavior that is values-consistent, even in the presence of difficult thoughts and refrains from teaching that the content of an individual's thoughts has to change in order for behavior to

change. The aspects of ACTV that I am especially drawn to are that the approach targets processes that are directly related to decreases in aggressive behaviour, the flexibility of ACTV is more suited to the heterogeneity of this specific population compared with the one-size-fits-all model of traditional interventions, and the skills training taught in ACTV is flexible and can be applied to diverse situations. As a concluding stage in the intervention process, I am suggesting a final one or two individual counselling sessions to assess client progress and address any lingering concerns of the participant. These sessions would also be a tool to map out a plan for the client's continuing progress towards emotional healing.

When it comes to societal systems, we are unlikely to experience programming that successfully reflects, in totality, our diverse population. Mandated intervention programs are no different, especially within our local judicial system. Current statistics and literature continue to reflect the seriousness of IPV yet, in the last decade, BC has seen very few changes, if any, to the court process or to mandated interventions. Not only are these facts frightening, but they are unacceptable. Recidivism rates indicate that the current system obviously is not working, and as a result, the welfare of so many continues to be compromised. As a community we are capable of doing so much better.

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