

**GENDERED PRACTICES IN SPECIALIZED DOMESTIC VIOLENCE
COURTS: A STUDY OF FACILITATORS' PERSPECTIVES ON INTIMATE
PARTNER VIOLENCE TREATMENT PROGRAMS IN CANADA**

by

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Abstract

The severity and societal issue of intimate partner violence (IPV) has been recognized through the increased use of pro-arrest and mandatory charge policies, development of specialized domestic violence courts (DVCs), and utilization of community-based IPV treatment programs to provide interventions to offenders. However, as a result, women continue to be arrested due to incident-specific approaches from law enforcement personnel that fail to account for the context of the situation or consider gender-specific issues that contribute to the use of violence. This symmetrical approach to responding to IPV persists at the judicial level with women also referred to IPV treatment programs that were originally designed for use with male perpetrators. Research has been conducted on the appropriate content required for female IPV offenders; however, there are not yet any national comparisons of male and female IPV treatment programs associated with specialized DVCs to assess if they consider the results of gender-specific research or uphold the neutral approach of the criminal justice system. Based in intersectionality and feminist perspectives of IPV that suggest women's violence is uniquely different to that of men, this study assesses the utility and content of IPV treatment programs across Canada. A mixed methodological approach consisting of 22 online surveys and 10 telephone interviews was undertaken with IPV treatment program facilitators to compile information on the format and content of their programs as well as their personal opinions on overall effectiveness. Results identify that IPV treatment programs in Canada maintain an objective, gender-neutral approach synonymous with the criminal justice system. However, facilitators also recognize the

pervasiveness of gendered differences in the perpetration of IPV, resulting in a necessity to reconsider current practices in the response to IPV.

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List of Abbreviations

Cognitive-Behavioural Therapy (CBT)

Conflict Tactics Scale (CTS)

Domestic Violence Court (DVC)

Family Violence Intervention Court (FVIC)

Intimate Partner Violence (IPV)

Risk, Needs, and Responsivity (RNR)

Introduction

The criminal justice system has gradually acknowledged the societal issue and severity of intimate partner violence (IPV) by implementing pro-arrest and mandatory charging policies, developing specialized domestic violence courts (DVCs), and utilizing community-based treatment programs to provide intervention. While this has resulted in an increase in arrests, a possible unintended consequence is that many more women are now also facing charges due to the incident-specific approach law enforcement in Canada currently take when responding to IPV. Specialized DVCs were introduced in Canada in 1990 after realization that traditional judicial approaches were not successfully addressing the underlying individual and societal issues that often accompany IPV occurrences (Eley, 2005). Strategies of these courts are to hold offenders accountable, include victims and other community members in the process, and attempt to resolve the underlying causes of IPV with the assistance of IPV intervention programming (Llewellyn & Howse, 1999; Tutty, Koshan, Jesso, Ogden & Warrell, 2011). Such treatment is intended to rehabilitate the offender by changing their attitudes and belief systems that led them to be abusive, as well as teaching healthier ways of communicating with their partner (Bonta, Wallace-Capretta, Rooney & McAnoy, 2002; Goldman & DuMont, 2001). However, reviews of the development of IPV treatment programs identify that many were primarily designed for use with white heterosexual male participants who had abused their female partners (Larance, Goodmark, Miller & Das Dasgupta, 2019). For example, one of the most prominent programs utilized in North America is constructed from a feminist-based approach that considers that patriarchy, power and control, sex-role stereotypes, and gender-based

values are the primary reasons for IPV (Coulter & VandeWeerd, 2009; Gondolf, 2002). Researchers are beginning to question if such programs are appropriate for use with female IPV offenders (Poon, 2018; Tutty, Babins-Wagner & Rothery, 2006).

There is debate in the literature regarding whether male and female violence is perpetrated equally, with the family conflict perspective arguing in support of such statement, and the feminist perspective against. However, equal reports of violence and abuse are often compiled from national or large-scale population-based surveys that capture more “minor” forms of abuse or those that do not result in injury (Hirschel & Buzawa, 2002; Swan & Snow, 2006). Alternatively, when reviewing institutional reports such as those from shelters, hospitals or the police, an undeniable majority that contain serious abuse and injury are perpetrated by men (Belknap & Melton, 2005). Research continues to support that women do use violence; however, it is instead defensive or retaliatory towards abuse already being perpetrated against themselves as well as a result of other gender-specific issues that require consideration such as fear of their partner, financial control, and being the recipient of coercive control, which are all disproportionately experienced by women (Fraelich & Ursel, 2014; Stark, 2007). Dimensions of structural oppressions such as race, gender, and social class are also frequently identified as oppressions that exist in many reports of IPV (Bograd, 1999). Little attention has been allocated towards understanding the reasons why women use violence and come to the attention of the criminal justice system. Instead, they are subjected to the same gender-neutral approaches that neglect to recognize contextual factors that lead to abusive incidents and are paralleled into the same court procedures and intervention programs that are offered to men.

While the use of specialized DVCs and IPV treatment programs are attempts to address the social issue of IPV, the criminal justice system has taken a gender-neutral approach in treating all forms of male and female violence at face-value (Finn & Bettis, 2006) and claims to promote equality by offering participation in treatment programs to both male and female offenders; however, the predominant models circulating were initially designed only for male participants. There is acknowledgement that some jurisdictions have made efforts to modify their community-based programs to be more women-centered or develop their content based on findings from research conducted specifically with women (Damant et al., 2014; Larance et al., 2019; Tutty et al., 2006). However, not all of these intervention programs are readily available in Canada, are not located in an area that houses a specialized DVC, or unfortunately do not have any court endorsement. There is a dearth of information available on the utility of IPV treatment programs for women, with much of the limited research on program efficacy concentrating on those with male participants or evaluating only one specific location. There are also currently no Canadian studies on the comparisons of male and female treatment, and it has not yet been examined as to whether the criminal justice system supports the inclusion of gender-specific content or whether they recommend the use of programs that uphold a gender-neutral approach. To address these gaps in knowledge, this research undertakes a mixed methods approach to examine the implementation of IPV treatment programs affiliated with specialized DVCs, for both male and female offenders, across Canada.

This research focuses on the perspectives of facilitators who conduct IPV treatment programs, as they can provide information regarding the general formats and

policies of their program, as well as feedback they have heard directly from the offenders they work with and their own observations of their clientele. Information is gathered through the use of both quantitative and qualitative methods, beginning with an online survey pertaining to the format and content of their programs followed by a telephone interview to understand further the benefits and challenges of their structure and curriculum. As a result, the following research questions can be addressed: First, are IPV treatment programs associated with specialized DVCs gender-neutral or gender-specific, as reported by facilitators? Namely, are the expectations, the content, and the format of IPV treatment programs the same for all participants regardless of their gender? Secondly, do the current IPV treatment programs associated with specialized DVCs recognize the various intersecting oppressions that impact women and their use of violence? Thirdly, do women face greater systemic barriers in accessing and attending IPV treatment programs that are associated with specialized DVCs in Canada?

It is recognized that labelling individuals as “offenders” when their violence is a result of victimization or other forms of oppression may be problematic. Many community-based IPV treatment programs also cater to individuals from a variety of referral sources, not all of which come from the criminal justice system. However, for the purpose of the current research it is important to make clear distinctions between the direct participants of the study - who will subsequently be referred to in this document as “facilitators” - and the participants of the IPV treatment program, who will be referred to primarily as either “offenders” or “clients”. Bearing in mind that the research concentrates only on IPV treatment program participants that are referred from a specialized DVC and have either already been convicted of their offence or have agreed

to plead guilty upon completion of treatment, “offender” was considered a suitable term. Facilitators taking part in a telephone interview were also consulted about the terminology and were in agreement with the language considering the framework of the study.

This study has far-reaching relevance as researchers are beginning to recognize women’s use of violence as different than that of men. Specialized DVCs are present in almost all provinces and territories and continuing to expand. As they continue to be implemented and endorse selected IPV treatment programs as their intervention of choice, women arrested for IPV will continue to be referred. This research will advise of the similarities or differences that exist in regard to the types of IPV treatment that are offered to offenders across numerous jurisdictions, as well as aspects that are working well and those that are considered to benefit from adjustments. As a result, this research will inform criminal justice professionals as well as community-based agencies and their management as to the most appropriate interventions for a variety of IPV offenders. This research will make visible the gendered inequalities in the criminal justice system’s treatment of IPV and the marginalization of women and other minority populations as they navigate an objective, gender-neutral system. As a result, much needed knowledge is established as to which elements of specialization result in best practices for the treatment of IPV, as well as benefits to individuals and families involved.

This introduction has identified gaps in the literature, relevancy of the current study, research questions, and methodology utilized. Chapter One provides an overview of the theoretical frameworks of the current study, specifically intersectionality and women’s motivations for violence. Chapter Two then provides a vast and thorough

review of the literature. Chapter Three provides details regarding the methodological approaches used, including that of the mixed methods design as well as the population sample and recruitment strategies, data collection and analysis procedures, and ethical considerations. Chapter Four will provide results of the analysis of the online survey, followed by Chapters Five and Six which discuss the findings of the follow-up qualitative telephone interviews. Finally, Chapter Seven will highlight discussions of the overall findings, Chapter Eight will identify limitations to the study, future research and recommendations, and a summary of final remarks will conclude.

Chapter 1 - Theoretical Frameworks

Intersectionality and Intimate Partner Violence

The use of violence by men and women is influenced by numerous factors, but the theory of intersectionality serves well to highlight the various oppressions that women in society face that may contribute to their use of violence and responses to their own victimization. As one of intersectionality's architects, Kimberlé Crenshaw initiated the concept by suggesting that the category of "woman" had only represented white middle-class feminists who did not realize the extent that this position had privileged them, much like patriarchy had privileged men as a whole (Crenshaw, 1989). Categories of inequality have since expanded to include systems such as race, class, gender, sexuality, ethnicity, nationality, dis/ability, and age to name a few (Larance et al., 2019).

As an example, the intertwined systems of race, gender, and class have been noted to exist in many cases of IPV (Bograd, 1999). Multiple systems of inequality are generally present when the oppression of women is studied more deeply; their responses to an abusive relationship are oftentimes not simply focused on their personal risk or rewards but also that of their children, their partner, and their larger social community (Fong, 2010). Women of low socio-economic status are more likely to seek the support of safe shelters; however, these agencies must not only then address the violence these women have experienced in relation to their gender but must also confront the social reality of poverty in order for them to find alternatives to returning to their abusive partners (Crenshaw, 1991). Furthermore, poverty may not be the only issue that needs to be addressed. Nixon and Humphreys (2010) also highlight that an increase in household

income does not always ensure safety, as other aspects of the relationship may continue to deny or limit financial resources for women.

Intersectionality has been criticized for the presence of numerous markers that can always be expanded upon; thereby making it difficult to pinpoint specific categories that lead to oppression (Brownridge, 2009). It is recognized that not everyone who occupies each category or intersection will share the same experiences; however, these systemic distinctions do allow for predictions as to which categories result in diminished or increased degrees of power, and to whom (Oxman-Martinez, Krane, Corbin & Loiselle-Leonard, 2002). The ever-expanding pool of oppressive categories is also necessary as it is harmful to place individuals in silos to address their needs.

Essentializing women, for example, denies recognition that there are differences between them, with some holding more privilege over others (McKenna & Larkin, 2002). Therefore, studying the reasons why women experience victimization, or use violence against their own partners, cannot always be solely linked to gender and instead may also be attributed to the inclusion of categories where they experience further decreases in social power (Brownridge, 2009; Oxman-Martinez et al., 2002).

Within Canada, Indigenous women are exponentially more likely to experience IPV than non-Indigenous women. Mahoney, Jacob and Hobson (2017) reported that Indigenous women reported violence at the hands of their intimate partner at a rate three times higher than a non-Indigenous woman. Histories of colonization and subsequent experiences of poverty provides some understanding as to the conditions that result in victimization committed not only by men in their communities but outsiders also (Johnson & Dawson, 2010). Immigrants as well as members of visible minority groups

have also been influenced by the intersection of race, gender, and culture (Javed, 2006). Women of colour may be reluctant to contact the police for help, influenced by prior experiences of hostility, disregard, and ill-treatment by members of authority (Crenshaw, 1991). The categories of oppression are never mutually exclusive, instead influence each other to varying degrees (Larance et al., 2019; Zinn & Dill, 1996). This complexity is summarized succinctly by Johnson and Dawson (2010) as they describe the reality that while many racialized groups and people of colour are also economically disadvantaged, people living in poverty are not always minorities; therefore, socio-economic status or ethnicity as their own silos do not capture all the needs of that group.

Gender-Specific Inequalities

Gender has, and continues to play, an important role in the negative experiences of women. The combination of intersecting oppressions not only continue to keep women in abusive relationships but also explain the unique reasons why they may resort to violence of their own. Even though positive shifts in women's equality now encourage women to join the workforce, time off for childrearing or accepting part-time employment to keep up with the demands of a household ensures that men generally have more individual financial security (Comack, 2014). Moyser (2017) reported that in Canada, mothers with a child under the age of six years had some of the lowest employment rates in the country, women are more likely to work part time due to demands on childcare, and their careers are more often interrupted and for longer periods of time. Additionally, on average women only continue to earn 87 cents for every dollar that men make (Pelletier, Patterson & Moyser, 2019). However, family court proceedings have yet to recognize the vast economic inequalities between former

partners in divorce proceedings, and women are more likely to find themselves in a bleak financial situation following separation (Comack, 2014).

The presence of children unfortunately may contribute to additional risk for women, as women still predominantly handle the primary caregiver roles. If social assistance is required for a woman to be self-sufficient upon separation from their intimate partner, some jurisdictions require that child support from the father be sought prior to the approval of benefits (Miller & Iovanni, 2007). However, contact with an abusive partner for this purpose can pose risk to her ongoing safety and be a deterrent to leaving the relationship (Miller & Iovanni, 2007). Family courts have also traditionally believed that children benefit from having contact with their father, occasionally on the basis that being an abusive spouse does not automatically make them a bad role model, and joint or sole custody is frequently being allocated to men (Comack, 2014). As some research has uncovered, either staying in or leaving a relationship when children are present can be detrimental for mothers. Child protective agencies in some jurisdictions have removed children from the home on the grounds of poor parenting by allowing them to witness abuse; alternatively, fleeing to a shelter has also been grounds for custody awarded to the father as the mother's living arrangements are not considered stable (Bograd, 1999).

The various oppressions that result in increased likelihoods of victimization for women also negatively affect them when they instead use violence against their partner. While the criminal justice system has encouraged the reporting of all IPV, it does not consider the uncertainty, distrust, and hostility that some racialized and marginalized women may place against this system (Messing, Ward-Lasher, Thaller & Bagwell-Gray,

2015). In addition to experiences of racism, discrimination and/or language barriers, additional social risks for racialized women may be found in the criminal justice system itself as, in some cases, it is considered culturally inappropriate to elicit assistance from a stranger outside of their family or community (Baskin, 2010). Within a male-dominated patriarchal system, victims of abuse who do not conform to traditional stereotypes may fail to receive help, or alternatively find themselves arrested for their adverse reactions (Messing et al., 2015). In correctional settings, the victimization narrative often tends to concentrate on psychological reasons as to why women commit crime, using programs to try and increase their self-esteem and encourage them to find ways to make better choices (Pollack, 2006). This attitude ultimately pathologizes their behaviour as opposed to looking at their abusive partner or other social factors that led to such actions (Pollack, 2006).

Susan Miller's observations and interviews with women, service providers, and criminal justice professionals in Delaware provide ample evidence of the detriments that women primarily receive when they are arrested for IPV offences. A lack of available and affordable legal counsel result in many agreeing to plea bargains and receiving a criminal record (Miller, 2005). Women may feel compelled to enter a guilty plea to avoid more serious personal ramifications, such as the threat of incarceration and being unable to continue caring for their children. Plea bargains often include required participation in IPV treatment, encouraging women to change abusive behaviours without readily acknowledging the circumstances that prevent her from being able to make different choices, effectively allowing patriarchal control to continue (Oxman-Martinez et al., 2002). Pollack (2006) discussed similarities in treatment programs

housed within correctional institutions. When women would talk about their experiences of trauma or marginalization it was often dismissed as a denial or rationalization of their violent behaviour. Rather, in order for women to convince treatment providers that they had internalized the information and changed their behaviours, it was expected that they begin to identify with a criminal persona (Pollack, 2006).

In addition to potentially appearing resistant to change, the result of a criminal record also leaves women with reduced employment opportunities and financial hardships, loss of public housing and social assistance benefits, immigration challenges, and child custody hearing problems (Larance et al., 2019; Miller, 2005). Oftentimes, being labelled as an offender automatically restricts access to counselling support services (Larance et al., 2019; Miller & Iovanni, 2007). As women remain the primary childcare providers, frequently experience histories of their own victimization, and continue to face limited financial stability in day-to-day life, these numerous consequences of arrest for IPV negatively affect much greater proportions of women than they do men (Miller, 2005).

Women's Motivations for Violence

There are two main avenues of thought in regard to male and female perpetrated IPV. The first is that of the family conflict perspective which suggests that violence is symmetrical between men and women, perpetrated at the same rate and for the same reasons (Dobash & Dobash, 2004; Gabora, Stewart, Lilley & Allegri, 2007; Loseke, Gelles & Cavanaugh, 2005). On the contrary, the feminist perspective argues that women are more frequently victimized by men due to the presence of a patriarchal society that encourages the inequality and subordination of women (Brownridge, 2009;

Poon, 2018). Based on this perspective, a woman's own use of violence is then understood to either be a form of retaliation against an attack they believe to be imminent or occurs while in the process of defending themselves (Buttell & Carney, 2005; Johnson & Dawson, 2010). Ultimately, women's violence often occurs as a response to their victimization (Dobash & Dobash, 2004; Miller, 2005).

Family Conflict Perspective

In order to describe the theory that women's motivations for violence differ from those of men, it is necessary to briefly introduce the alternative; that women's violence is equal to that of men. Proponents of the family conflict perspective strongly support this notion. Researchers who have adopted this perspective claim that in cases of IPV, women are equally likely to initiate violence and abuse against their male intimate partners, and that reasons for doing so are comparable with that of men (Bair-Merritt et al., 2010; Dobash & Dobash, 2004; Swan & Snow, 2006). This evidence is primarily gathered from randomized and large general population surveys that ask respondents to report their use of physical aggression, frequently based on measures associated with the Conflict Tactics Scale (CTS) (Belknap & Melton, 2005; Swan & Snow, 2006). The CTS is an assessment tool that inquires how couples respond to disputes and settle their differences (Dobash & Dobash, 1998). Many minor incidents of violence, considered "common couple violence", often do not result in injury and therefore, are more frequently found in these surveys rather than within agency and institutional reports or crime statistics (Hirschel & Buzawa, 2002).

The symmetry in violence perpetration is highly criticized in the CTS methodology for failing to inquire about context and motivations, eliminating questions

about particular types of violence more frequently experienced by women such as sexual assault, stalking, and strangulation, and does not account for violence between former partners (DeKeseredy & Dragiewicz, 2007; McKenna & Larkin, 2002; Loseke et al., 2005). Criticisms also include the equation of severe violence with that of minor forms, as well as counting one simple act of violence the same as frequent abuse (Johnson & Dawson, 2010; Swan & Snow, 2006). These population-based surveys do not capture rates of violence in which power and control are key features and therefore, the consideration of violence being equal between men and women is problematic when accounting for the omitted categories (Miller, 2005; Swan & Snow, 2006). While the opposition claims that this perspective is not appropriate to address rates of IPV as the context is removed, it is necessary to identify as the criminal justice system treats such violence in a similar manner, as a gender-neutral event (Hirschel & Buzawa, 2002).

The Feminist Perspective and Typologies of Violence

Regardless of the perspective, there is no outright denial that women are known to use violent tactics, and many have openly admitted to doing so in community-based surveys throughout North America (Tutty et al., 2006). However, when looking at reports from shelters, hospitals and police, an overwhelming majority of IPV that results in injury is perpetrated by men against their female partners (Belknap & Melton, 2005). Mahoney et al.'s (2017) report, inclusive of self-reported IPV, found that even though half of men and women both reported single incidents of violence, many more women reported experiencing eleven or more events, twice as many experiences of severe forms of physical and sexual violence, and were more likely to receive physical injuries and to be fearful of their partners. Only small numbers of women have reported using severe,

injury-inducing forms of violence and are instead more likely to be victims of such incidents; when these behaviours occur, they are realized to be in self-defence or in response to their partners' abuse against them (Bair-Merritt et al., 2010; Tutty et al., 2006). Therefore, the feminist perspective of IPV posits that abuse is asymmetrical and that the gender-neutral policies of the criminal justice system are ineffective (Dobash & Dobash, 2004). Women's use of violence should instead be studied from the different contexts in which they occur and require different responses in order to be treated equally (Dobash & Dobash, 2004; Poon, 2018).

Michael Johnson suggests that the two vastly different schools of thought on rates of IPV are due to the sampling of very different populations that have dissimilar experiences with violence and abuse (Gabora et al., 2007). To provide a solution, Johnson established typologies of IPV which predominantly take a feminist perspective, attributing abusive actions as situated in the context of a patriarchal society; however, he also specifies categories of violence based on their use of control tactics (Johnson, 2008). A classification of "intimate terrorism", or what is more recently labelled "coercive control", is one of the most serious types of violence which may include severe physical injury and persistent psychological abuse, most often perpetrated by men, and found predominantly in research that includes reports from the criminal justice system and social service agencies (Gabora et al., 2007; Johnson, 2007; Johnson, 2008). Alternatively, "violent resistance" is committed in response to a controlling partner and is predominantly committed by women (Johnson 2007; Johnson, 2008). In a very small number of cases there is "mutual violent control" in which partners exert violence towards each other and are both vying for control in the relationship (Johnson, 2008).

Alternatively, “situational couple violence” is the most common type of violence which occurs in response to a particular situation, not in an attempt to exert control over their partner (Johnson, 2008). Situational couple violence is most frequently reported in general population surveys which leads to the misinterpretation that women are as violent as men (Gabora et al., 2007; Johnson, 2008). However, this typology is difficult to define as it can range from an act of minor violence that never reoccurs, to a chronic problem that includes violence of a severe nature (Johnson, 2008). Johnson specifies that gender asymmetry in this scenario still exists. When reviewing specific occurrences of situational couple violence, men are still more likely to perpetrate the extreme events (Johnson, 2008). Finally, potentially rooted in some of the aforementioned categories, “separation-instigated violence” may also occur. As research shows, a woman is at increased risk of violence when attempting to leave a relationship; therefore, intimate terrorists may use the separation to increase their use of violence or continue tactics they used while the relationship was intact (Johnson, 2008). Alternatively, violence may never have occurred in the relationship up until the point of separation when the loss of their partner leads to an engagement in control tactics, including the use of physical violence (Johnson, 2008).

Poon’s (2018) study of Johnson’s typologies with a small sample of Canadian women discovered that while some fell into the categories of “situational couple violence” and “violent resistance”, none could be classified as using “coercive control” or “separation-instigated” violence. Instead, some women described their use of violence in a way that could not be categorized by this framework, providing support for the feminist perspective that women’s use of violence occurs for different reasons, and

they may not benefit from the gender-neutral treatment that is frequently provided. Previous research by Tutty, Babins-Wagner and Rothery (2017) also compared women's use of violence with those attending an IPV treatment program versus those attending a survivor support group. Even though women in the IPV treatment program admitted to inflicting more abuse against their partner compared to those in the support group, the use of physical violence was no different to tactics also used against them by their partner, yet their partners were still reported to inflict much greater rates of psychological and emotional abuse (Tutty et al., 2017). Similar to Poon's (2018) research, these incidents would often fall into the category of "situational couple violence" and not as the primary aggressor of the relationship.

The idea that IPV can be classified as typologies, such as those described by Michael Johnson, has been a topic of discussion amongst researchers studying women's use of violence, with many agreeing that varying classifications of violence can be identified. Two overarching typologies of women-initiated violence are that of 1) self-defence and retaliation, with violence most frequently occurring due to a need to protect themselves and/or their children, or 2) as a frustration response in her inability to leave the relationship or escape the abuse in any other way (Goodmark, 2008; Swan & Snow, 2006; Ward & Muldoon, 2007). Mann's (2000) study in a small municipality in Ontario found that male perpetrators committed abuse when they felt their honour was threatened, whereas female victims were more likely to retaliate with violence in attempts to manage their partner's abusive behaviour towards themselves. Defensive violence may be in response to an imminent threat - as our criminal justice system specifically defines it - or it may also be in response to a threat they believe is pending

(Gardner, 2007). Gardner (2007) also effectively described how past relationship victimization and trauma can impact a woman's current use of violence. "Hyper-vigilant" violence is used by women who have been victimized or impacted by trauma in past relationships who may, correctly or mistakenly, perceive a threat in their current relationship and react accordingly (Gardner, 2007). "Pre-emptive/Anticipatory" violence is also experienced by women who may have had numerous abusive partners in the past and therefore resort to violence before a current threat is detected in order to try and ward off any future violence, whether it is likely or not (Gardner, 2007).

Coercive Control

As Johnson's typologies of violence indicate, levels of coercion exist but vary drastically between categories of violence. Alternatively, Evan Stark suggests that a focus on non-physical tactics of coercion is more important as it is these elements that highlight true gender inequalities (Walby & Towers, 2018). Stark suggests that coercive control, while possibly inclusive of physical violence, also emphasizes tactics that take place over a sustained period of time in order to "intimidate, isolate, humiliate, exploit, regulate and micromanage women's enactment of everyday life" (Stark, 2007, p. 309). These tactics are inherently gendered in that they span cultural and historical components where women have gained more freedom, such as the economic, political, and social spheres that have traditionally been controlled by men (Larance & Miller, 2017; Stark, 2007).

Gender-based privileges have been disintegrating with the increase in women's agency; therefore, attempts to establish authority in an intimate relationship is an effort to maintain patriarchal control in males' personal lives (Stark, 2007). Stark defines

coercive control as a “liberty” crime because tactics used may reach into all economic, political, and social spheres in which women have gained more freedom (Stark, 2007). Women are stereotypically associated with actions such as withdrawing from the workforce to raise children, taking care of the home, cooking, and cleaning (Anderson, 2009; Arnold, 2009; Myhill, 2015; Stark, 2007). Economic inequalities also still remain with limited opportunities for professional advancement and a continued wage gap between male and female employees (Arnold, 2009). As a result, tactics of coercive control frequently include isolation from family and friends, close monitoring of behaviours and surveillance of whereabouts, limiting or denying transportation, breaking or damaging cellphones, controlling purchases, and preventing attendance at work or educational institutions (Arnold, 2009; Crossman & Hardesty, 2017; Dawson et al., 2019; Hamberger, Larsen & Lehrner, 2017; Sharp-Jeffs, 2017; Stark 2007); therefore, are much more likely to be effective against a female partner. Women’s conventional socialization encourages them to be more passive and dependent, whereas men have enjoyed more personal and social power resulting in an unlikelihood that women’s attempts to control a male partner in the same way will be successful (Bair-Merritt et al., 2010).

A frequent justification for male perpetrated violence is to maintain control in a relationship or is committed in response to a perceived or actual challenge to their male honour and identity (Allagia & Vine, 2012; Loseke & Kurz, 2005). It is an intentional response rather than a reaction to an imminent situation. Men have stated they choose to use violence for the purposes of intimidation and punishment, whereas women rarely do (Loseke & Kurz, 2005; Walby & Towers, 2018). Alternatively, women have more

frequently reported their use of violence to be in response to an immediate situation, whereas men report attempting to exert authority over lengthy periods of time which results in women consistently feeling much more fearful of their partner and at risk of being subjected to continued and more aggressive forms of abuse (Dobash & Dobash, 2004; Enander, 2011; Miller, 2005). Harmful repercussions are a persistent threat for the women who choose, or are forced, to confront these coercive controlling behaviours (Larance et al., 2019). A 2002 study performed by Hamberger and Guse found that women labelled as IPV abusers still reported feeling fearful of their partner, whereas men were more likely to find their female spouse's attempts at violence towards them as humorous (Gabora et al., 2007). Additionally, women in Miller and Meloy's (2006) study reported that their violence was not effective in changing the power dynamic that existed in the relationship and they did not gain any control over their partner. It is only when the entirety of the violent incident is studied that we may see clear gendered divisions for the motivations for violent behaviour (Dobash & Dobash, 2004), and understand that IPV is asymmetrical between men and women.

The criminal justice system is challenged in its ability to respond to coercive control. Evidence of an incident of physical violence is currently central to the arrest and prosecution of IPV. As a result, there is little to no ability to understand the complexity of the dynamic of the relationship, especially when no physical violence has taken place (Gill & Aspinall, 2020). This may be exacerbated by the emphasis within many risk assessment tools to look for the presence or threat of physical violence, which in turn leads to the minimization or inadvertent dismissal of non-physical abuse (Gill & Aspinall, 2020). Fortunately, however, coercive control is slowly emerging as a criminal

offence and recently gaining recognition as a serious form of IPV. England and Wales introduced the first official criminal offence in 2015 in Section 76 of the *Serious Crime Act 2015*, criminalizing coercive control behaviours amongst both intimate partners as well as familial relationships. Ireland followed in January 2019 with Section 39 of the *Domestic Violence Act 2018*, the difference being that they eliminated familial relationships and concentrate only on tactics used against current or former intimate partners. Scotland has taken an alternative approach, instead creating an entirely new offence in 2019 for domestic abuse which combines all abusive behaviour directed towards a current or former intimate partner, including emotional and psychological harm and tactics reflective of coercive control (Domestic Abuse (Scotland) Act, 2018). Changes to Canadian legislation are currently underway. Bill C-202 (formerly Bill C-247) was re-introduced to the House of Commons in November 2021, proposing to amend section 264 of the Criminal Code to include controlling or coercive conduct (Bill C-202, 2021). Currently, while there are a number of Criminal Code offences used to address IPV, they largely concentrate on the use of physical and/or sexual violence. Non-physical abuse is harder to detect with an incident-specific approach, and it often takes place over longer periods of time, failing to come to the attention of the police. Criminalizing coercive control requires a paradigm shift in the judicial system's approach to recognizing and responding to IPV (Gill & Aspinall, 2020; Hanna, 2009); however, with successful convictions occurring in the United Kingdom, it is possible that this shift can occur.

Defence Mechanisms

The summaries of IPV stemming from different contexts leads to evidence that much of the female-initiated violence is frequently a self-defensive strategy rather than intentional and pre-meditated (Miller, 2001; Miller, 2005; Poon, Dawson & Morton, 2014; Swan & Snow, 2006). Entrenched in research since the 1980's, women's rates and contexts of violence have been known to differ, occurring largely in response to actual or perceived attacks upon themselves (Arriaga & Oskamp, 1999; Das Dasgupta, 2002; Hirschel & Buzawa, 2002; Miller, 2005). Opponents to the use of the CTS argue that results are interpreted incorrectly because they do not account for the context of the violence. An individual who responds that they have ever pushed, grabbed, or slapped their partner is ultimately recorded as an IPV perpetrator, even though these actions may have been a tactic to resist the abuse that was already being perpetrated against them (Belknap & Melton, 2005). A number of researchers have demonstrated the reality of this situation. Dobash and Dobash (2004) found that a majority of women in their sample who used violence did so as a response to the victimization they received from their male partner. Supporting such findings, Miller and Meloy (2006) found that 65% of their sample reported violence used as a means of self-defence, and Caldwell, Swan, Allen, Sullivan and Snow (2009) reported that 75% of their female respondents also claimed self-defence as the primary motive for their use of violence.

Not just women themselves, but professionals also working with IPV offenders acknowledge that a woman's use of violence or aggression against their male partner is often related to the victimization they have been subjected to (Dobash & Dobash, 2004; Larance et al., 2019; Miller, 2005). Such victimization may historically be unknown as

there persists a belief that legal assistance is only available if there is evidence of physical abuse; however, obvious injury is often not the most common or significant element of an abusive relationship (Robinson, Pinchevsky & Guthrie, 2016). Within the IPV literature, there are often references to retaliation alongside self-defence, with many abused women considering that self-defence and retaliation are similar concepts, and researchers also combining the two when discussing the reasons for perpetrating violence (Leisring & Grigorian, 2016). From a legal standpoint, retaliation is considered an act of revenge or in retribution and has judicial consequences, whereas self-defence should be a mitigating factor (Leisring & Grigorian, 2016). However, victims of IPV continue to consider their actions as self-defence if it is also in response to emotional abuse. Stark pinpoints that women are more frequently the recipients of controlling and non-physical tactics of abuse, which can be coupled with severe physical violence but also include intent to harm or punish and generally occurs over lengthy periods of time (Stark, 2007). Women who resorted to using violence in Miller and Meloy's (2006) study reported doing so in order to escape a violent incident, with many of them having no other choice of reprieve as their partners had already isolated them either geographically or through cutting off contact with friends and family. Three women in Poon's (2018) study discussed their partner frequently using physical abuse and emotional manipulation against them in their relationships, whereas they had not used any force against their partner until the incident which led to their arrest. Walby and Towers (2018) emphasize gender asymmetry in domestic violence crimes, with an escalation in violence occurring if victim resiliency to the abuse is diminished. Often

this occurs in conjunction with a reduced access to structural resources, especially that of economic stability, which research identifies is most often experienced by women.

Self-Defence and the Criminal Justice System

Even though there are numerous studies which indicate female perpetrated violence is conducted primarily for self-defensive reasons, there remains an ongoing discrepancy between these findings and the response of the criminal justice system which frequently ignores the importance of gender (Walby & Towers, 2018). If reported, women continue to be treated in the same manner as an abusive male (Miller & Iovanni, 2007). Police officers frequently neglect to question the context as well as understand the many reasons why women choose to, or are forced to, remain in abusive relationships. Many of these women have no prior history of violence in police records and resorted to violent tactics in order to defend themselves; however, police are often unable to determine the correct primary aggressor (Babcock, Miller & Siard, 2003; Bair-Merritt et al., 2010). Some of the women in Poon's (2018) study recognized themselves as victims but had been charged with committing IPV in a situation that Johnson would identify as "violent resistance".

Attendance in an IPV treatment program forces these women to admit responsibility, leaving some women feeling revictimized (Poon, 2018). Being forced to go through an arrest, incarceration and/or mandated treatment for abusers can be highly traumatic for an individual who is ultimately a victim (Belknap & Melton, 2005). Poon (2018) also discovered that IPV treatment program facilitators in Ontario noted that the use of self-defence tactics were not included in the program curriculum, and so the women who had been mandated to attend programming were given conflicting

messages about whether their actions were abusive (Poon, 2018). Continued calls for assistance result in a lack of empathy and increased frustration with the police, ultimately placing blame on the victim for inflicting defensive wounds rather than leaving the relationship (Poon et al., 2014). Subsequently, encouraging women who have acted in self-defence to plead guilty sends a message that their actions were abusive and should refrain from defending themselves in the future (Poon, 2018).

The discrepancy between perspectives of women's use of violence as self-defence, yet seemingly dismissed by the judicial system as such could be explained by the current Canadian legal definitions and criteria. Violence committed in retaliation or to resist abuse from their partner is often recognized when attempting to leave the relationship, when there has been ongoing coercion, control, or psychological abuse, or when there is an immediate threat of harm. However, criminal courts almost always only recognize the latter as true self-defence (Neilson, 2013). Section 34(1) of the Criminal Code of Canada defines self-defence as "Everyone who is unlawfully assaulted without having provoked the assault is justified in repelling force by force if the force he uses is not intended to cause death or grievous bodily harm and is no more than is necessary to enable him to defend himself" (*Criminal Code*, 1985, s. 34(1)). Much of the criteria for self-defence, like other aspects of the criminal justice system's response to IPV, is assessed with incident-specific information. This means that individuals who resort to violence as a result of experiencing ongoing coercive control and relationship abuse that extends over longer periods of time will rarely, if ever, be considered self-defence. This result is a continuation of the criminalization of individuals, especially

women, who have used violence as a means to try and resist their own victimization (Neilson, 2013).

This chapter has outlined the theoretical foundations used in this study. Intersectionality and the realization of societal and systemic oppressions aids in understanding not only women's victimization but also their use of violence and unique repercussions as a result. Furthermore, the feminist perspective on experiences of IPV, Johnson's (2008) typologies of violence, and Stark's (2007) theory of coercive control also serve well to highlight the many contexts in which IPV takes place and the subsequent examination of the effectiveness of IPV treatment programs. A thorough review of the literature regarding the implementation of DVCs and IPV treatment programs is presented in the next chapter.

Chapter 2 - Literature Review

Mandatory Arrest Policies

It was not until the feminist movements of the 1970s that IPV began to be taken more seriously by the criminal justice system, with the arrest of offenders the required response by all police agencies. Mandatory and pro-arrest policies were steadily implemented, and the number of arrests for IPV began to increase (Hirschel & Buzawa, 2002). Pro-arrest and mandatory charging policies are often used interchangeably in the literature; however, there are some minor differences in the directives provided to police. Pro-arrest policies require police to make an arrest if they consider that there are probable grounds to do so, allowing discretion in determining the strength of the evidence, whereas mandatory charging policies remove this judgment (Fraehlich & Ursel, 2014). Mandatory arrest policies were intended to remove the discretion of police officers that had previously resulted in infrequent arrests, as well as promote women's agency by no longer being in a position where they would need to make a formal request to have their partner arrested and charged (Ursel, 2001). Such policy shifts required the police to assess the facts of the incident, determine whether an act of violence occurred and if so, file charges. Such a process does not generally include in-depth questioning about the overall dynamics of the relationship and merely studies a snapshot of the incident at hand (Hirschel & Buzawa, 2002).

An unanticipated consequence of this method is the occasional dual arrest of both victim and offender (Hirschel & Buzawa, 2002). As the police policy is progressively incident-based, oftentimes the primary perpetrator cannot be easily identified and results in an increased arrest of women for IPV (Hirschel & Buzawa,

2002; Ursel, 2001). If a call for assistance results in her own arrest because of her partner's statements of abuse and evidence of defensive injuries, she is punished rather than protected and unlikely to call for help again in the future (Ursel, 2001). Such events are of concern as research records that generally, only the most serious cases of IPV are reported to the police (Hirschel & Buzawa, 2002). Victims as well as advocates and front-line staff are concerned that the heightened arrest of women reinforces the patriarchal nature of our society, in addition to inadvertently providing support for the gender-neutral perspectives that men and women perpetrate violence at equal rates (Poon et al., 2014).

Although the presence of injury provides the police with evidence that a physical dispute occurred, there are some gendered elements that need to be considered and it raises concerns for women who are accused of committing violence. For example, defensive wounds such as scratching or biting tend to surface immediately, whereas offensive injuries often do not appear until a few days later, causing police to question who inflicted the most harm (Poon et al., 2014). An abused female may be arrested for IPV as police misinterpret her self-defensive behaviour as that of the primary or mutual aggressor (Miller & Iovanni, 2007). A woman's defensive strategies may include the use of a household item to mitigate possible size differences between her and her partner; potentially contributing to further challenges in the police finding grounds to lay more severe charges such as assault with a weapon (Poon et al., 2014).

Following such potential complications at the police-level, mandatory charges that result in dual arrests provide further challenges at the court-level. A study in Manitoba identified that dual arrest as a result of mandatory charge policies occurred in

almost eight percent of all cases; totalling approximately fifteen percent of all people appearing in the court when accounting for both parties (Ursel, 2001). A lack of additional witnesses means that police are unable to identify a primary perpetrator; therefore, defence counsel frequently argue that the incident was merely a consensual dispute. Furthermore, high rates of a “stay of proceeding” frequently occur when neither party wish to testify against the other (Fraehlich & Ursel, 2014; Ursel, 2001). While this consequently ends the process for someone who may have been defending themselves, it also removes risk of punishment for the primary aggressor. Fong (2010) identified that the police and judicial system must investigate and consider the context of the relationship, and to take steps to identify the primary perpetrator of violence before decisions to arrest are made. Crown Prosecution Services in the United Kingdom have prepared guidelines for identifying the primary aggressor, suggesting that the police should explore the nature of the relationship, the context that the abuse has occurred in, a review of any prior calls to the police and allegations made against either party, and whether there are any other ongoing matters such as civil or family court proceedings that may influence an allegation of an offence (Domestic Abuse Guidelines for Prosecutors, 2020). Without accounting for the context of the abuse, mandatory charging policies serve to essentialize the process of IPV cases by only focusing on objective evidence such as the presence of any type of injury, and not allowing police officers discretion in their determination of who to arrest. This decision to apply “equal” treatment may in fact ignore inequalities and lead to further discrimination.

Judges Training in Intimate Partner Violence

Further evidence from the court-level also finds that there is currently no mandatory training for judges in Canada relative to IPV. In February 2020, Bill C-5 was introduced to the House of Commons to amend the *Judges Act*. The amendments include a requirement that judges receive continued education on sexual assault as well as social contexts to fairly render their decisions (Bill C-5, 2020). Continued education regarding social context is intended to ensure that participants within the court are treated fairly and that judicial decisions are not influenced by myths and stereotypes. While this Act is pursued to concentrate on experiences of sexual violence, education is also proposed in the areas of “gender, race, ethnicity, religion, culture, sexual orientation, differing mental or physical abilities, age, socio-economic background, children and family violence” (Department of Justice, 2020). It is possible that the results of this Bill will provide judges with more information surrounding the various contexts in which abuse and violence may occur; however, education and training on IPV specifically is still lacking.

Domestic Violence Courts

Rationale for Developing the Courts

As premised above, IPV cases in the traditional criminal court did not receive ideal treatment. Such cases were considered to be low profile and difficult to manage; therefore, Crown Prosecutors did not consider them to be rewarding cases to take on as successful convictions seldom occurred, resulting in high rates of attrition (Eley, 2005; Hornick, Boyes, Tutty & White, 2008). In response to infrequent prosecutions, arrests were reduced, and victims were not effectively protected by the criminal justice system

when they gained the courage to report the abuse (Tutty, Ursel & Douglas, 2008). In addition to the reluctance to arrest and proceed with prosecution, judges were also noted to be reluctant to impose civil protection orders for cases that did reach court attention, resulting in a perspective that even though IPV was a crime, it was unenforced (Epstein, 1999). As a result, a majority of victims chose not to contact the police to report their victimization as the judicial system either would not or could not help them, they experienced re-victimization by the court process, feared retaliation from their partner for making a report, and believed the court was too lenient in punishments (Gill & Ruff, 2010; Hornick et al., 2008).

It was realized that this type of criminal behaviour is often connected to other issues such as mental health problems, substance use, and family of origin concerns that require unique treatment that does not solely consist of punishment and incarceration (Schaffer, 2003-2004). Recognizing the need for such a holistic approach, specialized DVCs were developed to address the underlying reasons for abusive behaviours and to provide appropriate sentences for offenders (Eley, 2005; Gill & Ruff, 2010; Hornick et al., 2008). In doing so, the intent was also to effectively increase rates of reporting, eliminate the number of charges that were being withdrawn or “stayed”, reduce instances of witnesses and victims recanting their statements, increase the accountability of offenders for their behaviour, and reduce the number of repeat occurrences presenting in the judicial system (Bennett, 2012).

A more collaborative response to IPV by including focus on both victim support and offender rehabilitation services is intended with the development of the DVC (Koshan, 2018; Labriola, Bradley, O’Sullivan, Rempel & Moore, 2009). Traditional

court processes often do not include coordination of services between the judiciary and the community and is highlighted as a reason why these conventional courts failed to effectively treat domestic violence cases (Epstein, 1999). The specialized response consists of an integrated approach, including dedicated IPV departments in local police organizations, Crown Prosecutor's offices, and probation services as well as expanding into a co-ordinated community response that also collaborates with victim services and community-based treatment agencies (Gill & Ruff, 2010; Schaffer, 2003-2004; Tutty et al., 2008).

Procedure and Process Differentiations

Early intervention for offenders, rehabilitation and expedient access to treatment, swift prosecution, and victim safety are some of the basic principles with which the specialized DVCs operate; however, this is where the similarities end as there is no universal model that is applicable to all jurisdictions (Eley, 2005; Tutty et al., 2008). Many have their own procedures for case investigation and prosecution of IPV (Eley, 2005). The types of cases the courts consider is one of many differences. Some include IPV only while others take a wider scope and handle all reports of family violence (Gill & Ruff, 2010). Some courts endorse the use of mandated IPV treatment programming to offenders as a condition upon sentencing, impose peace bonds instead of convictions for offenders deemed to be low-risk, or use the specialized DVC as merely a tool to expedite cases of IPV without offering programming (Tutty et al., 2008; Ursel, 2001). For those participating in treatment, a periodic judicial review may be required in which the offender returns to court to provide updates and receive feedback on their progress; others also include programs to support victims (Gill & Ruff, 2010; Tutty et al., 2008).

Use of Treatment Programs

While not included in all of the courts, the use of IPV treatment programs is frequently featured. It is considered necessary to enter offenders into programming as swiftly as possible after the offence to ensure they do not become resistant to treatment if there are lengthy delays in providing intervention (Tutty et al., 2008). Prior to the implementation of specialized DVCs, attendance in an IPV treatment program was an option for offenders; however, with short probation terms and lengthy treatment waitlists that were previously the norm, very few attended (Eley, 2005). Collaboration with community partners has allowed for dedicated spaces in treatment so offenders can be fast-tracked into intervention as soon as possible following arrest (Eley, 2005). Many of the specialized DVCs in North America are awarded this expedited process (Heslop, Kelly, David & Scott, 2016). This method, which also claims to be considerate of victims also by expediting the offender into treatment to reduce their use of violence, has been shown to increase the rates of voluntary guilty pleas (Birnbaum, Saini & Bala, 2017).

Canadian Domestic Violence Courts

Following the first Canadian DVC implemented in Winnipeg in 1990, specialized DVCs are currently located in a majority of provinces and territories; however, there has been limited research on their overall evolution and effectiveness (Eley, 2005; Gill & Ruff, 2010). Individual evaluations of specific jurisdictions have been performed, which also serve to highlight the differences in which they operate throughout the country. Prior to the development of the Winnipeg family violence court, IPV offenders frequently saw conditional sentences, fines, and probation as punishment.

Following specialization, sentences in Winnipeg increased to include supervised probation and periods of incarceration as the most common dispositions (Tutty et al., 2008). Unlike many other DVCs, the Winnipeg family violence court hears cases of IPV as well as child abuse and elder abuse, and Crown Prosecutors practice the use of file ownership which sees the same Crown counsel retaining the file for the duration of all court proceedings (Bennett, 2012).

A decade following the inception of the Winnipeg family violence court, HomeFront was developed in Calgary, Alberta in 2000. As a specialized docket-only court¹, it encourages low-risk offenders to enter into a peace bond and participate in an IPV treatment program as a condition of their recognizance (Bennett, 2012; Eley, 2005; Tutty et al., 2008). The goal of this court is to encourage cases to be heard and concluded quickly in order to provide services to both victims and offenders as soon as possible following the arrest (Bennett, 2012).

At the same time in which HomeFront was established, the Domestic Violence Treatment Option court commenced in the Yukon. Alternatively, they utilize a deferred sentencing model² as well as a judicial review and close supervision³ as the offender participates in IPV treatment (Eley, 2005; Hornick et al., 2008; Tutty et al., 2008). Both

¹ A docket only court is defined as “a list of cases to be heard in a particular court room during that day” (Ministry of Attorney General, 2015). Docket court is a location in which an offender may enter their plea; however, may be required to return on multiple occasions due to adjournment requests for legal counsel, paperwork to be received by the court, and interpreters to appear, to name a few (Tutty & Koshan, 2013).

² The sentencing is withheld until programming has been completed, and takes into consideration the early guilty plea as well as the offender’s level of participation in the program (Domestic Violence Treatment Option Court, 2013).

³ While the offender is attending treatment, the court staff conduct regular reviews of their progress. If the offender is determined to be violating the treatment plan, missing sessions without permission, or failing to participate in the group they may be returned to the court for formal sentencing and removed from the treatment program (Domestic Violence Treatment Option Court, 2013).

the Crown Prosecutor's office and Legal Aid defence counsel have assigned lawyers to attend this DVC to encourage continuity of cases and ongoing expertise of judicial staff (Bennett, 2012). Evaluations suggest that cases were reviewed quickly, victims were much more co-operative with the process, recidivism rates of IPV were reduced, and more offenders accepted responsibility for their actions early in the court process (Hornick et al., 2008; Tutty et al., 2008).

Finally, as one of the most populated provinces in Canada, Ontario developed specialized DVCs in all 54 of its jurisdictions with the option for the offender to attend IPV programming as a condition upon sentencing (Tutty et al., 2008). While these are not deferred-sentence models like the Yukon, they focus on early intervention and on holding offenders accountable for their abusive behaviours, provide education and rehabilitation, and ensure safety of victims (Bennett, 2012; Dawson & Dinovitzer, 2008).

Since its inception in 1990, specialized DVCs have become widespread across the country with the exception of Nunavut, Quebec, and Prince Edward Island; however, their presence and popularity remain extremely varied within participating provinces and territories. As described above, Ontario hosts the most locations with a specialized DVC for each region of the province, whereas the province of New Brunswick is home to only one DVC located in Moncton. Other provinces tend to have a handful of specialized courts connected to their larger cities. For example, Saskatchewan is home to three specialized DVCs located in Regina, Saskatoon, and North Battleford, and Nova Scotia houses such courts in their cities of Halifax and Sydney.

Criticisms of Domestic Violence Courts

There are a number of criticisms regarding DVCs that primarily center around the attention to victims. On one side, defence counsel have raised concerns that there is a presumption of guilt on the part of the offender when entering a DVC, providing an immediate assumption that victimization towards their partner occurred (Bennett, 2012) and that the accused party must automatically be held accountable (Cleveland, 2012). This assumption of guilt and victimization prior to a plea or a trial is also argued to stem from specific education programs on IPV that are provided to court and judicial personnel (Bennett, 2012). Alternatively, a feminist criticism is that the use of DVCs does not favour the victims and instead, takes away their agency as their personal circumstances become handled solely by judicial system professionals (Bennet, 2012). Additionally, it is argued that services should continue to be provided to victims, and resources should not be re-allocated to serve abusive men; however, if DVCs and their associated treatment for offenders is considered successful, this may save future expenditures for support services and medical attention for potential victims (Schaffer, 2003-2004).

Criticisms of DVCs have also centered around the belief that their usage effectively decriminalizes IPV crimes or at least encourages the public to consider them as less serious offences. A focus on using therapeutic interventions as a source of treatment and rehabilitation for IPV is viewed by some as an opposition to punishment. There is argument that IPV is therefore not considered as serious as other types of crime because few other offences receive this type of response and the ability to participate in community-based counselling rather than more severe punishments which may include

incarceration (Bennett, 2012; Tsai, 2000). At the onset of the development of DVC implementation, some judges also expressed concern about the seemingly unique response these offences were now receiving and argued that IPV assault charges should be treated the same as any other stranger and non-domestic assault; blindly and equally (Shelton, 2007).

Intimate Partner Violence Conviction Rates

Considering the increased arrest of both men and women for IPV offences and the creation of specialized court processes, it is realistic to consider evaluating the rates of the resulting dispositions. For all police reported IPV, women continue to account for the majority of victims at 79% (Burczycka, 2019) and results from the Integrated Criminal Court Survey (ICCS) indicate that female offenders account for approximately 18% of all completed adult criminal court cases for violent offences (Savage, 2017). The ICCS also find that women are less likely to receive a guilty verdict when compared to men (Savage, 2017). However, overall conviction rates for both men and women for IPV offences specifically are difficult to quantify. There are currently no legislated offences in the Criminal Code of Canada that are unique to IPV. For example, “common assault” could be applied to both intimate partner and stranger assaults. Additionally, as mentioned previously, some specialized DVCs offer peace bonds or withdraw charges upon successful completion of programming whereas others will agree to issue a conditional or absolute discharge⁴ in which the offender does not receive a criminal

⁴ An absolute discharge is granted when the offender pleads guilty but is not convicted of the charge and will not have any further evidence of the arrest on their criminal record after one year. Similarly, a conditional discharge also does not result in a record of conviction as long as the offender pleads guilty; however, must first abide by conditions often stipulated in a probation order. If conditions are met, the

record for the offence. Therefore, a review of records of conviction are unlikely to include these cases where alternate dispositions are available.

Programming and Treatment

Program Development

While the development of specialized DVCs accelerated the use of IPV treatment programs, they were first created during the 1970s and 1980s in the United States following the increase in mandatory and pro-arrest policies, and primarily catered to heterosexual men who had abused their female intimate partners (Feder & Dugan, 2002; Larance et al., 2019). By the end of the 1990s, many programs in the United States estimated that approximately 80% of their participants had been referred by the judicial system (Schaffer, 2003-2004). Initial programs developed in the late 1970s were “Emerge” in Boston, Abusive Men Exploring New Directions (AMEND) in Denver, and the now widespread Duluth model which originated in Minnesota (Adams & Cayouette, 2002; Pence, 2002; Pettit & Smith, 2002; Walker, 2013). Programming content was designed to recognize the role that socialization played in the patriarchal abuse against women (Larance et al., 2019; Messing et al., 2015). Largely a result of the policy changes to mandate arrest in cases of IPV, the criminal justice system was faced with the issue of what to do with the influx of offenders, many of whom were considered lower risk and qualified for probation rather than incarceration. The use of these IPV treatment programs became the ideal consequence of such crimes (Gondolf, 2002).

conditional discharge will be removed from the offender’s criminal record after three years (LaForest, 2021).

There are currently a variety of approaches towards the treatment of IPV such as: psychoeducation; cognitive-behavioural therapy (CBT); narrative therapy; strength-based groups; life-skills approaches; risk, needs and responsivity (RNR) models; and counselling inclusive of family of origin issues (Heslop et al., 2016; Tutty, 2006). Much like the specialized DVCs there are different approaches in circulation, but treatment goals are often comparable and aim to rehabilitate offenders by changing attitudes and identifying healthier ways to communicate with their partner (Bonta et al., 2002; Goldman & DuMont, 2001). Participants receive education about historical beliefs of abuse, tactics to defuse situations in which they would have previously resorted to violence, and ways to be accountable for their abusive behaviour without placing a shared or entire blame onto their partner (Bonta et al., 2002; Gondolf, 2002; Tutty, 2006). These common goals are frequently found in the psychoeducation, CBT, and narrative therapy approaches (Heslop et al., 2016). Additionally, the RNR approaches attempt to associate the offenders' level of risk with an appropriate treatment method that has been shown to reduce recidivism within similar groups (Heslop et al., 2016). Alternatively, to incorporate a more holistic approach, life-skills training programs offer a wider range of solutions such as job preparation, technological skills and financial planning that aim to reduce the prevalence of housing and employment struggles that often accompany IPV situations (Heslop et al., 2016).

From a Canadian perspective, Heslop et al. (2016) undertook a national study to summarize the various programs associated with the criminal justice system that were directed towards male IPV offenders. They discovered that the most common method of programming offered was psychoeducational and CBT, with some including a narrative

component (Heslop et al., 2016). As such, these methods warrant further description and will be subsequently discussed in more detail.

The Duluth Model

While it is clearly not the only approach to IPV treatment, the Duluth model, also referred to as psychoeducational treatment, steadily rose to be the preferred method of programming throughout the United States. In some states such as Iowa and Florida, treatment programs must adhere to Duluth-based mandates in order to be eligible for certification (Babcock, Green & Robie, 2004). Originating in Duluth, Minnesota by the Duluth Domestic Abuse Intervention Project, it takes a feminist-based approach and concentrates on psychoeducational and occasionally CBT to focus on IPV as stemming from patriarchal belief systems. These systems have taught men, through socialization, to use controlling and abusive tactics against their partner and that exerting such power and control is acceptable (Babcock et al., 2004; Gondolf, 2002). This method recognizes the importance of utilizing the community to assist in responses to IPV, and shifts focus not only onto offender intervention tactics but also examines offenders' individual behaviours and thought processes (Tsai, 2000). A combination of facilitator-led discussion, group feedback, and role-play that may include pre-determined or real scenarios taken from participants situations are used to challenge such beliefs and teach new ways of communicating with partners (Gondolf, 2002; Pence & Paymar, 1993). Offenders are often taught additional skills such as how to use time-outs, problem-solving and tension-reducing exercises, and to consider experiences from their partner's point of view to develop empathy (Feder & Wilson, 2005).

Most Duluth-based programs require commitment from participants to attend treatment at least once a week for approximately six months (Pence & Paymar, 1993). Canadian data are comparable, as male participants are, on average, found to be required to attend programming for 16 to 20 weeks (Heslop et al., 2016). At the time of completion, participants are expected to accept responsibility and demonstrate accountability for their abusive behaviours, learn new ways to avoid using abusive tactics, and alter their gendered belief systems about the roles of men and women (Gondolf, 2002). The Power and Control Wheel and the Equality Wheel are used by facilitators as primary tools in which to present information on the various tactics of abuse. The Power and Control Wheel highlights areas of concern such as intimidation, male privilege, isolation, and economic and emotional abuse (Babcock et al., 2004). Such visuals allow participants to realize the various problematic behaviours that define abuse alongside their alternatives which may result in a more harmonious and supportive relationship (Pence & Paymar, 1993). Treatment is often broken down into individual modules that contain education on desired behaviours and are inclusive of non-violence, non-threatening behaviours, respect, support and trust, accountability and honesty, sexual respect, partnership, and negotiation and fairness (Pence & Paymar, 1993).

Cognitive-Behavioural Therapy (CBT)

In some Duluth-based programs, elements of CBT may be found; however, this technique may also be used as its own approach. Primarily developed by psychologists, a CBT approach to treatment tends to focus specifically on the use of violence, working with offenders to realize that their violent outbursts can be predicted and to change their

thoughts and beliefs that result in undesirable actions (Aaron & Beaulaurier, 2017; Babcock et al., 2004; Feder & Wilson, 2005).

CBT therapy programs are often divided into four components. During the first few weeks, the offenders are encouraged to explore and understand their motivations in attending treatment and changing their behaviours and commit to refraining from using violence in their relationships (Taft, Murphy, King, Musser & DeDeyn, 2003). The second component is then to identify and practice crisis management techniques for various situations they may encounter in a relationship, such as taking a time out (Taft et al., 2003). The third module concentrates on anger and stress management, which may include learning how to monitor oneself for anger cues and practice using relaxation exercises (Taft et al., 2003). The fourth component focuses on the alternatives to using coercion and aggression in a relationship, instead emphasizing assertive behaviours and improved communication skills (Taft et al., 2003). Finally, facilitators and offenders will take time to review any personal changes that have been made, identify areas they may still need to work on, and create realistic goals for the future (Taft et al., 2003).

Narrative Therapy

Narrative therapy approaches are born out of poststructuralism, considering that humans interpret and assign meanings to their experiences (Augusta-Scott & Dankwort, 2002). In a treatment setting, participants are encouraged to “re-author” the stories that were ultimately destructive and reinforce behaviours that will be more fruitful in the future (Augusta-Scott & Dankwort, 2002). Within Canada, Tod Augusta-Scott has developed and provided national training on a narrative approach to IPV treatment. Oftentimes the participants are required to attend individual sessions with a therapist

before transitioning into the group format; this is to provide them with the opportunity to consider their motivations in attending treatment and ensure that they are prepared to take responsibility and work on building more respectful relationships (Augusta-Scott, 2008). Following the completion of individual sessions, the narrative therapy approach typically includes weekly group sessions like other forms of programming that have been discussed. However, the intervention takes place through collaborative participation with other groups members rather than pre-determined facilitator led topics, concentrating on their individual stories that previously justified their maltreatment towards others (Augusta-Scott & Dankwort, 2002). This is not to suggest that treatment does not include some form of structure. The first stage of narrative therapy involves creating the space for the participants to look at and consider their previous abusive behaviours. Following this consideration, the participants are then asked to develop relapse prevention plans with this knowledge of their past actions. The third stage of therapy involves concentrating on the effects of abuse, and the fourth is to ask the participants to consider ways that they can restore the negative effects their abuse has had on others (Augusta-Scott, 2008).

Alternative Programming

While Duluth, CBT and narrative therapy are determined to be the most frequent methods of treatment in circulation, there are also an additional two formats of treatment for IPV that are discussed, and heavily debated, within the literature. As such, the topics of “anger management” and “couples counselling” deserve a brief exploration.

Based in CBT, but faced with controversy, is that of anger management. Anger management programs focus entirely on anger being the reason violence occurred, are

considered simple to teach as curriculums are structured and unchanging, and promote quick and short-term positive change (Gondolf, 2002). However, critics warn that anger management techniques imply that the victim is responsible for provoking the anger in some way, it fails to account for tactics of manipulation and control that sometimes accompany abusive behaviour, and it does not consider patriarchy as influencing violence against women (Gondolf, 2002).

An alternative method of treatment that is also frequently challenged is that of couples counselling. This technique considers disputes in a relationship to stem from difficulties in communication, and that instances of IPV are likely to be reciprocal (Gondolf, 2002). However, a victim who experiences extreme emotional abuse and control is likely to be in increased danger when counselled alongside their violent partner in a setting that encourages honest feelings about the relationship (Gondolf, 2002). If the victim discusses past incidents of abuse alongside their partner who has not committed to changing their behaviours, they could be at increased risk for retaliation in disclosing this information (Aldarondo & Mederos, 2002). The abusive partner may utilize discrete signals to their victim to elicit fear of reprisal; therefore, many victims may be reluctant or disagree with recommendations made by the counsellor, appearing resistant to the therapy (Aldarondo & Mederos, 2002).

In response to such criticisms, couples counselling has been judged as useful when both parties volunteer their attendance and their situation has been carefully screened by a trained professional; however, unlikely to be the most appropriate tool for court-referred clientele (Gondolf, 2002). It is rarely utilized and often discredited by many regions, yet there remain some small elements of support for group therapy that

includes the participation of a victimized spouse. Rationale behind this suggests that including partners in the IPV treatment program will allow for role-playing components to be more realistic and is likely to reduce the possibility that group members attempt to blame the victims for the violence they experienced (Babcock et al., 2004). However, like couples therapy, this method is likely to encourage perspectives that the victim is at least partially to blame for the conflict or abuse that occurred within the relationship, and as of a study completed in 2005, twenty out of fifty states in the USA specifically prohibit the use of this treatment method (Feder & Wilson, 2005).

Program Success

Regardless of the method, it is a concern as to how effective IPV treatment programs are, with evaluation reports ultimately providing mixed results. Some studies have reported that programs have a positive impact on reducing the occurrence of IPV, with a significant reduction in assault rates compared to those who did not participate in or complete programming (Renzetti, Edleson & Bergen, 2001). There has also been some skepticism from victims and advocates as to the effectiveness of treatment when it is court-mandated; however, there is evidence that programming for individuals who are facing criminal charges can still be successful (Tutty et al., 2008). Evaluations within Canada, the United States, and the United Kingdom all highlight evidence that court mandated IPV treatment programs are helpful in reducing recidivism rates as well as the overall degree of violence in the relationship (Tutty et al., 2008). A recent evaluation in Calgary, Alberta concentrated on both re-offending rates recorded in judicial records as well as clinical factors such as levels of depression. They found that following the implementation of the specialized court in the early 2000's and use of a treatment

program, participating men reported decreased clinical symptoms and recidivism rates fell from 41.2% to 8.2% after the DVC and subsequent referrals to treatment were established (Tutty & Babins-Wagner, 2019).

Tsai's (2000) study also found that psychological abuse may also be reduced for those offenders who receive court mandated treatment when compared to those who received no treatment. A majority of the IPV treatment programs currently in practice consist of group treatment rather than individualized approaches. Support for this method comes from the idea that those who are aiming to change their abusive behaviours will receive peer support from other individuals who have also used violent and abusive tactics in their relationship; maintaining accountability and recognizing that they are not alone in their issues (Cissner & Puffett, 2006).

Outside of the specialized DVC process, IPV treatment programs using RNR principles are an option and frequently utilized within correctional facilities throughout Canada. These institutions report much success and advocate for its use on a wider scope as the effectiveness of treatment and reductions in recidivism is argued to be improved when treatment is catered towards individual's needs and risk factors (Radatz & Wright, 2016; Stewart, Gabora & Kropp, 2014). The RNR "risk" principle recommends that offenders should be initially assessed as low, medium, or high risk, and then placed into a program that addresses that need (Radatz & Wright, 2016). The "need" principle then concentrates on addressing criminogenic factors that influence an offender's use of violence; for example, substance abuse and unhealthy social supports (Radatz & Wright, 2016). Lastly, the "responsivity" principle asserts that the style and mode of treatment should match the offender's abilities and situations, which can

include their age, ethnicity, motivation to attend treatment, or mental health to name a few (Radatz & Wright, 2016). A select few jurisdictions in Canada hosting community-based IPV treatment use the risk principle, offering short-term programs to low-risk individuals and lengthier sittings for high-risk; however, this is not widely implemented across the country or available to all offenders.

The use of specialized DVCs and their associated community-based treatment programs are considered more cost effective than traditional methods of incarceration. Schaffer (2003-2004) highlighted that requiring offenders to pay the fees associated with their treatment program not only keeps costs low for the judicial system but may also be an appropriate economic sanction for the offenders to take responsibility for their crimes (Gelles, 2001). However, this concept is debated, and oppositions will be discussed in future sections. While individual motivation to attend IPV programming may initially be lacking for those who are mandated to attend by the judicial system, Gondolf (2002) emphasized that the threat of court sanctions and optimism for a continued relationship with their partner is an incentive for ongoing attendance. The various court's rationale for mandating offenders to such programs may be mixed, with some hoping for a full rehabilitation, whereas others may not wholly believe the program will establish long-term effects but use them as a means of continued supervision and monitoring of offenders (Cissner & Puffett, 2006). Practitioners who supervise such offenders have also reported their observations of positive behavioural changes and a reduction in violence for those who complete treatment (Gondolf, 2002). A consistent theme in such positive outlooks of IPV treatment is the definition of "success". Many of the evaluations have not emphasized the required need for a

complete cessation of violence in order to be considered effective; rather, a reduction in the use of violence is acknowledged as an affirmative result however this is also debated.

Program Criticism

As there are multiple forms of treatment it is not yet clear which components are more likely to elicit positive changes in behaviour, since many programs are held for varying lengths of time, incorporate different educational strategies, and include either group and/or individual counselling sessions (Renzetti et al., 2001; Tsai, 2000). Non-compliance with program expectations and attendance are also noted to be a problem (Garcia & McManimon, 2011), as well as criticisms around offenders being required to pay fees to attend treatment. Those who cannot afford to pay the fees may be considered non-compliant with their court order to attend, yet this may be due to a lack of economic resources rather than a personal lack of interest or defiance towards the treatment (Labriola et al., 2009).

Critics have also attributed program dropouts to a lack of culturally sensitive material, especially in regions where there are larger immigrant populations that likely require a different approach (Messing et al., 2015). As the most mainstream option in North America, the Duluth-model is scrutinized for its white-feminist reference point, considered futile for minority populations that may hold different perspectives or attitudes that do not always align with conventional Western counselling methods (Gondolf, 2002; 2004). The consideration of diverse needs extends to co-occurring issues that frequently accompany IPV incidents. Treatment programs that do not address the potential presence of substance abuse or mental health needs are considered less

likely to be effective, with more research required to determine how best to support such individuals (Tutty et al., 2008).

As referenced above, individuals who are court-referred to attend IPV treatment programming may be resistant to treatment due to their attendance being mandatory (Garcia & McManimon, 2011). While some argue that court sanctions are able to adjust this perspective, others suggest that programs are ineffective if the offender is not mentally prepared to internalize the information, recognize a problem with their behaviour, and make changes (Gondolf, 2002). Researchers have found that men often deny their involvement in an abusive incident, claim their partner or the police are being dishonest about information, or place the blame onto their partner (Henning & Holdford, 2006; Tutty, Babins-Wagner & Rothery, 2020). In such situations, it is then difficult for facilitators or professionals in supervisory roles to gain accurate information from the offenders about their criminal or abusive histories as well as their true level of engagement in the treatment program (Henning & Holdford, 2006).

Advocates have reported suspicion that treatment programs only have short-term influence. Due to the threat of judicial sanction, offenders are able to contain their abusive behaviours while under supervision but are likely to return to violent tactics once they are no longer subject to court monitoring (Gondolf, 2002). Difficulty in verifying information about offenders means that they may also be able to successfully exaggerate their good behaviour or level of engagement in the program, essentially exhibiting socially desirable responses. Davis, Doherty and Moser (2014) suggest that there are often few incentives to do well at the beginning of treatment programs, where minimization and denial often occur, but plenty at the completion. Offenders are aware

that presenting positive behaviours and attitudes can have beneficial results (Davis et al., 2014). Such results may be a “graduation” from treatment, a reduced sentence, or facing no further judicial sanction. Research has indicated that victims of IPV are also more likely to reconcile or continue a relationship with their abusive partner if they have attended an IPV treatment program; a concern then being that a risk of continued violence may occur if treatment has not been taken seriously with the program ultimately providing a false sense of security for the victimized spouse (Feder & Dugan, 2002; Garcia & McManimon, 2011; Gelles, 2001).

In addition to the possibility of being able to hide their true selves for a brief period of time, program staff have reported additional concerns that offenders may develop new ways of manipulation while attending treatment programs and associating and colluding with other like-minded individuals. This may be seen in the form of curtailing their physical abuse yet enhancing their levels of emotional abuse and coercive control that are not as frequently detected by law enforcement (Gelles, 2001; Labriola et al., 2009). Similarly, there are also debates about whether IPV treatment programs should mix offenders presenting with different risk levels. For interventions that do so, concerns arise regarding placing low-risk individuals with high-risk and creating opportunity to develop relationships with antisocial individuals or those supportive of ongoing criminal behaviour (Scott, Heslop, David & Kelly, 2017). Additionally, low-risk offenders may continue to minimize or dismiss their behaviours when they compare their experiences with those of higher risk individuals (Scott et al., 2017).

Lastly, while there are varying methods in circulation, the length of IPV treatment programs is often debated regarding their ability to effectively influence changed behaviours. Scott et al.'s (2017) review discovered that Canadian programs are generally shorter than IPV treatment programs in other countries. Programs in the United States are reported to meet for a minimum of 24 to 26 weeks (Scott et al., 2017). On occasion, some states require longer, with IPV treatment programs in California requiring offenders to attend for at least a year with only a handful of absences allowed (Cuevas & Bui, 2016). The United Kingdom frequently requires 84 hours of a mixture of group and individual sessions over a six-month period. Alternatively, Australian programs often range between 12 to 18 weeks; however, following intensive review, Australian stakeholders consider this length to be too short to truly be effective (Scott et al., 2017). As many Canadian programs follow similar lengths to that of its Australian counterpart, it begs the question as to how effective shorter programs in Canada can truly be.

Confounding Risk Factors in IPV

While not an excuse for perpetrating violence against an intimate partner, there are frequently found to be a number of confounding factors amongst both offenders and victims when evaluating such contexts. These additional risks commonly realized are the prevalence of intergenerational trauma and problems within the family of origin, substance abuse, and mental health concerns that all may exacerbate an individual's risk of exposure to IPV.

Intergenerational Trauma and Family of Origin Issues

Numerous perpetrators of IPV have indicated they experienced or witnessed violence and/or trauma in their home as children and adolescents, leading to suggestions that abuse can be intergenerational and a learned behaviour. This theory posits that children who witness abuse or violence between their parents learn that aggression is an appropriate response when conflict arises and that it can be a positive tactic in that it often achieves a desired outcome; therefore, are likely to respond in similar ways in their own relationships later in life (Franklin & Kercher, 2012; Shakoor, Theobald & Farrington, 2020; Smith, Ireland, Park, Elwyn & Thornberry, 2011). Even prior to entering into their own intimate relationships, children who witness abuse may present other behaviours such as bullying or general violence that is connected to their misunderstanding about when aggression is an appropriate response (Franklin & Kercher, 2012). Almost all of the perpetrators in Mann's (2000) study reported experiencing physical, emotional or sexual abuse when they were children. Additionally, households in which there was inadequate parental supervision, in which children were more likely to experience neglect or the absence of positive role models, was also found to be a further correlation with future perpetration of IPV (Shakoor et al., 2020).

As well as increased potential to become a perpetrator, research has also suggested that likelihood for IPV victimization is also heightened if abuse occurred in the childhood home (Smith et al., 2011). The chances of future victimization are also increased if the individual experienced both violence towards themselves as children as well as witnessing violence between their parents or caregivers (Franklin & Kercher,

2012). However, potential gender differences have also been found in regard to whether future perpetration or victimization is more likely. MacDonnell (2012) discovered that females were twice as likely as males to become victims if they had experienced childhood abuse as well as exposure to IPV in the home, whereas males were three times as likely to go on to perpetrate violence themselves. Shakoor et al.'s (2020) research suggested that females are more likely to internalize the trauma they witness which can lead to increased risk of victimization, whereas males are more likely to externalize their experiences such as lashing out and displaying aggression, leading to higher likelihoods of perpetration.

In a Canadian specific context, the negative impacts of residential schools have been shown to create an intergenerational cycle of abuse amongst Indigenous populations due to the historical experiences of abuse, trauma, and neglect (Moffitt, Fikowski, Mauricio & Mackenzie, 2013). The development of appropriate parenting skills was denied in children residing in residential schools as they did not have suitable role models or learn about the roles of family in their culture (Baskin, 2012). Ultimately, the devastating consequences of residential schools and colonialism that disrupted communities and kinship and excluded and marginalized populations has resulted in Indigenous peoples internalizing the oppression leading to continued perpetration and victimization of IPV, especially towards women and children (Baskin, 2010).

Substance Abuse

It is often noted that cases of IPV include confounding factors such as the abuse of alcohol or other substances, and there is extensive literature discussing the relationship between substance use and violence. Gilchrist and Hegarty (2017) state that

up to 65% of reported IPV cases have included the use of alcohol at the time of the reported abusive incident. Graham, Bernards, Wilsnack and Gmel (2011) also report that heavy drinking by either or both the perpetrator and the victim was also related to increased aggression and severity of violent behaviours. When intoxication is not a current factor, but instead the perpetrator is withdrawing from use and suffers increased irritability or faces financial struggles that prevent continued purchasing of substances, this can also lead to risk of increased conflict and abuse in the home (Gadd et al., 2019).

It is difficult to determine the direction of the relationship between IPV and substance use. Cunradi (2009) summarizes that problematic drinking behaviours are often found amongst both IPV perpetrators and victims; however, the perpetration of IPV specifically is often found among those who engage in heavy substance use. Research looking at the correlation between alcohol and IPV perpetration continues to suggest that if reductions in alcohol use can be achieved, reductions in IPV perpetration are likely to follow (Shorey, Febres, Brasfield & Stuart, 2012).

There have been discussions about the use of substances for both male and female perpetrators who commit violence, yet there continues to be evidence to suggest that a males' use of alcohol results in a higher risk of IPV. Gadd et al. (2019) report that based on numerous international studies, men continue to commit more severe abuse against women after consuming alcohol, Klosterman and Fals-Stewart (2006) report that women are still 3.6 times more likely to be the victim of assault if their partner abuses alcohol, and Sesar, Dodaj and Simic's (2018) review of the literature indicates violence and abuse are four times more likely if the male partner has been drinking when compared with women. An earlier study by Mann (2000) in Ontario revealed that

counsellors working with male perpetrators of violence reported that many of their clients had current or previous problems with substance use. Reviewing research by Coker and associates, Cunradi (2009) also describes that women were at an increased risk of physical, sexual, and psychological abuse as well as injury that required visits to the hospital when their male partners frequently used alcohol or other drugs.

In providing reasons as to why they believe they have used violence, many men have personally attributed their violent behaviours to their level of intoxication or have denied any recollection of their behaviours in order to avoid accountability (Gadd et al., 2019). Alternatively, women are more likely to use substances in order to self-medicate due to the impacts of living in an abusive relationship or have used their partners level of intoxication as opportunity to strike back while they may be temporarily unable to retaliate and cause further harm (Gadd et al., 2019).

There is recognition that the presence of IPV often exists for individuals who are participating in substance abuse treatment programs, and vice versa (Gilchrist & Hegarty, 2017); however, studies indicate that there is often very little collaboration between such programs. When IPV is identified as a concern while participating in substance abuse treatment, they are often referred to a subsequent IPV treatment program as practitioners do not always believe they are well-equipped to address both issues. At the same time, staff in programs to address IPV often do brief initial assessments for substance use but are not able to provide any further support in that area (Klosterman & Fals-Stewart, 2006). This is problematic as Tutty et al. (2008) proposed that IPV treatment programs that do not address confounding factors like substance abuse are less likely to be effective.

Mental Health

Much like instances of substance abuse, mental health concerns also frequently arise in both perpetrators and victims of IPV. Some of the most prevalent diagnoses are depression, anxiety, and post-traumatic stress disorder that can be exacerbated by the type of abuse or its severity (Howard, Trevillion & Agnew-Davies, 2010). Regarding the perpetration of IPV, mental health concerns may be connected if the individual is hypervigilant to real or perceived threats and if they have a decreased ability to regulate their emotions and responses to conflict (Shorey et al., 2012). Also similar to substance use, the direction of the relationship between IPV and mental health can be questioned. Ongoing exposure to IPV may increase mental health symptoms for the victim which in turn can make it more difficult to access support services, especially if the perpetrator is in control of their activities and uses their illness to discredit them (Warshaw, Brashler & Gil, 2009). However, pre-existing mental health issues are also found to increase vulnerability to victimization and the potential to enter into unhealthy relationships (Howard et al., 2010).

Specifically looking at male perpetrators of IPV and their mental health, research has suggested that IPV offenders could be up to 13 times more likely to suffer from mental health issues when compared to men who do not perpetrate violence (Shorey et al., 2012). Common issues found amongst these men include factors such as depression, generalized anxiety, panic disorders, and social phobias (Sesar et al., 2018). Similar findings are included in populations of women who have been arrested for perpetrating IPV in that there are higher rates of depression, anxiety, panic disorders, and post-traumatic stress when compared to women in the general population (Sesar et al., 2018;

Shorey et al., 2012). However, there is also a concentration of mental health disorders amongst women who report to have been victimized by an intimate partner. Depression amongst women who have been abused can be as high as 63% which is exacerbated by the severity of violence they experienced and if they are lacking additional social supports (Warshaw et al., 2009). Comparing rates of physical and psychological victimization also yielded no difference, suggesting that emotional abuse can be just as damaging and continue to increase the prevalence of depression and anxiety in women (Howard et al., 2010).

Recommendations have been suggested for IPV treatment programs when working with individuals, especially women, who present with mental health concerns. Programs should include content related to trauma and the effects that victimization can have, which would hopefully lead to reduced instances of future violence (Shorey et al., 2012). For men, there is a recommendation to recognize that aside from power and control, the use of violence may be in response to a decreased ability to regulate their own emotions when faced with perceived threats, powerlessness, or general anxiety (Sesar et al., 2018). While such suggestions are intended to be helpful, there has been some criticism about incorporating mental health treatment into IPV programs and should be noted. As violence has been largely considered a method used to control an intimate partner, targeting the impacts of mental health is sometimes viewed by some as a way to excuse the actions as merely a symptom of such disorders (Shorey et al., 2012).

Treatment for Female Offenders

To concentrate further on the position that male and female IPV is perpetrated asymmetrically, attention must now shift to reviewing more closely the IPV treatment

programs that women are known to be referred to. Even though Duluth-based models are notably created specifically for men, they are frequently used to treat women also. However, researchers and practitioners have begun to concentrate on, and provide suggestions for appropriate approaches when working with women and will be discussed in further detail.

Duluth-Based Treatment

Regarding treatment of female IPV offenders, there is a recognition of potential power imbalances and men and women are often grouped into programs separately. However, since the Duluth model is commonly identified as the ideal framework, females arrested for IPV are also mandated to receive these programs even though they were originally intended only for men (Miller, 2005; Miller & Iovanni, 2007; Tutty et al., 2006). Since the criminal justice system has supported a gender-neutral process in order to arguably provide fair and equal treatment, it is viewed as a legitimate treatment option to send women to the same intervention programs as men (Das Dasgupta, 2002).

For those who consider violence to be perpetrated differently by males and females, questions arise as to whether these models are appropriate for women as IPV treatment program development has generally not focused on gender-specific implementation (Langhinrichsen-Rohling, 2010; Tutty et al., 2006). A major concern is the emphasis on power and control that is centered in many Duluth-based models. Traditionally, these themes are associated with masculine privilege; therefore, attempting to teach women how to be non-violent using these methods may be inappropriate (Das Dasgupta, 2002). Additionally, if women are attending such programming with lengthy histories of victimization, this could be damaging (Poon,

2018). Gender-neutral treatment programs for women are ineffective because they do not provide necessary assessment, education, and advocacy resources that women need (Larance, 2007). Poon's (2018) study of a female IPV treatment program in Ontario found that facilitators often did not feel as though the program effectively addressed the women's use of violence, and the gender-neutral content of the program resulted in many women feeling confused about whether they were considered abusers or victims. Such gender-neutral practices may not only fail to meet the needs of the women they are serving, but also fail to meet the goals of those who referred the women, such as the criminal justice system for example. If the reasons why women have resorted to violence are not effectively addressed and understood, the violence may continue (Larance, 2007). Poon's (2018) review also found that programs for women generally require that they must not have used self-defence tactics in order to be in the program. If the criminal justice system considers self-defence to have taken place, women should not be mandated into treatment programs for IPV offenders as they are clearly victims. However, as discussed previously, Canadian legal definitions of self-defence fail to recognize many contexts in which abuse may occur. Women also continue to demonstrate a reduced understanding of the criminal justice system and ultimately plead guilty and take responsibility for actions that were influenced by their history of victimization (Ward & Muldoon, 2007).

Recognition of Women-Centered Approaches

As a result, there is an emphasis on recommending the inclusion of additional supports and counselling rather than simply offering gender-neutral programming that treat women the same as men (Poon, 2018). To acknowledge potential gender

differences and the fact that some women may be attending treatment with lengthy histories of their own victimization, some modifications have been made to existing groups (Miller, 2005). Additionally, there have been recommendations for ways in which programs could be improved to allow for a more female-centered approach.

Bair-Merritt et al. (2010) highlighted recommendations from Dowd and Leisring's (2008) study that included incorporating education on emotional regulation and understanding how women's emotional experiences may contribute to their choice of actions. Additionally, past experiences of trauma stemming from physical and/or psychological abuse that result in increased instances of post-traumatic stress disorder may be impacting a woman's use of her own violence; therefore, practitioners should screen for these symptoms prior to beginning treatment, and if necessary, incorporate curricula that address these cases (Goldenson, Spidel, Greaves & Dutton, 2009; Mazur Abel, 2001).

It is also considered necessary to identify gender differences in how males and females use violence within their relationships (Belknap & Melton, 2005). The IPV intervention programs should consider whether the female attendee is the primary aggressor or a victim who may have been responding to her partners' physical abuse or coercive control behaviours (Gabora et al., 2007). Therefore, programs for women should also include the opportunity for women to process their own victimization as well as develop more effective tactics for safety planning (Bair-Merritt et al., 2010; Goldenson et al., 2009; Larance, 2007).

Finally, there must also be an understanding and assessment related to the many intersecting hardships that frequently impact women, such as race, class, ethnicity,

nationality, and residency (Larance et al., 2019; Miller, 2005). These intersections often lead to the need for additional social supports, childcare and transportation, reduced-fee legal support, access to food and basic resources, employment training and opportunities, as well as counselling services for violence, mental health and/or substance use (Larance et al., 2019). Effectively incorporating these needs into treatment not only encourages lasting social networks from within the group participants, but also within the wider community once treatment has been completed (Larance, 2007).

Programs for Women

While still extremely uncommon, going beyond the various recommendations noted above, new programs have been constructed with an entirely different foundation specifically for female IPV offenders (Tutty et al., 2006). Some of these sparse programs recognize that women's violence is a result of their own victimization whereas others continue to deny access to participants who demonstrate their behaviours to be in self-defence. Only seven programs have been identified thus far: four within the United States, one in the United Kingdom, and two in Canada. A brief overview of these unique strategies will be detailed.

United States. To acknowledge the needs of females and that their motivations for violence differ significantly from that of men, some advocates in the United States have been successful in implementing additional community-based services with this focus and housed in either victim service agencies or alongside existing IPV treatment associates (Larance et al., 2019; Tutty et al., 2006). Such programs aim to effectively work with the complex needs of women as well as help participants comply with their court orders, as is sometimes the case (Larance et al., 2019).

Ellen Pence, one of the creators of the Duluth-model, designed Turning Points in 2011 after realizing that practitioners had been using the male-centered program to treat women (Larance et al., 2019; Ohio Domestic Violence Network, 2011). The new group included the additional objectives of understanding women's use of, and experiences with, violence with the goal of eliminating both aspects (Larance et al., 2019).

Programming is divided into three segments. The first is to provide education about IPV and identify differences between the violence they initiated and the violence they may have been subjected to from their partner (Ohio Domestic Violence Network, 2011).

The second segment focuses on the women's experiences and why they may have resorted to using violence, such as feeling trapped in their relationship or that using violence was their only option (Ohio Domestic Violence Network, 2011). Finally, the third segment addresses anger the women may be experiencing as well as how to effectively talk to their children about violence in the home (Ohio Domestic Violence Network, 2011).

Secondly, both VISTA and RENEW are programs directed towards women who have used violence in their relationships, while also recognizing that using violence may lead to an increased risk of victimization (Larance, 2006; Catholic Social Services of Washtenaw County, 2020). They also recognize that women who have used force are an underserved population who may no longer be eligible to receive support and victim services from other local agencies due to their label as an offender (Larance, 2006; Larance & Rousson, 2016). The programs emphasize that using force and violence in their relationship is inappropriate and aims to teach alternative ways of responding to their environment through a psychoeducational format that includes support and

advocacy for participants (Larance, 2006; Larance et al., 2019; Ohio Domestic Violence Network, 2011). RENEW facilitators help direct the topics of discussion, many of which are taken from content also found in VISTA such as anger, defence mechanisms, boundaries, effects of violence on children, conflict resolution, and healthy relationships (Larance & Rousson, 2016; Larance et al., 2019; Ohio Domestic Violence Network, 2011). Both treatment programs also encourage participants to collaborate with facilitators in developing additional themes and topics they wish to discuss (Larance & Rousson, 2016; Larance et al., 2019).

Lastly, whereas previous programs disallow or are reluctant to include women whose violence was in self-defence, Women Who Resort to Violence (WWRTV) in Dayton, Ohio was developed specifically for women who have a history of victimization in their relationships but who had also used violence against their partner in self-defence or retaliation (Ohio Domestic Violence Network, 2011). The goals and objectives of the program are to empower women, increase their knowledge, and teach them new skills utilizing CBT methods that include lectures, group discussions, exercises, and homework (Ohio Domestic Violence Network, 2011). Topics of education presented included power and control, the differences between men and women who resort to violence, risk factors for violence, effects of violence on children, substance abuse, comparisons between healthy and unhealthy relationships, safety planning, and anger management techniques (Ohio Domestic Violence Network, 2011).

United Kingdom. Only one program specifically for women has been located within the United Kingdom. The WAVE treatment program provides women with insights as to why they resorted to using violence, helps them to learn more about

themselves, and teaches them strategies to prevent the continued use of violent behaviour (Walker, 2013). The WAVE curriculum incorporates both the Power and Control, and Equality wheels of the Duluth-based programs, but aims to ensure that the content is gender-specific (Walker, 2013). Groups are intimate with a maximum of eight participants and hosted by two female facilitators. Session topics include information such as understanding the negative effects that violence has on their lives, learning tools to more effectively manage their emotions and reduce violence, skills to communicate in a more positive manner, and to address problematic belief systems that may promote unhealthy or violent behaviour (Walker, 2013).

Canada. Located within the Canadian prairies, a group has been established for women who have abused their intimate partners and/or their children (Tutty et al., 2006). It aims to help women in abusive relationships live a life free from violence with objectives to decrease abusive behaviour, accept responsibility for their actions, increase self-esteem, improve familial relationships, decrease stress, and increase empathy (Tutty, Babins-Wagner & Rothery, 2009). Prior to group admission, women must also be engaged with a therapist at the agency in which the group operates. The therapist's role is to assess the woman's readiness to attend group, the degree of violence they have utilized, and what appropriate treatment goals may be (Tutty et al., 2006). Within this program, group sessions occur once a week for 15 weeks and are co-facilitated by a male and female staff member. Discussion and education topics primarily rely on social learning and CBT theories including restructuring thoughts, stress and relaxation techniques, tools to promote positive communication, and information on sex roles and socialization (Tutty et al., 2006). If the woman is in a relationship while attending group,

the facilitators will also make contact with their partner three times during the 15 weeks in order to both assess the woman's progress outside of group as well as the partner's sense of safety (Tutty et al., 2006). However, even though this program is perceived to be catered specifically to women, as the name suggests, the gendered specialization may be fleeting as the CBT and narrative therapy approaches are admittedly mirrored to the structure of their co-existing male-offender program (Tutty et al., 2009).

Additionally, in Quebec, an intersectional feminist mutual aid group was developed which also acknowledges multiple forms of oppression such as patriarchy, racism, sexism, and heterosexism (Damant et al., 2014). Unfortunately, such program efforts are not yet widespread as Damant et al. (2014) emphasized, they were unable to find many comparative programs in operation throughout North America from which to assist in the development of their own. The objectives of the mutual aid program are to help the women find alternatives to resorting to violence, focus on empowerment, and help the women work on achieving their goals with the support of the other group members (Damant et al., 2014). Unlike other programs that are heavily facilitator-led, the mutual aid group encourages the women to work together to share their strengths and empower each other, with the facilitator present for guidance (Damant et al., 2014). The program is available to both self and court-referred participants and, like the group in the Prairies described above, will accept women who have been violent towards both their intimate partners as well as children (Damant et al., 2014). Similar to programs in the United States, admission is denied if it is demonstrated that the woman's violence occurred in the manner of self-defence (Damant et al., 2014). Group sessions are intimate, limited to eight participants per group, and sessions are held once a week for

15 weeks (Damant et al., 2014). Education and discussion topics are divided into three modules. Module one focuses on themes of violence, module two concentrates on socialization and gender as a form of oppression, and module three highlights life conditions, considering that many other forms of oppression can interact with gender to create an environment in which violence can prevail (Damant et al., 2014).

Unfortunately, there were no specialized DVCs operating in Quebec at the time of this study, therefore this unique style of treatment for female offenders was not considered an option for this kind of therapeutic court at the current time.

In summation, the use of mandatory arrest policies, creation of specialized DVCs, and the widespread use of IPV treatment programs is well intentioned in efforts to take reports of IPV seriously, protect victims, and hold offenders accountable.

However, the one-size-fits-all, gender-neutral response is considered to potentially have far greater damaging effects on women who resort to violence as a result of their own experiences of victimization and persistent societal oppressions that are not also experienced by men. There frequently continues to be a disconnect between the recommendations of researchers and practitioners, often based directly from the voices of women, to consider the gendered nature of IPV, and the response of the criminal justice system to essentialize reports of IPV and portray and treat all offenders as equal.

This chapter presented an overview of the literature pertaining to judicial responses to IPV, the implementation of specialized DVCs, and the use of IPV treatment programs especially as they relate to women's use of violence. This information serves as a baseline for which to examine current IPV treatment programs in Canada. The next chapter will discuss the methodology used to approach the current study.

Chapter 3 – Methodology

This chapter discusses the methodological approach chosen to examine the gendered nature of IPV treatment programs affiliated with DVCs across Canada. A mixed-methods approach was used to assess gender neutrality, intersectionality, and systemic barriers in IPV treatment for both male and female offenders. This strategy resulted in 22 treatment program facilitators across Canada responding to a quantitative online survey, with 10 of those individuals continuing on to subsequently complete a follow up qualitative telephone interview. A detailed description of the sample and mixed methods design is provided, as well as data collection strategies and recruitment of research participants. This is followed by data analysis procedures undertaken for both surveys and interviews, as well as ethical considerations pertaining to the study.

Research Design

Sample

At the time of conducting the current research, most of the Canadian provinces and territories had a specialized DVC with the exception of Quebec⁵, Prince Edward Island, and Nunavut. Newfoundland and Labrador have a specialized process in place called the “Family Violence Intervention Court (FVIC)” in St. Johns; however, were not included in the current study for a number of reasons. Resources have been precarious, with funding cut to the court resulting in its cancellation in 2013 and only reinstated in recent years. The FVIC also does not receive all IPV referrals in its jurisdiction, unlike other specialized DVCs. Offenders in the St. Johns area will automatically enter the

⁵ In August 2021, the Quebec Justice Minister announced that a Bill will be introduced in the Fall of 2021 to create specialized courts that will hear cases including both sexual and conjugal violence (The Canadian Press, 2021)

regular court stream and then must volunteer to plead guilty and be reallocated into the FVIC. If offenders do not volunteer or have previously declined to participate during proceedings for a prior IPV offence, they will not be considered for entry into the court (Provincial Court of Newfoundland and Labrador, n.d). This is anticipated to severely limit the number of IPV offenders that the FVIC and its associated programs have knowledge about and potential contact with. For all other specialized DVC locations, they often operate with either a pre- or post- sentencing model and utilize and sanction various community-based programs to provide treatment to both male and female IPV offenders.

The research therefore relied upon the participation of facilitators who conduct these court sanctioned IPV treatment programs across Canada in jurisdictions where a specialized DVC is housed. To do so, a purposive sampling strategy was used. A homogenous purposive sampling strategy involves selecting a particular subgroup of individuals who share many similarities, such as a specific occupation, or a specialized population who are especially knowledgeable about a particular topic of interest (Neuman & Wiegand, 2000; Palinkas et al., 2015). As a non-probability sampling method, it is less important to be able to generalize results to a larger population. Instead, the intent is to be able to gain a deeper understanding about a particular phenomenon (Neuman & Wiegand, 2000). This sampling frame was suitable for this research because IPV treatment program facilitators are a very small, specialized population and the only ones who can report both on the experiences of the offenders they work directly with as well as the policies and formats of the program itself.

It was also determined that a review of IPV treatment programs would concentrate solely on those that are specific to male and female offenders. This researcher recognizes that perpetrators of IPV may also identify themselves as members of an alternative gender classification, such as non-binary, two-spirit, or gender fluid to name a few. However, to this researcher's knowledge, there are not currently any IPV treatment programs affiliated with specialized DVCs that cater specifically to such demographics and instead continue to concentrate on offenders who identify primarily as male or female. In total, 43 community-based agencies were identified across all regions in Canada that hosted IPV treatment programs for male and/or female offenders. Within these agencies, 50 individuals were available for contact and to send study materials to. Further elaboration on the identification of these agencies and individuals is provided below under "Recruitment".

Research Sites

As programs were accessed in jurisdictions across Canada, it is difficult to provide a detailed description of the research sites as a large variety of IPV treatment programs were sought after. As the study was expansive and occurring during the height of a global pandemic, it was not feasible for the researcher to consider requesting physical access to the agencies and treatment settings to observe and gather information on their practices. Additionally, copies of program manuals and policy guides were not available, yet facilitators participating in interviews did occasionally reference them when answering questions; therefore, some formal content was shared in this way.

Information available for public consumption and shared online is often vague, providing minimal information and brief summaries about the components and

expectations of each program. However, in order to provide some context, general descriptions of a few programs in circulation are provided to highlight the assortment of IPV treatment programs that may be offered and were invited to participate in the current study. This is not an extensive list of programs sought for the study, instead, a snapshot of some of the varieties that are currently in place. To protect the identity of the affiliated agency and potential participants, program names and locations will not be disclosed.

Program A is a 12-week, psychoeducational program that meets once a week. All offenders are required to pay a fee based on a sliding scale after they provide proof of income. All group sessions are conducted by both a male and female facilitator. Offenders are introduced to a variety of topics, including defining abuse; understanding beliefs and attitudes; effects of violence on children; warning signs; substance abuse; healthy relationships; communication; conflict; and taking responsibility.

Program B is a 9-week narrative therapy approach that meets every two-weeks for a full-day session. Offenders are required to pay a flat-rate fee to participate. The program concentrates on developing knowledge and skills to prevent abuse and create more respectful relationships moving forward. Similar to Program A, Program B also includes a variety of topics including safety; gender expectations; values; definitions of abuse; taking responsibility; relapse prevention; empathy; listening skills; and healing.

Program C meets once a week for 16 weeks. They also concentrate on taking responsibility and repairing the harm to those who have been victimized, which may include issuing formal apologies. Specific topics of discussion are not detailed; however, Program C provides information to their offenders that helps them to learn

what has prevented them from having the type of relationship they wish for, and ways to move beyond using abusive tactics.

Mixed Methods Approach

A mixed methodological approach was selected to conduct the research, using both quantitative and qualitative methods in order to provide a more thorough understanding of the potential gendered approaches to treatment endorsed by the specialized DVCs. Kuada (2012) suggests that a mixed methodological approach enhances research in five ways: 1) *Triangulation* – an alternative way of describing mixed methods and tests the consistency of the results by using different methods, 2) *Complementarity* – allows the researcher to describe results from different perspectives by using multiple methods, 3) *Development* – being able to build on the results found in one method with a subsequent inquiry, 4) *Initiation* - different methods will allow new research questions to arise, and 5) *Expansion* – there is overall greater richness of the data by being able to access unique features of multiple methods.

There are a variety of mixed methodology designs available depending on the nature of the research questions. An explanatory sequential mixed methods model was selected for the current research. Explanatory sequential methods involve a distinct two-phase design where the researcher collects quantitative data first, followed by qualitative data with the intent that the qualitative information will aid in explaining the quantitative results in more detail (Creswell, 2014). This method can be especially helpful if unexpected results arise from the quantitative portion of the study (Creswell, Plano Clark, Guttman & Hanson, 2003). Traditionally, explanatory sequential methods often place primary emphasis on the initial quantitative results; however, this does not

always have to be the case. Attention may be placed on the secondary qualitative data if enough information has been compiled or alternatively, there can be equal importance applied to both phases when compiling and describing the results (Creswell et al., 2003). It is recommended that participants of the qualitative data collection should also be individuals who were involved in the initial quantitative investigation in order to gather consistent follow-up information (Creswell, 2014). Through this process, narratives that are collected in qualitative inquiries will add further meaning to statistical information and vice versa, in that statistics can also provide further accuracy to descriptive accounts (Kuada, 2012).

Explanatory sequential models ideally suggest that quantitative data should be collected and analyzed prior to the collection of qualitative content in order to provide further suggestion as to which questions should be incorporated for follow up (Creswell, 2014). It was the original intent of this researcher to follow such procedure; however, due to unanticipated challenges brought on by the global pandemic, it became necessary to conduct follow-up interviews with research participants while others were still in the process of responding to the survey. This results in a minor limitation that will be discussed in further detail alongside other challenges the pandemic posed in a subsequent chapter.

Survey

A brief survey was developed in order to determine if the overall format and content of IPV treatment programs for men and women operated in the same way or included gender-specific differences. Initial questions gathered brief demographic information about the facilitators such as their current province or territory, age, gender,

and length of time they have been employed as a facilitator. Subsequent inquiries were centered around single and multiple-choice questions pertaining to program policies and formats and developed from information in the literature regarding common criteria for IPV treatment programs. Content of these questions included: gender of program participants, which would also later serve as the outcome variable of interest; length of program operation; primary method of treatment; duration and frequency of treatment sessions; eligibility to participate; rates of completion; rates of attrition; number of absences allowed; payment requirements; frequency of court monitoring sessions, if applicable; and topics of education included. Subsequent questions also included content to assess facilitators personal beliefs regarding their program.

Likert-scale statements were also presented to facilitators to better understand their opinions on the effectiveness of their IPV treatment program and its ability to address numerous factors often discussed in IPV research. Examples included the suitability of content for both male and female offenders, the ability to recognize and respond to non-physical tactics of abuse, and histories of victimization, to name a few. It was anticipated that some facilitators responding to the survey would conduct IPV treatment programs for both men and women separately; therefore, if they responded as such, the survey was programmed to then redirect the facilitator to respond to questions about program format and their beliefs about its effectiveness twice, once for each group they conduct. The final section of the survey included a second set of Likert-scale statements to assess facilitators personal beliefs about IPV in general, such as their beliefs of rates of perpetration, the use of power and control, and demographics impacted, for example (See Appendix A – Survey Tool for full questionnaire).

The draft questionnaire was initially created and reviewed by members of the dissertation supervisory committee. Adjustments to the questions were made based on committee feedback and then questions were entered into the online platform, Survey Monkey, in order to proceed with pilot testing. Survey Monkey is an online survey development company and was selected as the platform in which to create and distribute the questionnaire to IPV treatment program facilitators. It is also important to note that as of December 2017, Survey Monkey has a Canadian data storage centre. Two external individuals who had experience conducting IPV treatment programs agreed to review the survey not only to assess the content but also the clarity and appropriateness of language as well as to ensure the accessibility and function of the online format. Upon receiving feedback, modifications were made and resubmitted to my supervisor for final approval before submission to the Research Ethics Board at the University of New Brunswick.

Interviews

The second phase of the data collection focused on the utilization of follow-up semi-structured interviews with facilitators who expressed interest in doing so after completing the online survey. Semi-structured interviews, while often following a pre-determined set of questions or themes, also allows for more flexibility in exploring emerging ideas or topics that either the interviewee and/or the interviewer consider to be important (Brinkmann, 2014).

A draft interview guide was created that included questions pertaining to the types of violence and abuse that offenders commit and the context in which they occurred, the perceptions of benefits and challenges of programs from both the

facilitators perspective as well as feedback they have heard directly from offenders, and the effectiveness of the program especially as it pertains to diverse needs such as gender, identity, and other minority populations (See Appendix B – Interview Guide). The questions were intended to elicit discussion regarding offenders’ responses to the program, if there are unmet needs, as well as the overall successes and challenges that remain to be addressed.

As facilitators were housed in various agencies across the country, interviews were planned to take place via telephone and the conversation would be audio-recorded on a separate hand-held device in order to be transferred afterwards to a password protected computer and transcribed. There are a few disadvantages to conducting research interviews via telephone instead of face-to-face. In being unable to see the other person, there are a lack of visual cues available that would normally assist in rapport-building (Cachia & Millward, 2011). The lack of visual aid also prevents the interviewer or interviewee from noticing body language and quickly grasping if further clarifications or elaborations are required (Farooq & Villiers, 2017). Ultimately, conducting an interview over the telephone requires a higher level of concentration and increased use of verbal signals to demonstrate that active listening and engagement in the conversation is occurring (Farooq & Villiers, 2017).

It is recognized that the use of a virtual video platform may have been an alternative resource which has the potential to eliminate some of the challenges of telephone interviews. While we currently see programs such as Zoom, Skype, or Microsoft Teams circulating widely, it is difficult to believe that only a year ago (at the time of writing this document) they were not as familiar in the everyday conducting of

business. Considering that interviews took place over a seven-month period, it could be argued that amendments to the Research Ethics Board application were possible to include video conferencing as a method of conducting interviews. However, half of the interviews were completed in the first two months before this option could seriously be considered. Additionally, while the use of video may be useful to view facial expressions and other non-verbal cues, facilitators able to participate in an interview may have been working from home or another remote location and preferred to avoid allowing the researcher to view their personal environments or did not have access to strong and reliable internet connections. It should also be noted that due to the novelty of these platforms in performing such tasks, it is possible that facilitators may have required permissions to download software onto devices owned by their employer or have familiarity with platforms that this researcher's university does not support. Any of these concerns could have resulted in even further delays to data collection.

Alternatively, there are a number of advantages to conducting interviews over the telephone that made this a worthwhile approach. Interviewees, especially if the research is in relation to their occupation, may have little time to spare and have a preference for telephone interviews as they are generally less time consuming and easier to schedule (Farooq & Villiers, 2017). Conducting an interview via telephone also allows access to a larger population and eliminates the need for travel and access to various geographical locations (Cachia & Millward, 2011). Both the interviewer and interviewee have control over their own privacy by choosing their space they are most comfortable in conducting and participating in the interview, leading to a more relaxed atmosphere (Farooq & Villiers, 2017). As a doctoral student with limited funds with

which to conduct research, using the telephone as opposed to in-person allowed access to a larger number of IPV treatment program facilitators that would otherwise have been unattainable. The restrictions on travel and temporary closures of many community services due to the global pandemic would also have caused immense delays in data collection; however, in hindsight, the plan to conduct interviews over the telephone was an additional benefit that allowed access to interviewees from any location they preferred or were currently required to work.

Like the development of the online survey, draft interview questions were reviewed by the dissertation supervisory committee as well as an external individual who had experience with IPV treatment programs to assess the clarity and content of the questions. Following feedback, modifications were made before submission to the Research Ethics Board at the University of New Brunswick.

Recruitment

Survey

Recruitment of participants began with a review of Heslop et al.'s (2016) report that compiled a summary of programming responses aimed at IPV offenders across Canada. This report was extensive in that it included treatment across all provinces and territories that were not only judicial-based, but also available in clinical and other community-based settings. However, this report only considered programs that were available to male offenders, and further research was required to identify programs that also worked with women.

To locate additional programs, and to confirm that the ones identified in Heslop et al.'s (2016) report were still in operation, this researcher engaged in extensive internet

searches. To begin, provincial/territorial court websites were used to confirm jurisdictions in which a specialized DVC was located, but there was little uniformity as to how information was shared online. For example, some court information included copies of pamphlets detailing the court process and identifying which programs offenders would be referred to; others did not. Some jurisdictions also provided contact information for court co-ordinators or individuals who could answer questions about the specialized DVC; others did not. Where information was limited, this researcher began searching for the various community-based agencies within the jurisdiction of the specialized DVC and reviewed website information to determine if they conducted IPV treatment programs for offenders referred by this court. When located, many of these agency websites listed eligibility criteria for their groups and often indicated if they were affiliated with the local DVC. Where information was vague, an initial inquiry was made either by telephone or email to confirm if their IPV treatment program received referrals from the specialized DVC in their area.

Once appropriate agencies were recognized, identification of specific individuals was necessary as it was imperative that study materials would be received by direct facilitators of the IPV treatment programs and not other members of the organization. In some instances, agency websites were forthcoming in listing all of their staff, their roles, and contact information. For those who did not, administrative staff or managers were contacted to introduce myself and the purpose of the study. Throughout this process, some were willing to share additional contact information for their facilitators, whereas others wished to maintain confidentiality of their staff but assured this researcher that

study materials could be received and would be shared internally with the appropriate individuals.

As a result of this extensive review, a total of 43 agencies were identified that hosted IPV treatment programs for offenders referred from a specialized DVC and could receive study materials. Of these agencies, 13 hosted one program for male offenders, three hosted one program for female offenders, and 17 confirmed they hosted two programs for men and women separately. The remaining 10 agencies were also identified as providing eligible IPV treatment, but it was unclear from existing information if they conducted programs solely for men, women, or both.

Within these agencies, contact information was secured for 50 individuals who were in a position to receive the survey information. This number differs from the total number of 43 agencies identified for a number of reasons. Some agencies hosting multiple programs or who retained multiple facilitators had one central contact, such as a program manager, who preferred to be the point of contact but assured that information would be shared with other staff. Others were more forthcoming in providing contact information and therefore, numerous facilitators within one agency could be contacted directly by the researcher. Due to the nature of this, it is difficult to quantify the precise number of potential participants who ultimately received the study information.

Potential participants, or agency staff who would be sharing the information, received an email from this researcher. This email included both the Letter of Information (see Appendix C – Survey Letter of Invitation) detailing the purpose of the study as well as the link to the online survey. The email stressed that all participants

should take time to review the Letter of Information before deciding whether they wished to proceed with the survey. Once the survey was opened, an electronic consent form was also required to be reviewed and responded to prior to accessing any questions (see Appendix D – Survey Consent Form). Facilitators were informed that their anonymity would be protected, they may decide to withdraw from the study at any time, and they had the right to decline to answer any survey question they did not wish to respond to.

Overall, survey data collection took place over a six-month period in 2020. Initial requests for participation were sent out in April 2020. Due to many restrictions and various provincial/territorial responses to the COVID-19 pandemic, it was determined that periodic updates and reminders of the survey would be sent out to capture facilitators who were currently unavailable but wished to contribute at a later date, and vice versa. A follow up email was sent to participants in July 2020, and a final call was issued in September 2020. Each reminder resulted in a wave a new survey responses, confirming that this tactic was appropriate, and facilitators were able to respond when most convenient for them.

Interviews

The final question in the online survey served as the recruitment strategy for the follow-up telephone interviews. To conclude the questionnaire, facilitators were asked if they wished to continue discussion about IPV treatment programs and take part in a telephone interview. If they declined, the survey concluded. If they accepted, they were prompted to enter their name and email address for the sole purpose of this researcher being able to contact them to send further information and schedule an interview.

Facilitators were assured that this information would not be used in the survey analysis or linked to their earlier responses.

An email was sent similar to that of the initial survey, providing the participant with a Letter of Information (see Appendix E – Interview Letter of Invitation) and details about the expectations of the second phase of the study for them to make an informed decision as to whether they wished to participate in an interview or not. Considering the precariousness of the pandemic, facilitators were also advised by this researcher that if they wished to take part but needed more time, the interview could be scheduled at a later date. As a result, collection of interview data took place with a total of ten facilitators over an extended period of time, from April 2020 to October 2020.

Telephone interviews were audio recorded on a separate hand-held digital recorder for the purpose of transcription, and verbal consent was also recorded prior to beginning the interview (see Appendix F – Interview Consent Form). If facilitators did not wish to be recorded, they were given the option to provide a signed consent form and allow the researcher to take hand-written notes instead; however, no facilitators preferred this option, and all consented to being audio-recorded. When scheduling the interview, the facilitators were also given the option to receive a copy of the interview questions beforehand to aid in preparation. As it was a semi-structured interview, they were advised that other topics could be discussed as they arose but could view the main themes ahead of time if they wished. Burke and Miller (2001) consider that providing the questions ahead of time can help give research participants time to consider their responses and therefore, more detailed and descriptive information can be provided. This preparation may also aid in keeping the time required to complete an interview to a

minimum as the participant has already considered some of their responses (Burke & Miller, 2001). As the interview questions were intended to cover a wide range of topics associated with IPV treatment programs, this researcher considered this a valuable option to reduce the chance that facilitators may forget important details. Additionally, considering that rapport can be more difficult to establish through a telephone interview as opposed to face-to-face, providing the option to review questions beforehand was considered to aid in establishing some comfortability for the facilitator.

To protect facilitator's identities, they were advised that a pseudonym would be used for all files and transcripts associated with their interview. Research has suggested that it can be helpful to allow research participants to select their own pseudonym so as to foster ongoing collaboration and reduce the balance of power between the participant and the researcher (Dearnley, 2005). However, it is possible that participants may select a name that is either inappropriate for the academic context of the research or use the name of other family members or individuals close to them that could be identifiable by another reader (Dearnley, 2005). Recognizing these concerns, this researcher additionally considered that since the population of IPV treatment program facilitators is very small, it is possible that facilitators are familiar with other individuals in their field of work. If a facilitator selected a pseudonym that matched the name of a fellow member of the study, there is a risk of inadvertently identifying that individual by asking them to change their name selection. Considering the small and very specific population within the current study, to mitigate this risk, this researcher opted to select the pseudonyms herself.

Data Analysis Procedures

Survey Analysis

Following completion of the survey, it was determined that two databases must be created to report the results. Twenty-two facilitators responded to the online survey; however, a number of them reported that they conduct more than one program, one catered to male offenders and a separate one directed towards female offenders. In this scenario, the survey was designed to direct them to answer questions about program format and effectiveness twice, once for each program they conduct. As a result, as eight of the 22 facilitators reported conducting multiple treatment programs, information was compiled on a total of 30 IPV treatment programs across Canada. To capture all information, one database was created to reflect opinions and beliefs of the 22 individual facilitators, and a second was created to assess the utility and format of the 30 programs.

Quantitative analysis software, SPSS, was used to analyze each dataset by first reviewing the descriptive statistics, including looking at the frequencies to identify how many responses were recorded for each question. The next step was to examine the relationship between gender and the additional independent variables using a Chi-Square Test of Independence. Chi-square is useful for survey questions when only one response is selected and identifies if there is a relationship between categorical variables (Field, 2013). Regarding the facilitator-specific database, this included assessing the relationship between facilitator gender and their opinions of IPV. For the program-specific database, this included analyzing the gender of the offenders with the overall format and effectiveness of the treatment program. Additional multivariate analyses were unable to be conducted due to the small sample size.

Interview Analysis

The analysis of the interviews was undertaken with a descriptive phenomenological approach, followed by in-depth thematic analysis. Phenomenological research concentrates on the lived experiences of the participants (Giorgi, 2009). It considers the overall depth of the content as opposed to securing a specific number of participants, as is often sought in alternative quantitative research, focusing instead on how the participants have experienced a particular issue (Creswell, 2014; Jackson, Vaughan & Brown, 2018). By utilizing interviews, as is often selected within this approach, and centering the experiences of the participants in the process, their “voice” remains in the study and is not removed through the researchers’ interpretations and summaries in written analyses (Giorgi, 2009). It is also not just the participants behaviours and general observations that are captured in this approach, but also their thoughts, their feelings, their interpretations, and understandings of a particular phenomenon (Giorgi, 2009). In the current study, even though interview content was designed to include the sharing of information that facilitators hear directly from the offenders in their groups, these narratives are still filtered through the facilitator’s own interpretations of what they think they are hearing and observing. As a result, the interview content ultimately concentrated on learning about a small sample of facilitator’s lived experiences in working for agencies affiliated with the criminal justice system, supplying and conducting the treatment program content, and supporting offenders.

A more in-depth thematic analysis was used to analyze the qualitative interview data and search for patterns and common themes in the responses. The method of

performing thematic analysis was undertaken with Braun and Clarke's (2012) recommended six-phase process. The first step is to familiarize yourself with the data, reading and rereading the interview transcripts and making notes about key aspects. The second step is to generate initial codes, which can include coding one piece of data with multiple codes or not coding a section at all. After creating codes, the third step is to identify larger themes by combining codes with similar content or ideas. A review of the themes is then undertaken in step four to ensure that the themes selected continue to fit with the overall data and the research questions to be addressed. Once themes are confirmed to be appropriate, they must be given names that are both informative and precise, and a visual aid may be constructed. Finally, the concluding report detailing the discussion of the findings may be generated (Braun & Clarke, 2012).

Braun and Clarke (2012) do not suggest using specific data collection questions to name themes, as this will often merely provide a general descriptive account that lacks depth; instead, they suggest concentrating on the content of what research participants are reporting in response to these questions. This inductive approach is largely driven by what participants are reporting and codes and themes identified will often stem from the data itself. However, Braun and Clarke (2012) also highlight that a deductive approach will also often accompany this method as it is rare that a researcher will not bring their own critical lens to an analysis or present questions to a participant that are not already grounded in a particular theoretical concept.

Following this process, audio-recorded interviews were transferred to a password-protected computer and transcribed verbatim. Transcripts were then uploaded to NVivo, a qualitative analysis software program, to aid in the identification and

development of various codes and themes. In assessing the interview data for content related to the research questions regarding gender-neutrality, intersectionality, and systemic barriers, it became clear that facilitators responded to and discussed two separate overarching ideas. Figure 1 provides an overview of the first issue, the formatting of IPV treatment programs at the ground-level. During these discussions, facilitators described numerous ways in which their programs are required to follow a standard of practice, areas in which they are allowed to use discretion, and what they believe are the most imperative changes needed to be made to the programs moving forward.

Figure 1: Formatting of IPV Treatment Programs

Main Theme	Sub-Theme	Items Discussed
STANDARDS AND COMMON PRACTICES	Format Requirements	<i>Funding Agency Regulations</i>
		<i>Program Length</i>
		<i>Fees Paid</i>
		<i>Cultural and Gender-Neutral Materials</i>
	Ineligibility for Treatment	<i>Denial of Incident</i>
		<i>Noncompliance or Lacking Participation</i>
	Completion Criteria	<i>Attendance</i>
		<i>Completion Certificate</i>
		<i>Reports</i>
MODIFICATIONS AND FLEXIBLE PRACTICE	Flexible Content and Delivery	<i>Method of Choice</i>
		<i>Cultural Considerations</i>
	Accommodating Needs	<i>Scheduling</i>
		<i>Refreshments</i>
	Repeated Treatment	<i>Allowable Attempts</i>
		<i>Cultural Barriers</i>
		<i>Identity and Safety Concerns</i>
		<i>Female Offenders</i>

	Individual Program Delivery	<i>Challenges in Alternate Delivery</i>
FUTURE DIRECTION	Ideal Changes	<i>Increased Resources</i>
		<i>Trauma-Informed Approaches</i>
		<i>Maintenance and Check-In</i>
		<i>Differentiated Approach</i>

Additionally, facilitators also highlighted the broader nature of gender and IPV, as described below in Figure 2. Even though survey results and discussions about program operations resulted in the unveiling of many gender-neutral practices, when facilitators shared their opinions and perspectives of the offenders they serve, the topic of gender and the variations between male and female offenders in terms of experiences and their needs strongly emerged. All of these items will be discussed in much further detail in subsequent chapters pertaining to the results.

Figure 2: Gender and IPV

Main Theme	Sub-Theme	Items Discussed
	Facilitator Beliefs about IPV	<i>Mutual Violence</i>
		<i>Gender Asymmetry</i>
	Perpetrator Characteristics	<i>Childhood Abuse and Trauma</i>
		<i>Mental Health Concerns</i>
		<i>Substance Abuse</i>
		<i>Low Education and Socio-Economic Status</i>
		<i>Histories of Victimization</i>
	Reasons for Violence	<i>Lack of Appropriate Role Models and Maladaptive Skills</i>
		<i>Substance Use</i>

PERPETRATION OF IPV		<i>Control</i>
		<i>Provocation</i>
		<i>Self-Defence or Retaliation</i>
	Most Useful Topics of Education	<i>Belief Systems</i>
		<i>Emotions and Emotional Regulation</i>
		<i>Communication</i>
		<i>Empathy</i>
		<i>Types of Abuse</i>
	Judicial Responses	<i>Mandatory Charging Practices</i>
	Types of Violence	<i>Assault</i>
		<i>Mischief</i>
		<i>Breach of Conditions</i>
		<i>Harassment and Stalking</i>
	Responses to Self-Defence, Retaliation, and Provocation	<i>Making Choices</i>
		<i>Perspective and Empathy</i>
		<i>Taking Responsibility</i>

Ethical Considerations

There were minimal ethical concerns identified in the execution of the research study. While sensitive questions pertaining to IPV and experiences with the judicial system were included, no direct victims or offenders were approached. Instead, the research participants were solely the trained professionals who work closely with these populations.

As a former frontline worker in Saskatchewan, there was potential for a conflict of interest. As a previous member of the Regina Domestic Violence Court, I had a working relationship with staff members of the treatment programs within that jurisdiction. However, due to high staff turnover and my resignation from that role occurring three years prior to data collection, there are a number of current facilitators with whom no prior relationships exist that were available to contact.

Both the survey and interview questions were designed to elicit honest responses about the facilitators' perspectives of the program and offenders they work with. It is possible that personal opinions may contradict those of their employers as well as the judicial system generally. To mitigate any potential social and professional risk, all survey data are reported in the aggregate and all interview content is conveyed using pseudonyms as well as the elimination of any agency or program names and geographical identifiers.

This chapter discussed the methodological tactics used in this study, including the research design, recruitment strategies, data collection and analysis procedures, and ethical considerations. The subsequent chapter begins the presentation of results, opening with the findings from the online survey.

Chapter 4 – Survey Results

This chapter presents the findings from the online survey. Basic descriptive statistics of the facilitators including their demographics and general beliefs about IPV as well as the results of a bivariate chi-square analysis are reported. Following this, summaries of program formats, content, and perceived effectiveness will also be presented. Analyzing frequencies for categorical variables provides a general description of the characteristics of the survey. As there were ultimately two databases created from the results, the frequencies regarding the facilitators as well as the basic descriptive statistics of the individual programs are both reported.

Facilitators

Demographics and Descriptives

Overall, 22 facilitators of IPV treatment programs in Canada responded to the survey. As presented in Table 1, five facilitators were located in the BC/Northern region (22.7%), seven were located in the Prairie region (31.8%), seven were located in the Central region (31.8%), and three were in the Atlantic region (13.6%). There was an almost equal split between male and female respondents, with ten (45.5%) identifying as male, and twelve (54.5%) identifying as female. Slightly more than half (54.5%, 12) reported being aged 50 or older, with only one facilitator opting to refrain from disclosing their age. Many of the facilitators had been employed as a group facilitator for a number of years, with eight (36.4%) reporting 10+ years of experience. Regarding the gender of the programs they conduct, thirteen (59.1%) reported they work solely with a male program, one (4.5%) reported they work solely with a female program, and

eight (36.4%) reported conducting IPV treatment groups for both male and female offenders separately.

Table 1: Summary of Facilitator Demographic Variables

Variable	Categories	%
Province/Territory (N=22)	BC/Northern	22.7% (5)
	Prairies	31.8% (7)
	Central	31.8% (7)
	Atlantic	13.6% (3)
Gender of facilitator (N=22)	Male	45.5% (10)
	Female	54.5% (12)
Age of facilitator (N=21)	20-29	9.5% (2)
	30-39	14.3% (3)
	40-49	19% (4)
	50-59	33.3% (7)
	60-69	23.8% (5)
Length of facilitator experience (N=22)	Less than 1 year	9.1% (2)
	Between 1-3 years	13.6% (3)
	Between 4-6 years	18.2% (4)
	Between 7-9 years	22.7% (5)
	10 years or more	36.4% (8)
Gender of program (N=22)	Male only	59.1% (13)
	Female only	4.5% (1)
	I conduct groups for both men and women	36.4% (8)

The facilitators were also asked to indicate their personal level of agreement with various statements about IPV by selecting items on a 5-point Likert scale (Table 2).

Three people opted not to answer this set of survey questions, with an additional facilitator choosing not to answer the question regarding violence perpetrated by both men and women. As a result, percentages are reported without these missing cases.

Fourteen (73.6%) facilitators either “agreed” or “strongly agreed” with the statement

that “males most often initiate violence/abuse against their intimate partners”. On the contrary, twelve (63.2%) facilitators “disagreed” or “strongly disagreed” that “females most often initiate violence/abuse against their intimate partners”. Eleven (61.1%) facilitators also “disagreed” or “strongly disagreed” that “males and females perpetrate intimate partner violence at equal rates”. All facilitators who responded to “relationships can be considered violent/abusive even if there is no physical injury” “agreed” or “strongly agreed” with this statement (100%, 18). A majority (68.5%, 13) also “agreed” or “strongly agreed” that “intimate partner violence incidents stem from the offender’s need for power and control”. Lastly, all facilitators (100%, 19) “agreed” or “strongly agreed” that “intimate partner violence is prevalent everywhere, regardless of socioeconomic status, race, ethnicity and age” as well as “victims may be faced with many barriers that prevent them from leaving an abusive relationship”.

Table 2: Summary of Facilitator Beliefs on IPV

Variables	Categories					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	I Don’t Know
Males most often initiate violence/abuse (N=19)	0% (0)	5.3% (1)	21.1% (4)	36.8% (7)	36.8% (7)	0% (0)
Females most often initiate violence/abuse (N=19)	5.3% (1)	57.9% (11)	31.6% (6)	0% (0)	5.3% (1)	0% (0)
Males and female initiate violence equally (N=18)	27.8% (5)	33.3% (6)	11.1% (2)	11.1% (2)	16.7% (3)	0% (0)

Relationships can be violent/abusive without physical injury (N=19)	0% (0)	0% (0)	0% (0)	10.5% (2)	89.5% (17)	0% (0)
IPV stems from the offender's need for power and control (N=19)	5.3% (1)	10.5% (2)	15.8% (3)	47.4% (9)	21.1% (4)	0% (0)
IPV is prevalent everywhere, regardless of socioeconomic status, race, ethnicity or age (N=19)	0% (0)	0% (0)	0% (0)	36.8% (7)	63.2% (12)	0% (0)
Victims may have many barriers that prevent them from leaving (N=19)	0% (0)	0% (0)	0% (0)	10.5% (2)	89.5% (17)	0% (0)

Chi-Square Analysis – Facilitator Gender and Opinions of IPV

The results of the chi-square analysis test the relationship between the categorical independent variables and the gender of the facilitator. When performing chi-square analysis, if the probability is less than .05 the researcher may suggest that the variables are associated with each other (Field, 2013).

There was no statistically significant relationship between the gender of the facilitator and their personal opinions on IPV statements (Table 3). However, it may be of interest to note that two statements came in close comparison to others. When compared to male facilitators, more female facilitators “strongly agreed” that “males most often initiate violence against their partner”. A number of men also agreed with this statement but not quite as strongly. Additionally, all but one female facilitator who

responded to the statement “IPV incidents stem from the offenders need for power and control” indicated they “agreed” or “strongly agreed”. Half of the male facilitators also agreed with this statement; however, some also responded that they felt neutral about the topic or disagreed, which was not mirrored in the female responses.

Table 3: Crosstabulation of Facilitator Gender and Opinions of IPV

Variable	Categories	Facilitator Gender		Chi-Square	P-Value
		Male	Female		
Males most often initiate violence/abuse against their intimate partners.	Strongly Disagree	0% (0)	0% (0)	6.823	.078
	Disagree	10% (1)	0% (0)		
	Neither Agree nor Disagree	30% (3)	11.1% (1)		
	Agree	50% (5)	22.2% (2)		
	Strongly Agree	10% (1)	66.7% (6)		
Females most often initiate violence/abuse against their intimate partners.	Strongly Disagree	0% (0)	11.1% (1)	2.712	.438
	Disagree	60% (6)	55.6% (5)		
	Neither Agree nor Disagree	40% (4)	22.2% (2)		
	Agree	0% (0)	0% (0)		
	Strongly Agree	0% (0)	11.1% (1)		
Males and females perpetrate intimate partner violence at equal rates.	Strongly Disagree	11.1% (1)	44.4% (4)	6.800	.147
	Disagree	55.6% (5)	11.1% (1)		
	Neither Agree nor Disagree	11.1% (1)	11.1% (1)		
	Agree	0% (0)	22.2% (2)		
	Strongly Agree	22.2% (2)	11.1% (1)		
Relationships can be considered violent or abusive even if there is no physical injury.	Strongly Disagree	0% (0)	0% (0)	.006	.937
	Disagree	0% (0)	0% (0)		
	Neither Agree nor Disagree	0% (0)	0% (0)		
	Agree	10% (1)	11.1% (1)		
	Strongly Agree	90% (9)	88.9% (8)		

IPV incidents stem from the offenders need for power and control.	Strongly Disagree	10% (1)	0% (0)	8.081	.089
	Disagree	10% (1)	11.1% (1)		
	Neither Agree nor Disagree	30% (3)	0% (0)		
	Agree	50% (5)	44.4% (4)		
	Strongly Agree	0% (0)	44.4% (4)		
IPV is prevalent everywhere regardless of socioeconomic status, race, ethnicity or age.	Strongly Disagree	0% (0)	0% (0)	1.571	.210
	Disagree	0% (0)	0% (0)		
	Neither Agree nor Disagree	0% (0)	0% (0)		
	Agree	50% (5)	22.2% (2)		
	Strongly Agree	50% (5)	77.8% (7)		
Victims may be faced with many barriers that prevent them from leaving an abusive relationship.	Strongly Disagree	0% (0)	0% (0)	.006	.937
	Disagree	0% (0)	0% (0)		
	Neither Agree nor Disagree	0% (0)	0% (0)		
	Agree	10% (1)	11.1% (1)		
	Strongly Agree	90% (9)	88.9% (8)		

Even though the data does not result in statistical significance, it does not mean that the results are not telling a useful story. These findings indicate that many of the facilitators responding to the survey, whether male or female, had beliefs about IPV that support the feminist perspective. More facilitators considered that men initiate violence and abuse at higher rates than women and that reasons for violence often center around a need for power and control. While this is in line with the feminist perspective that often use institutional and agency reports such as police, hospitals, and shelters to determine nature and severity of aggression, it must be noted that many IPV treatment programs may accept clients from a variety of referral sources. Therefore, facilitators, when formulating their beliefs about IPV, may also be considering their experiences with

clientele that are referred from other community-based agencies, or even referring themselves, in addition to those that are mandated by the court system and have been formally charged.

Intimate Partner Violence Treatment Programs

Demographics

Considering that there were eight facilitators who reported conducting separate groups for men and women and therefore were directed to respond to survey questions twice – once for each group they facilitate – a second database was created to account for information on the grand total of 30 IPV treatment programs (Table 4). The geographical location of all groups was then re-evaluated to determine where both male and female programs were situated. Facilitators located in the BC/Northern region of Canada provided information on five male programs (16.7%) and no female programs. Facilitators in the Prairie region reported data on seven (23.3%) male programs and three (10%) female programs. Facilitators in the Central region disclosed information from six (20%) male programs and five (16.7%) female programs, and lastly, facilitators in the Atlantic region provided information on three (10%) male programs and one (3.3%) female program.

Table 4: Gender of Program and Location

Variable	Category	%
BC/Northern	Male Program	16.7% (5)
	Female Program	0% (0)
Prairies	Male Program	23.3% (7)
	Female Program	10% (3)
Central	Male Program	20% (6)
	Female Program	16.7% (5)

Atlantic	Male Program	10% (3)
	Female Program	3.3% (1)

Of the 30 programs that were reported on, a total of 21 (70%) were directed towards male offenders, and nine (30%) were for females. Similar to the above findings, and with the exception of the gender of their offenders, some facilitators opted not to respond to various questions about the program formats; therefore, percentages are once again reported without these missing cases.

Most of the IPV treatment programs had currently been in operation for 10 years or more (76.9%, 20) (Table 5). Duluth-based treatment was marginally the most popular approach (32%, 8); however, narrative therapy (28%, 7) and CBT (28%, 7) were also a frequently identified method. Most of the programs met for an average of 2 hours (88.9%, 24) once a week (88.5%, 23) with slightly more than half (61.5%, 16) lasting a total of 9-12 weeks. Offenders are generally allowed a maximum of one or two unexcused absences to remain in the program (81.5%, 22) and half of the programs did not require the offenders to pay a fee in order to participate (55.6%, 15), although twelve others (44.4%) did. Most facilitators estimated that more than 75% of their group participants successfully complete treatment (74.1%, 20). Less than 25% of offenders choose to withdraw themselves from the program (88.9%, 24) and less than 25% are removed and discontinued from the group by program staff (100%, 27). More than half (69.6%, 16) reported that a judicial review of the offenders while participating in the program was “not applicable”, indicating that many of these programs participating in the current study may be implemented post-sentence.

Table 5: Summary of Program Formats

Variable	Categories	% (N)
Gender of program (N=30)	Male	70% (21)
	Female	30% (9)
Length of treatment program operation (N=26)	Less than 1 year	0% (0)
	Between 1-3 years	0% (0)
	Between 4-6 years	11.5% (3)
	Between 7-9 years	11.5% (3)
	10 years or more	76.9% (20)
Primary treatment approach (N=25)	Narrative therapy	28% (7)
	CBT	28% (7)
	Duluth-based	32% (8)
	Strength-based	4% (1)
	Life skills approaches	4% (1)
	Risk, needs and responsivity	4% (1)
	Other	0% (0)
Average duration of treatment sessions (N=27)	One hour or less	0% (0)
	2 hours	88.9% (24)
	3 hours	0% (0)
	More than 3 hours	11.1% (3)
Frequency of treatment program sessions (N=26)	Multiple times a week	3.8% (1)
	Once a week	88.5% (23)
	Once every two weeks	3.8% (1)
	Once a month	3.8% (1)
Total duration of treatment program (N=26)	8 weeks or less	15.4% (4)
	9-12 weeks	61.5% (16)
	13-16 weeks	19.2% (5)
	17-20 weeks	0% (0)
	More than 20 weeks	3.8% (1)
Unexcused absences allowed to remain in the program (N=27)	None	7.4% (2)
	1-2	81.5% (22)
	3-4	11.1% (3)
	More than 4	0% (0)
Fee requirement (N=27)	Yes	44.4% (12)
	No	55.6% (15)

Percentage that successfully complete treatment (N=27)	Less than 25%	0% (0)
	25-50%	0% (0)
	51-75%	25.9% (7)
	More than 75%	74.1% (20)
Percentage who choose to withdraw from the program (N=27)	Less than 25%	88.9% (24)
	25-50%	3.7% (1)
	51-75%	7.4% (2)
	More than 75%	0% (0)
Percentage who are removed from the program (N=27)	Less than 25%	100% (27)
	25-50%	0% (0)
	51-75%	0% (0)
	More than 75%	0% (0)
Frequency of judicial review (N=23)	Once every two weeks	4.3% (1)
	Once a month	8.7% (2)
	Once every two months	4.3% (1)
	Once every three months	13% (3)
	Not applicable	69.6% (16)

In addition to survey questions regarding program format, facilitators were also asked to indicate the various categories of information that were included in their educational content. As identified in Table 6 below, male and female IPV treatment programs typically include, or do not include, various categories of information at fairly equal rates with the exceptions of discussions about gender roles (included in 89% of female programs as opposed to only 62% of males), socialization (included in 67% of female programs versus 52% of males), and the cycle of abuse (included in 89% of female programs, but only 71% of males).

Table 6: Categories of Information

Categories of Information	Male Programs (n=21)	Female Programs (n=9)
Types of abuse	18 (86%)	8 (89%)
Communication skills	18 (86%)	7 (78%)
Understanding the cycle of abuse	15 (71%)	8 (89%)
Developing a safety/violence prevention plan	15 (71%)	6 (67%)
Effects of exposure to violence on children	16 (76%)	6 (67%)
Identifying warning signs	16 (76%)	8 (89%)
Responsibility and accountability	18 (86%)	7 (78%)
Emotional regulation	17 (81%)	8 (89%)
Substance abuse and addiction	12 (57%)	6 (67%)
Parenting	10 (47%)	5 (56%)
Time-outs	15 (71%)	7 (78%)
Gender roles	13 (62%)	8 (89%)
Values and beliefs about violence/abuse	19 (91%)	8 (89%)
Healthy relationships	19 (91%)	8 (89%)
Victim empathy	15 (71%)	6 (67%)
Impact of living conditions on violence/abuse	7 (33%)	4 (44%)
Empowerment	6 (29%)	3 (33%)
Socialization and violence/abuse	11 (52%)	6 (67%)
Self-talk	15 (71%)	7 (78%)
Increasing self-esteem	8 (38%)	4 (44%)
Ethnic/racial/cultural differences	5 (24%)	3 (33%)
Socioeconomic impacts on violence/abuse	8 (38%)	3 (33%)

Psychoeducational (Duluth), CBT, and narrative therapy approaches, as described previously, were the most common methods of treatment provided to both male and female IPV offenders. Within these methods, topics such as discussing beliefs about abuse, identifying personal warning signs and defusing behaviours, and taking accountability for abusive actions are commonly found amongst all three. Supporting this, as described in Table 6 above, those topics are frequently included in IPV treatment programs that participated in the current study.

Recommendations provided in the literature regarding suitable and necessary content for women's programs suggested that they should include themes of socialization, safety planning, emotional regulation, empowerment, and discussions around the intersecting oppressions that continue to disadvantage women (Larance, 2007; Larance et al., 2019). In the current sample, *emotional regulation* was a very popular topic, present in 89% of women's groups but also in 81% of men. *Socialization* was noted in a higher rate of women's programs (67%) compared to men (52%), positively reflecting the literature that suggests this is a necessary component; however, not yet included in all female treatment programs. *Safety planning* was also acknowledged across a number of programs; however, at a slightly reduced rate for women (67%) compared to men (71%). It therefore appears that at least some of the suggested topics necessary for women are being utilized, yet there is very little difference when comparing these same topics implemented for men.

On the contrary, additional recommended topics are located at much lower rates. *Empowerment* was only identified in 33% of female groups, and a similar percentage for males (29%). Additionally, few programs for both men and women included content on *ethnic/racial/cultural differences* (33% women, 24% men), the *socioeconomic impacts of violence and abuse* (33% women, 38% men), and the *impact of living conditions* (44% women, 33% men). These topics are considered to cover the reality of various intersecting categories that continue to influence the oppression of women and other marginalized populations. With very few programs discussing how they can impact the use of, or experiences of violence, an understanding of these lived realities and solutions to combat them are lacking.

Facilitators were also given the option to write in any additional topics of discussion if they did not appear on the available list. One facilitator who conducts programs for both men and women added “partner safety checks” as an additional category relative to both programs. One facilitator of a female program added “dealing with anger”, “stress and coping strategies”, and “guilt and shame” as additional items contained within their program. Five facilitators of male programs each identified one additional topic for their respective programs; these included “cognitive awareness”, “process of change”, “self-care”, “ceremony” and “responsibility and agency”. Further information provided by facilitators regarding some of these topics of education will be highlighted in a subsequent section concentrating on interview content and program formats.

Lastly, facilitators were asked to disclose their level of agreement with statements regarding their perspective of the overall effectiveness of their program(s) (Table 7). Once again, for those who conduct programs for both men and women, they were given opportunity to respond to the same questions for each of their programs. As above, three facilitators opted not to respond to this section of the survey, therefore descriptives are provided without these missing cases. Twenty-seven facilitators (100%) either “agreed” or “strongly agreed” that their program provides effective intervention for offenders. Nineteen (70.3%) “agreed” or “strongly agreed” that the content of the program is suitable for both male and female offenders as well as offenders from all cultural and ethnic backgrounds. Facilitators of 18 programs (66.6%) “agreed” or “strongly agreed” that the content is suitable for offenders who identify as Indigenous. Sixteen (59.3%) “disagreed” or “strongly disagreed” that their programs primarily focus

on solutions to combat the use of physical violence, and a large majority (96.3%, 26) “agreed” or “strongly agreed” that the program recognizes the use of non-physical tactics of abuse. Sixteen (59.2%) believed that offenders in the group enter the program with their own lengthy histories of intimate partner victimization in a relationship. Most (92.5%, 25) “agreed” or “strongly agreed” that socialization plays a role in the offenders’ use of IPV, that the program effectively addresses the offenders’ reasons for using violence/abuse (88.9%, 24), that the program is effective for offenders who claim to use self-defence or retaliatory violence (81.5%, 22), and that the program is considerate of gender-specific needs (88.8%, 24).

Table 7: Program Effectiveness Opinions

Variables	Categories					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	I Don’t Know
The program provides effective intervention for offenders (N=27)	0% (0)	0% (0)	0% (0)	33.3% (9)	66.7% (18)	0% (0)
The content of the program is suitable for both male and female offenders (N=27)	7.4% (2)	3.7% (1)	18.5% (5)	40.7% (11)	29.6% (8)	0% (0)
The content of the program is suitable for offenders from all cultural and ethnic backgrounds (N=27)	0% (0)	14.8% (4)	14.8% (4)	40.7% (11)	29.6% (8)	0% (0)

The content of the program is suitable for offenders who identify as Indigenous (N=27)	0% (0)	22.2% (6)	11.1% (3)	44.4% (12)	22.2% (6)	0% (0)
The program primarily focuses on solutions to combat the use of physical violence (N=27)	3.7% (1)	55.6% (15)	14.8% (4)	11.1% (3)	14.8% (4)	0% (0)
The program recognizes the use of non-physical tactics of abuse (N=27)	0% (0)	0% (0)	0% (0)	18.5% (5)	77.8% (21)	3.7% (1)
Offenders frequently enter the program with lengthy histories of their own intimate partner victimization in a relationship (N=27)	0% (0)	7.4% (2)	25.9% (7)	22.2% (6)	37% (10)	7.4% (2)
Socialization plays a role in many offenders use of intimate partner violence (N=27)	0% (0)	7.4% (2)	0% (0)	48.1% (13)	44.4% (12)	0% (0)
The program effectively addresses the offender's reasons for using violence/abuse (N=27)	0% (0)	3.7% (1)	7.4% (2)	59.3% (16)	29.6% (8)	0% (0)
The program is effective for offenders who claim to have used self-defence or retaliatory violence in their relationship (N=27)	0% (0)	0% (0)	18.5% (5)	55.6% (15)	25.9% (7)	0% (0)

The program is considerate of gender-specific needs (N=27)	0% (0)	3.7% (1)	7.4% (2)	48.1% (13)	40.7% (11)	0% (0)
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Chi-Square Analysis – Program Gender

There were absolutely no statistically significant relationships between the format and expectations of the program and the gender of the offenders in the group. Such results suggest that both male and female IPV treatment programs operate with many similarities (Table 8). There are no gendered differences in method of treatment offered, meaning that men and women are equally as likely to find themselves referred to programs that stem from a Duluth-based, CBT or narrative therapy approach. Especially for Duluth-based programs that are acknowledged to have been developed primarily for white heterosexual males, this is an interesting revelation. Men and women are also generally expected to attend the same length of treatment, at similar days and times of the week, with no differences in how many absences are allowed. This assumes that all individuals have the same capacity to attend IPV treatment programs, and that neither gender have their own challenges or barriers to accessing their interventions.

Table 8: Crosstabulation of Program Gender and Program Format

Variable	Categories	Program Gender		Chi-Square	P value
		Male	Female		
Length of program operation	Less than 1 year	0% (0)	0% (0)	1.264	.531
	Between 1-3 years	0% (0)	0% (0)		
	Between 4-6 years	15.8% (3)	0% (0)		
	Between 7-9 years	10.5% (2)	14.3% (1)		
	10 years or more	73.7% (14)	85.7% (6)		

Primary treatment approach	Narrative	33.3% (6)	14.3% (1)	4.362	.499
	CBT	27.8% (5)	28.6% (2)		
	Duluth	27.8% (5)	42.9% (3)		
	Strength-based	0% (0)	14.3% (1)		
	Life skills	5.6% (1)	0% (0)		
	Risk, needs and responsivity	5.6% (1)	0% (0)		
Average duration of program sessions	One hour or less	0% (0)	0% (0)	1.421	.233
	2 hours	84.2% (16)	100% (8)		
	3 hours	0% (0)	0% (0)		
	More than 3 hours	15.8% (3)	0% (0)		
Frequency of treatment program sessions	Multiple times a week	5.3% (1)	0% (0)	1.249	.741
	Once a week	84.2% (16)	100% (7)		
	Once every two weeks	5.3% (1)	0% (0)		
	Once a month	5.3% (1)	0% (0)		
Total duration of treatment program.	8 weeks or less	22.2% (4)	0% (0)	2.763	.430
	9-12 weeks	55.6% (10)	75% (6)		
	13-16 weeks	16.7% (3)	25% (2)		
	17-20 weeks	0% (0)	0% (0)		
	More than 20 weeks	5.6% (1)	0% (0)		
Number of unexcused absences to remain in the program	None	10.5% (2)	0% (0)	.912	.634
	1-2	78.9% (15)	87.5% (7)		
	3-4	10.5% (2)	12.5% (1)		
	More than 4	0% (0)	0% (0)		
Fee requirement	Yes	42.1% (8)	50% (4)	.142	.706
	No	57.9% (11)	50% (4)		
Percentage of offenders who successfully complete	Less than 25%	0% (0)	0% (0)	.793	.373
	25-50%	0% (0)	0% (0)		
	51-75%	21.1% (4)	37.5% (3)		
	More than 75%	78.9% (15)	62.5% (5)		
Percentage of offenders who choose to withdraw from the program	Less than 25%	89.5% (17)	87.5% (7)	.822	.663
	25-50%	5.3% (1)	0% (0)		
	51-75%	5.3% (1)	12.5% (1)		
	More than 75%	0% (0)	0% (0)		

Percentage of offenders who are removed from the program	All respondents answered “Less than 25%”. No chi-square could be computed.	NA	NA	NA	NA
Frequency of judicial review	Once every 2 weeks	5.9% (1)	0% (0)	3.551	.470
	Once a month	11.8% (2)	0% (0)		
	Once every 2 months	5.9% (1)	0% (0)		
	Once every 3 months	17.6% (3)	0% (0)		
	Not applicable	58.8% (10)	100% (6)		

There were also no statistically significant relationships between the gender of the program and opinions of its overall effectiveness, indicating that facilitators have similar perspectives about the ability of their program regardless of which gender it aims to serve (Table 9). All programs were considered to provide effective interventions, were suitable for all participants regardless of their gender or culture, were considerate of gender-specific needs, and effectively addressed offenders’ reasons for using violence that resulted in their participation in an IPV treatment program. This appears to be contradictory based on previous survey results that suggest all offenders receive the same methods of treatment, but that there are beliefs that men perpetrate and initiate abuse more frequently and to gain power and control in the relationship. This dilemma is potentially resolved in subsequent chapters (Chapter Five and Six) which further details facilitators’ abilities, and inabilities, to use their discretion when working with diverse clientele as well as their responses to certain situations.

Table 9: Crosstabulation of Program Gender and Program Effectiveness

Variable	Categories	Program Gender		Chi-Square	P Value
		Male	Female		
The program provides effective intervention for offenders.	Strongly Disagree	0% (0)	0% (0)	.355	.551
	Disagree	0% (0)	0% (0)		
	Neither Agree nor Disagree	0% (0)	0% (0)		
	Agree	36.8% (7)	25% (2)		
	Strongly Agree	63.2% (12)	75% (6)		
	I Don't Know	0% (0)	0% (0)		
The program content is suitable for both male and female offenders.	Strongly Disagree	10.5% (2)	0% (0)	1.788	.775
	Disagree	5.3% (1)	0% (0)		
	Neither Agree nor Disagree	15.8% (3)	25% (2)		
	Agree	42.1% (8)	37.5% (3)		
	Strongly Agree	26.3% (5)	37.5% (3)		
	I Don't Know	0% (0)	0% (0)		
The program content is suitable for offenders from all cultural and ethnic backgrounds.	Strongly Disagree	0% (0)	0% (0)	2.747	.432
	Disagree	10.5% (2)	25% (2)		
	Neither Agree nor Disagree	10.5% (2)	25% (2)		
	Agree	42.1% (8)	37.5% (3)		
	Strongly Agree	36.8% (7)	12.5% (1)		
	I Don't Know	0% (0)	0% (0)		
The program content is suitable for offenders who identify as Indigenous	Strongly Disagree	0% (0)	0% (0)	4.618	.202
	Disagree	15.8% (3)	37.5% (3)		
	Neither Agree nor Disagree	5.3% (1)	25% (2)		
	Agree	52.6% (10)	25% (2)		
	Strongly Agree	26.3% (5)	12.5% (1)		
	I Don't Know	0% (0)	0% (0)		

The program primarily focuses on solutions to combat physical violence.	Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree I Don't Know	5.3% (1) 47.4% (9) 15.8% (3) 15.8% (3) 15.8% (3) 0% (0)	0% (0) 75% (6) 0% (0) 0% (0) 12.5% (1) 0% (0)	2.540	.637
The program recognizes the use of non-physical tactics of abuse.	Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree I Don't Know	0% (0) 0% (0) 0% (0) 26.3% (5) 73.7% (14) 0% (0)	0% (0) 0% (0) 0% (0) 0% (0) 87.5% (7) 12.5% (1)	4.618	.099
Offenders frequently enter the program with lengthy histories of IPV victimization	Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree I Don't Know	0% (0) 10.5% (2) 31.6% (6) 26.3% (5) 26.3% (5) 5.3% (1)	0% (0) 0% (0) 12.5% (1) 12.5% (1) 62.5% (5) 12.5% (1)	4.504	.342
Socialization plays a role in many offenders use of IPV	Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree I Don't Know	0% (0) 5.3% (1) 0% (0) 52.6% (10) 42.1% (8) 0% (0)	0% (0) 12.5% (1) 0% (0) 37.5% (3) 50% (4) 0% (0)	.745	.689
The program effectively addresses the offender's reasons for using violence and abuse	Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree I Don't Know	0% (0) 5.3% (1) 5.3% (1) 63.2% (12) 26.3% (5) 0% (0)	0% (0) 0% (0) 12.5% (1) 50% (4) 37.5% (3) 0% (0)	1.221	.748

The program is effective for offenders who claim to have used self-defence or retaliatory violence	Strongly Disagree	0% (0)	0% (0)	1.512	.469
	Disagree	0% (0)	0% (0)		
	Neither Agree nor Disagree	15.8% (3)	25% (2)		
	Agree	63.2% (12)	37.5% (3)		
	Strongly Agree	21.1% (4)	37.5% (3)		
	I Don't Know	0% (0)	0% (0)		
The program is considerate of gender specific needs.	Strongly Disagree	0% (0)	0% (0)	1.510	.680
	Disagree	5.3% (1)	0% (0)		
	Neither Agree nor Disagree	10.5% (2)	0% (0)		
	Agree	47.4% (9)	50% (4)		
	Strongly Agree	36.8% (7)	50% (4)		
	I Don't Know	0% (0)	0% (0)		

To summarize, the results of the survey indicate that the personal opinions of many facilitators who conduct IPV treatment programs align with the feminist perspective, that men are more likely to initiate violence and abuse against their partner in order to gain power and control, as well as recognizing that there are tactics of abuse that go beyond physical assault and can include additional, non-physical, events. However, IPV treatment programs are also found to operate with the same, or very similar, expectations and formats as well as provide equivalent content for both male and female offenders, suggesting a discrepancy between the policies of the programs and the reality of the lived experiences of the clientele.

This chapter presented the detailed results of the quantitative online survey, highlighting the policies, formats, and expectations of the IPV treatment programs as well as facilitator perspectives on the effectiveness of their program and their beliefs about IPV. The next chapter provides the results of Part One of the subsequent interview findings.

Chapter 5 – Interview Analysis Part 1: Program Format

In total, 10 facilitators participated in, and completed, a telephone interview. As they had already participated in the survey, further demographic information was not collected; however, summary information regarding their gender, gender of the groups they facilitate, and education/training requirements are highlighted below in Table 10.

Table 10: Interview Participants

Name (Pseudonym)	Gender	Group Facilitation (Gender)	Education
Alex	Male	Male only	Graduate degree*
Amanda	Female	Male only	Graduate degree
Gary	Male	Male only	Not specified
James	Male	Male only	Post-secondary**
Kollin	Male	Male only	Graduate degree
Laura	Female	Both (male and female)	Graduate degree
Michael	Male	Both (male and female)	Graduate degree
Riley	Male	Both (male and female)	Post-secondary
Sarah	Female	Female only	Post-secondary
Shawn	Male	Male only	Post-secondary

*Graduate degrees included Master's degrees in various fields, including Counselling, Social Work, and Educational Psychology.

**Post-secondary education includes undergraduate university degrees and/or college diplomas.

As revealed in the survey results, IPV treatment programs are often conducted for male and female offenders with similar content and expectations. Follow-up interviews with facilitators of a number of these programs provided more detailed information about the program formats and materials that they are including. Three overarching themes were identified specifically to the formatting of the program and will be discussed as follows:

standardization and common practices; program modifications and flexible practice; and future directions.

Theme 1: Standardization and Common Practices

Facilitators often reported that there are many aspects of their program that they are bound to follow and are unable to use their personal discretion. Common aspects that are often regulated include format and content requirements, criteria in which they may terminate an offender from the group, and the conditions that must be met in order for an offender to be considered to have completed the IPV treatment program.

Format Requirements

As indicated in the survey results, there was no difference in the overall format and expectations of the treatment programs for male and female offenders. All facilitators who participated in an interview emphasized elements of the program format or content used that they were required to follow. These included regulations issued from their funding source, the length of the program, requirements that fees be paid by offenders, and to deliver content that is designed to be both culturally and gender neutral.

Funding Agency Regulations

Community-based agencies that conduct the IPV treatment programs in collaboration with specialized DVCs are often provided funding or governed by a provincial/territorial body that oversee their activities. Therefore, they are often bound to follow rules and program guidelines as outlined by their funder in order to maintain their ability to provide services to offenders, as described by James and Laura.

If the department itself is designing the program, then of course their kind of modalities and their kinds of thinking are going to influence how it's made and it's going to make it a more black and white – a more clear cut thing [...] These are the programs kind of rules not our own organizations rules, but we are bound to follow them (James – male program⁶).

So we're contracted by [funder] to deliver this mandated program and they outline the provincial standards operating requirements on how to deliver this program [...] or the topics that we have to cover (Laura – male and female programs).

These mandates can be a challenge for facilitators if the offenders bring up topics or wish to talk about certain aspects that are not already part of the course materials.

Facilitators must strike a balance between addressing client needs and questions while following program guidelines in the allotted time.

We don't get a lot of time to deviate from the program itself. If clients want to talk about certain issues, we can kind of touch on it for a little while but we kind of end up with a schedule to keep when it comes to the delivery of the program itself [...] and we can't go too far off topic (Gary – male program).

Developers of the materials may have expertise in programming development and effective treatments for IPV; however, are often not the same individuals delivering the content and working directly with the offenders. Judicial responses to IPV are very neutral, often offering the same options to each individual. It appears many of the IPV treatment programs also follow a very standardized and regulated format. However, IPV is not a black and white scenario and there are many contexts and situations to consider.

Program Length

Survey results indicated that a majority of the programs (61.5%) lasted between 9-12 weeks in total. Heslop et al.'s (2016) report on male IPV treatment programs in

⁶ All facilitator quotes include a reference to the gender of the treatment programs they conduct.

Canada identified that 16-20 weeks was most common; therefore, it appears that programs associated specifically with specialized DVCs are generally shorter in length compared to the national average. During interviews, only two facilitators identified that they meet with offenders more than 12 times; however, it appears that the timeframe in which they do so is still condensed. Kollin's program consists of a few individual sessions in addition to the group, but still only lasts for three months.

Probably all together individual and group we see guys about 16 times [...] probably over three months (Kollin – male program).

Laura's group treatment lasts for 15 weeks; however, for those who may need to get the materials via one-on-one sessions instead, their timeline can be much shorter. This researcher presumes the length is reduced due to a lesser ability to engage in collaborative discussions with peers that would inevitably take more time to conduct.

So group is typically 15 sessions long at 2 hours a group [...] and then individual is anywhere from 8-12 sessions, one hour a week (Laura – male and female programs).

Almost all of the programs surveyed advised they meet for two hours at a time (88.9%). Three facilitators indicated their sessions meet for more than three hours; however, this does not mean that overall length is also extended. Amanda's program is one such example, increasing the number of hours over a shorter number of weeks.

We designed it so that it would be five full days on Saturdays and so the guys could fly in or drive in from wherever they were working or living, and they could do the program (Amanda – male program).

This method may work better for offenders who have a challenging schedule, whether it be due to employment or the need to travel longer distances to attend treatment. Laura's clients also often experience these barriers, and she suggests that a shorter more

intensive program may be better suited to the demographic she works with, an option that was once available but has since been discontinued.

Having a 15-week group for these people is really hard [...] or we would do a four-week session where they would have to come four hours every Tuesday for four weeks [...] and I found this to better suit the population's needs (Laura – male and female programs).

Kollin has speculated whether or not a condensed program would be useful for his offenders but recognizes that this vastly reduces the time that they have to contemplate and practice the materials they are provided while under the supervision of the staff.

We sometimes considered whether we could do a kind of intensive two-week everyday, get it all done while they're home from break. I think it wouldn't be quite as effective in allowing them to practice skills over time (Kollin – male program).

Even though shorter program lengths have been contemplated by facilitators, especially those working with offenders who hold irregular employment, others consider reduced timelines to be problematic. Riley and Michael reported that their programs used to be longer but have since been cut down at the direction of their funders.

The program is a 12-week program. It used to be 16 weeks and that got changed to 12 weeks. I don't think that was a good change, but it was a change and so you kind of go with it [...] And we get 24 hours with them, like 12 weeks two hours at a time. And so, there's a lot to do in that 24 hours and I don't think it's enough time [...] I think, you know, losing 8 hours of time, it may not sound like a lot but when we lost four weeks of the program, eight hours is quite a bit of group time. And we had to sort of squeeze in and condense the way we're doing things and see what's gotta go and that sort of stuff (Riley – male and female programs).

So [program] in [Canadian city] have, you know, systemically slowly been kind of reduced down in length and time. They were initially 24 weeks long when [program] was designed and then they were decreased to 16 weeks, and then a couple of years ago the [funder] changed them to a 12-week program. So, they have to attend 12 sessions, so I'm sure you understand that 12 weeks is a pretty short amount of time (Michael – male and female programs).

While scheduling can be a challenge for offenders, reduced time in group results in less opportunity for offenders to practice what they are learning and to be supervised by and receive feedback from facilitators. Additionally, condensing or eliminating content to fit into a new timeframe raises questions regarding the efficacy of treatment if offenders do not receive all materials as they were originally intended.

Fees Paid

Approximately half of all facilitators who responded to the survey identified that fees must be paid by offenders in order to attend their program. Upon review, there was no difference in whether these programs that required fees were catered to male or female offenders, or whether the treatment was implemented pre- or post-sentence. Proponents of fee requirements suggest that necessitating offenders to pay fees associated with their treatment not only keeps costs low for the judicial system but may also be an additional appropriate sanction for the offenders to take responsibility and be accountable for their abusive behaviours (Gelles, 2001). While half of the programs in this study included mandatory payments, there does not appear to be uniformity in how much each program costs, with one in particular having fairly steep criteria.

But they also have to pay. So, they have to have somehow an ability to pay our 1500-dollar fee. So that's a registration fee of 1300 dollars and two pre-group interviews at 100 dollars each (Amanda – male program).

It appears the decision to require a fee is made at the discretion of the funding body or the agency delivering the treatment. Riley and Shawn both highlight the mandatory payment of fees, yet there is often some flexibility in regard to how much this will cost each offender depending on their financial situation.

And they do have to pay fees for the program which is a mandatory requirement set out by [funding agency] that we're to use a sliding scale fee system. And so, fees have to be paid (Riley – male and female programs).

They always have to pay a fee, so having some flexibility around that both in terms of how they can pay and how much they will have to pay based on their income levels. So, somebody who is employed in a full-time position would pay more than somebody, let's say, who is on unemployment or social assistance (Shawn – male program).

It is important to recognize; however, that even if fees are considerably lowered, depending on the offenders' personal circumstances it may still pose a challenge, as described by Alex.

So, one of the things that we require is that people who take this course pay something towards it. It can be \$40, it can be \$200. We want them to put a little bit of their own skin in the game [...] and a lot of people, money is an issue. A young fellow who is living on welfare or living on the streets, \$40 is serious money to spend on himself (Alex – male program).

A failure to pay mandatory fees has potential for offenders to be deemed non-compliant with their court order; therefore, using a sliding scale and assessing each client based on their personal situations allows for a reduced chance that they will face further sanctions for non-payment. As Alex also highlighted, by investing some of their own resources into the treatment programs, there may be a higher likelihood of attendance and completion.

Culturally and Gender-Neutral Materials

As identified in the survey results, discussions about ethnic, racial, and cultural differences were rarely included in the educational components of the IPV treatment programs. Studies based in the United States have identified that many treatment programs operate with “colour-blind” procedures, assuming that the role of culture and

race does not make a difference in treating IPV offenders (Saunders, 2008). While gender-based violence is deeply entrenched in patriarchy and not unique to one cultural or religious group, there are many cultural differences that can influence an individual's perspective or beliefs that may not align with typical westernized counselling practices. Similarities to existing research are found amongst the programs participating in the current study. In order to be administered to the largest number of potential clientele, facilitators disclosed that materials they use are often designed to take a neutral stance.

The [program] was specifically designed to be culturally neutral [...] so it was designed to be able to technically be administered anywhere in the world. My region has had a surge of new Canadians, and a lot of them tend to be staying in the area and eventually some end up in our program and their English isn't the strongest. So, what we end up doing there, we administer the program as per usual because the majority of our community is Caucasian (Gary – male program).

The challenge that we face sometimes is if we were to tailor specific things, it would also have to be so detailed and so specific to a specific group that, you know, I'm not sure how we would run that [...] What we've decided is to say ok what are the common elements regardless of their ethnic backgrounds? So, things like, you know, the role of men and those kinds of things (Shawn – male program).

Facilitators did not elaborate on the specific content that makes the materials “neutral”; however, James reported that his program is considered as such because it does not have a lot of cultural variation included within it, even though they see a variety of offenders from various cultural backgrounds. In other words, there's an active omission of diversity.

We have seen an uptick in students coming from Egypt, coming from India, these kinds of places where there might be language barriers, there might be cultural differences. The program we run, in training we're really taught that it's kind of culturally neutral. There's not a lot of cultural touchstone in it (James – male program).

The population size of the jurisdiction they are operating in may play a role in the ability, or inability, to offer culturally specific programming should they wish to. Locations with a smaller population may be unable to host programming catered to a specific demographic due to low numbers of referrals from that particular group.

And we don't have ways of running culturally specific group and so on. I know [Canadian city] has a few of those because of their population size, but we don't (Michael – male and female programs).

Alternatively, even though topics such as “gender roles” *were* included in many treatment programs, facilitators described that like culturally relevant materials, content was also expected to be gender-neutral and applicable to both male and female offenders.

So, the [funder] that regulates [program] sort of expects the same curriculum to be applied to both men and women (Michael – male and female programs).

The intent behind maintaining a neutral stance towards treatment content is to accommodate as many offenders as possible. However, like challenges identified in having to follow funding regulations and being unable to discuss alternative needs clients bring up, content is also unable to be catered to a particular demographic that may require additional or different materials.

Ineligibility for Treatment

In addition to standardized formats and content of the program, there are often specific criteria in which facilitators can deny entry into programming or make the decision in which to expel an offender from the group. Within the survey, all facilitators identified that a removal of an offender happens infrequently, less than 25% of the time. However, in the rare occurrences in which this does happen, a complete denial of the

incident or noncompliance with program expectations were the most frequent reasons as to why this decision would be made.

Denial of Incidents

IPV treatment programs expect offenders to take ownership and be accountable for their abusive behaviours. Previous research has indicated that many men will often begin treatment programs minimizing or denying their role in the reported incident (Davis et al., 2014); however, in the current sample it appears any initial outright denial by offenders is considered worthy of expulsion or refusal to admit into treatment. Facilitators reported being allowed to expel clients from group if they claim the allegations against them are entirely false, or if they refuse to acknowledge their behaviours and instead concentrate solely on the actions of their partner.

If someone is walking in the door saying “I have done nothing, this is all the police, this is all her, this is all child welfare making this up” they are not admitted into the program (James – male program).

If somebody comes in and will only talk about what their partner does to them, eventually they’re going to be pulled from group (Michael – male and female programs).

And then you have people who are – their level of responsibility is very limited to almost non-existent. If it’s non-existent we don’t even work with them because then they most likely will say “well it didn’t even happen that way that it was described in the report”. So, then we’re saying “well if you deny the allegations, which is fine, but then you’re not a candidate for our program and you need to deal with the matter in court”, so they won’t even be eligible (Shawn – male program).

Amanda also reported that her agency will occasionally get calls from individuals who are proceeding through the court system but are planning to, or already have, pled not guilty to the charge(s). A not guilty plea in this scenario denies responsibility for the

incident but contacting the treatment program appears to be an attempt to gather mitigating circumstances to reduce sentencing conditions in the event the court ultimately convicts them of the crime.

If they're going to trial – some guys will call us and say “you know, my lawyer thinks that it might be a good idea for me to do this program so I have it in my back pocket when I go to court” and that kind of thing [...] our experience with that is the guys don't say anything because their lawyer says “just go and sit in the back of the room and don't say anything because, you know, we don't want the prosecutor to subpoena your file or testimonial from the facilitators or anybody” (Amanda – male program).

For many referrals into IPV treatment from a specialized DVC, programming is either conducted following conviction and sentencing, or pre-sentence with a voluntary guilty plea from the offender. To enter into treatment following these legal procedures and begin to deny the incident would be considered a serious contradiction.

Non-Compliance or Lacking Participation

Facilitators of both male and female programs reported that it is important for offenders to actively participate in group treatment sessions. Non-compliance with program expectations is noted in the literature as a challenge to many treatment programs (Garcia & McManimon, 2011) and continues to appear as an occasional limitation in the current sample. Offenders who do not necessarily outright deny the allegations but choose to remain silent and refrain from contributing may also be dismissed from the program.

If somebody were to come in and say “I'm not going to talk” they wouldn't complete (Michael – male and female programs).

I can dismiss people from the fact that they're not participating at all to, you know, they're not showing up on time consistently (Sarah – female program).

Additionally, offenders who attend but are otherwise disruptive or disrespectful to other group members or the facilitators may also be asked to leave.

It's rare that we say that somebody can't continue in the group, but we've had guys that have come that have been maybe high or something or have used really offensive language in the group itself, then the facilitator makes decisions about whether that person should stay in the group or not (Amanda – male program).

A refusal to actively participate draws question to the level of engagement and commitment. In a group setting, one offender refusing to speak or causing disruptions to the group may cause others to guard their own responses resulting in less collaboration and respect.

Completion Criteria

Even though dismissals from treatment can be made due to denial of responsibility or non-compliance with program guidelines, survey results identified that most facilitators reported a large majority of their offenders (more than 75%) successfully complete the IPV treatment program. Interview discussions with facilitators shed additional light on what criteria must be met in order for offenders to pass the program. All of the facilitators who participated in an interview reported that their programs are ultimately assessed on attendance levels. Further information also revealed that some facilitators offer a certificate of completion as well as provide a written report describing the offender's attentiveness to treatment that may be shared with judicial or other supervisory staff.

Attendance

Every facilitator working with both male and female offenders reported that completion of their program is primarily based on attendance and that clients must have

been physically present for all required sessions. As indicated in the survey, offenders are often allowed one or two unexcused absences without their participation being called into question. For programs that are generally shorter in length at 12 weeks or less, one allowed absence appears to be the accepted norm as described by both James and Gary.

So truthfully within the program itself, it's purely attendance based [...] it's 9 out of 10 sessions completed and that's what we're using as kind of a pass/fail (James – male program).

It's showing up and completing eleven of twelve weeks (Gary – male program).

Even though a number of facilitators identified that denying the offence or failing to contribute to group discussions are grounds for dismissal from the program, it appears that degree of participation may only be required to be minimal, as described by Alex.

Typically, if they've sat through 16 hours of connection with me, if they've at least – to measure it with their ability – made or had some connection in the group and talked, then they've passed [...] They've got to sit there for the whole, and be able to stay sitting in the same room with me for 16 hours and if they can do that, then they're completed (Alex – male program).

Facilitators also report that there is generally an inability to determine if offenders have truly internalized the program materials and made positive changes before they are discharged from treatment. Michael mentioned that he eliminates certain words when describing an offender's completion, and Kollin often relays to others that participating in the program does not necessarily mean the offender is “cured” of their abusive behaviour, or that they even recognized that their actions were abusive.

They have to attend 12 sessions now to complete. We never use things like “pass” or “graduate” [...] We never want to insinuate that their participation in the program indicates they have solved the problem, that they're no longer abusive because we don't really know (Michael – male and female programs).

And we've been very clear with social workers that attendance is not cure, you're going to have to do some investigating to see whether you believe that it made a difference (Kollin – male program).

Sarah highlighted her concerns around the concentration on attendance and that there is no requirement to ensure that offenders are leaving the group with new skills or a changed attitude towards IPV.

[...] but ultimately, it's about numbers and that's what perturbs me more than anything. I try and provide quality as much as possible but ultimately, you finish the twelve weeks and you're good to go. You may not have learned a damn thing, but you're good to go anyway and you've passed it (Sarah – female program).

Overall, facilitators are reporting that while attendance is necessary, offenders are not required to participate more than a minimal amount. Social desirability has been noted as a limitation in a number of studies, where offenders may present themselves in a favourable light in order to reap the benefits of completing a treatment program (Davis et al., 2014). As offenders are often not required to demonstrate ways in which they have changed their behaviours beyond the treatment program, it is possible that they may present “good behaviour” while in treatment and in the presence of facilitators. Especially for programs that are shorter in duration, it may be difficult to detect problematic behaviours or continued use of abuse tactics outside of the treatment sessions and further assessment may be required by other professionals.

Completion Certificates

As confirmation of completion of the program and attending all required sessions, a number of facilitators offer a certificate to the offenders as documented proof that they have attended and met the basic requirements of the program.

One of the things we just started doing was giving them, you know, completion certificates. Nothing really overly fancy, but just

something with their name on it, with my signature on it that says you've gone through this program (James – male program).

Yeah, they get a certificate at the end that is just completion that they've put in the hours (Kollin – male program).

Especially for offenders who attend the program post-sentence or are members of shorter treatment programs that do not require periodic judicial review, these certificates can be used as evidence provided to the court and other judicial staff that they participated in the program and were deemed to have completed it.

What we do is we give them a certificate at the end of it, we suggest that they take a copy to the lawyer or the Crown [...] yeah, the group kind of decides and the people decide for themselves if they get the certificate. You know, they get a certificate that says they sat for 16 hours with me and didn't leave, didn't quit, or punch me out (Alex – male program).

While judicial or other supervisory staff may accept this as proof of completion, as facilitators mentioned previously, it does not necessarily mean that the offenders have changed their behaviours once they are no longer under supervision or have recognized that their actions were wrong.

Reports

Even though attendance is the main criteria, some facilitators advised that they are offered the opportunity to submit more detailed reports to the court. This appears to primarily be allowed regarding offenders who are participating in a pre-sentence treatment option where ongoing judicial monitoring and updates are more often implemented. James reports that these documents can be extensive, including the offenders' own perspective on what they gained from the program as well as a scoresheet from the facilitator and their personal notes regarding the individual.

The folks coming through the domestic violence court then need to do an exit report that goes back to the court itself. So that's kind of the courts take on "what did you get out of this program?" As part of that, we as facilitators actually score all of our participants individually per session [...] we send that back to the court along with their exit report, we send back our facilitator's notes (James – male program).

Gary also reported that he is given opportunity to evaluate the offender and provide that information to the court, highlighting that his, and fellow facilitators, comments can have significant impacts on the final disposition.

We get a section on our evaluation to provide facilitator comments and that tends to carry a lot of weight with our court [...] and then we get our – there's a section where they get a blank spot to say whatever they want, and we get our section as facilitators too to kind of add our overall view on how we felt the client performed (Gary – male program).

What this means is that, for offenders who have not yet been sentenced prior to attending an IPV treatment program, the comments of the facilitator can have an impact on the final disposition. Even though participation is often required to be minimal, if the offender has not outright denied the allegations or failed to comply with treatment expectations but has exhibited other problematic behaviour or attitudes that do not meet the threshold for expulsion, the facilitator may still report such issues to the Judge.

Theme 2: Program Modifications and Flexible Practice

Even though there are multiple elements of the program that facilitators identify as compulsory, all facilitators who participated in an interview also emphasized ways in which they have some flexibility in how they administer the treatment program to the offenders. Facilitators described ways in which they can use their discretion in the delivery of program content, address personal needs of offenders, allow flexibility in welcoming back individuals who have re-offended, and the delivering of course

materials one-on-one to offenders who otherwise would face challenges participating in a group format.

Flexible Content and Delivery

As indicated above, facilitators highlighted many aspects of their program and its content that are mandatory; however, there is identified to be some flexibility in *how* the materials are provided. Oftentimes, facilitators have some discretion in deciding which teaching method or program design will be most appropriate for the offenders in their group. Additionally, even though many programs are ultimately designed to be neutral, there is an allowance to integrate culturally relevant information when necessary.

Method of Choice

As identified in the survey, Duluth-based, CBT, and narrative therapy were the most common methods of treatment used; a similar result identified in previous literature regarding the most frequently utilized approaches. There are often mandatory topics or materials that must be covered; however, facilitators noted that they are occasionally allowed to use their discretion in deciding which method of delivery will be used to cover the content. Laura described how she can pick the overall style of treatment used.

So how we cover that is up to us. So, we use CBT or narrative therapy or existential or art therapy, that's up to us (Laura – male and female programs).

Others did not appear to have the same degree of freedom in choosing the general treatment method; however, had the ability to make modifications or add additional information depending on how the offenders were responding.

And then we pepper it with our own kind of – we get a feel for the group so a lot of time on solution-focused or certainly strength-based approach and some compassion in there (Sarah – female program).

Riley also described his ability to eliminate certain activities if he did not think they would be useful to members of a particular group.

I want to be creative in how I – so they'll have mandatory topics that we have to cover but they let us use our own creative way of doing that. And I like that because I don't – for example I wouldn't want to have role plays imposed (Riley – male and female programs).

Lastly, facilitators believe it is also important to ensure the materials remain relevant to the offenders. James discussed the balance between discussing theoretical and technical aspects of the information but then putting it into a real-world perspective and using examples that offenders could relate to.

We do a lot of, almost storytelling. We go through the material in the books and then we talk about real world examples. You know, how does this affect your real life? And putting it into that practical way really helps them see how it will affect their day to day (James – male program).

The ability to select the overall method may not be awarded to many facilitators; however, as staff have demonstrated, they have some creative licence in order to ensure that offenders are receiving the information in meaningful ways to them. Eliminating activities that may be too uncomfortable or challenging for offenders and rephrasing or reframing technical language into laypersons terms may help retain client's interest and engagement with materials.

Cultural Considerations

Even though it has been previously described that program materials are often designed to be culturally neutral, facilitators are recognizing the diversity of the offenders and often have the ability to incorporate or elicit discussion about elements

relating to various cultures. For example, Alex highlighted the need to acknowledge that some forms of communication or behaviours that are designed to show respect are not universal.

One of the typical things that comes up is that we have a fair amount of Native people that come through. And we talk a lot about eye contact as a way of connection, but we also have to respect that some cultures eye contact is a very disrespectful thing to do (Alex – male program).

To foster ongoing learning for all offenders in the group and to encourage recognition that Indigenous peoples make up large components of many Canadian communities, Laura has fortunately been able to integrate additional content into her groups regardless of the demographic make-up. Additionally, Kollin recognizes that Indigenous clientele also have other ways of knowing that should be taken into consideration.

When it comes to Indigenous populations, so we do integrate at every group Indigenous ways of knowing [...] and invite elders to group to explain the culture [...] and that is whether an Indigenous person is in the group or not, we do that no matter what (Laura – male and female programs).

Certainly, my Indigenous clients are more likely to have in mind what other people think of them and what they can learn from their elders and those kinds of things, so I do try to pay more attention to that (Kollin – male program).

When referrals have included a large number of Indigenous clients, James has been able to deliver the treatment program remotely on the nearby reserve where individuals in that jurisdiction often reside. To accommodate their needs, a fellow colleague also attends to translate the materials into their traditional language for those who prefer to communicate in their mother tongue. It should be noted; however, the content of the information does not change.

We haven't had to make a whole lot of modifications when it's a few folks in a group, but we are now running some groups on reserve [...] Our facilitator is kind of having the conversations in English and then that facilitator is then translating into [traditional language] and talking about the concepts in their first language (James – male program).

In addition to Indigenous populations, many IPV treatment programs also work with offenders from a wide variety of other cultures and ethnicities. Even though Michael previously reported that his program content is designed to be neutral, and the program manuals do not include culturally sensitive topics, he continues to work with offenders who have emigrated from other countries and, at the very least, tries to take time to include conversations with them about their cultural backgrounds.

Well probably in every group there's always people who have immigrated to Canada, so they've lived in other countries. So, I think we're always inviting people to talk about their unique culture, you know, when it's their unique culture, like what they think and believe (Michael – male and female programs).

While it is encouraging that the diversity of group participants is recognized, there remains a disconnect between the observations of facilitators and the program manuals and materials that promote neutrality and the same content for everyone.

Accommodating Needs

Offenders entering IPV treatment programs are rarely uniform, they present with their own personal needs, experiences, and situations which can occasionally be a challenge in attending group sessions. Facilitators reported that both scheduling requirements as well as the ability to provide sustenance are factors that often need to be considered.

Scheduling

IPV treatment programs, like many other in-person training programs or courses, are routinely held at the same time, place, and for the same duration each week. While this is often helpful for those who need to stick to a particular schedule, it can be problematic for offenders who work shift work or on an alternate timetable. Sarah acknowledges this occurrence within her group and describes how the agency accommodates this need.

So, if I have someone who can't come in because they work shift work or whatever then we'll make accommodations and we'll do one-on-one (Sarah – female program).

Alternatively, Kollin's program may allow the offender to come to group when their schedule allows, requiring them to attend the same number of sessions as any other client, but doing so over a longer period of time.

So far, the most successful we've been is just expanding the time and letting them drop in and out of groups when they're in town [...] It may take sort of four to six months to get through the material that way (Kollin – male program).

Another aspect that may often go unconsidered is that individuals are often expected to attend court in the jurisdiction in which the crime occurred, even if that location is a place the offender was visiting and does not otherwise reside. Especially for rural residents who may have to travel lengthy distances to access services in larger urban centers, weekly travel times that are longer than the group session itself can be challenging. Amanda describes how her program tries to alleviate some of this difficulty.

We designed it so it would be five full days on Saturdays [...] for some guys it's not that they work away it's just they live away and they happened to commit the offence and be charged in the [Canadian

city] domestic violence court, but they may live in a community two hours away and so our program addresses that need (Amanda – male program).

Offenders who hold employment or who live in areas far away from the location of the treatment program may face increased challenges in attending on a regular basis. As demonstrated, facilitators are willing to accommodate this need; however, it often results in increased time taken to complete treatment. For some, this can result in lengthier times that offenders are bound by judicial conditions and supervision.

Refreshments

In order for IPV treatment programs to be effective, facilitators also often highlighted that offenders must be comfortable, ready to engage with others, and be prepared to be vulnerable. One way in which to begin supporting the offenders in this process is to offer food and other refreshments to make the atmosphere appear less formal and more inviting.

You know, feeding them, like we try to really engage them so that they enjoy coming (Laura – male and female programs).

For offenders who experience vast social disadvantages however, steady access to food can be a challenge. It is difficult to participate in and concentrate on higher-level activities if basic needs are not being met. Riley offers vouchers to offenders who lack food security; however, these are not always available to his agency and cannot be relied upon.

Now I had some food cards that we can give out to clients in need. We don't always have them but sometimes we have them (Riley – male and female programs).

Offering refreshments may seem a simple solution in encouraging the offenders to feel relaxed. However, Sarah highlights that even though they're able to offer a little to their

clients, there can be barriers in purchasing or donating snacks due to stereotypical assumptions and negative perceptions of the offenders due to the reason for their attendance at the agency.

We already order coffee and stuff, but if we would offer a bit more. It's funny because, you know, we offer different things. Like, we have a [group] which is a growth and connection group and a lot of times somebody wants to bring in muffins or something. And it's almost like [IPV program] is like "they don't deserve that, they're bad" (Sarah – female program).

While providing refreshments and arranging the setting of the IPV treatment group to appear less formal and more inviting is not part of the expectations of the program or part of the required materials, facilitators are demonstrating that they try to operate from a client-centered approach. Financial resources are often extremely limited for many community-based agencies; therefore, budgets to provide food and coffee are likely very small, if existing at all.

Repeated Treatment

Even though facilitators reported in the survey that more than 75% of the offenders successfully complete programming, they also emphasized during interviews that there is very little to no assessment as to how much the offenders have internalized the materials and made changes to their life to refrain from using violence and abuse in the future. In the event that they have not done so, there appears to be a willingness to accept the same individual multiple times if they continue to re-offend.

Allowable Attempts

While the literature on the use of IPV treatment programs frequently highlight concerns around high rates of drop-out or a failure to take the information seriously,

there is a dearth of research surrounding allowances to admit the same offender multiple times if they continue to re-offend. During interviews, Shawn, Alex, and Michael all summarized their policies around accepting these individuals, even indicating that the number of attempts to complete the program can be fairly high.

We have had somebody, or a number of clients, who have been re-referred to the program even though they have re-offended (Shawn – male program).

But the court system will allow me to work with the same person if they come back two or three times. They're still saying "we'll put them through that process again" because if they don't learn the one time, they have some faith in people, they don't give up on them. Now, we have a policy that people who have taken the course once are welcome to take it again for free (Alex – male program).

And these guys keep coming back, the ones who come back a lot – I just sent an email yesterday about a guy who is being referred again and he's already been referred here five times – I think seven times because two of the times there was no date of birth in the record so it's probably him, so it's probably seven times. So, this will be eight (Michael – male and female programs).

As is alluded to by Alex, the general belief is that programs can still be very beneficial, but that sometimes it can take more than one attempt for the offender to internalize the materials and make positive changes in their lives. The definition of "success" has differed within many reports on treatment. Gondolf (2002) highlighted that some practitioners expect a complete cessation of violence whereas others have reported reductions in violence as grounds to show program effectiveness. Both Michael and Gary share opinions similar to the latter, emphasizing that their clients continue to learn new things each time they return.

To be honest there are times when somebody comes back a second or third time and they do really well in that second or third time (Michael – male and female programs).

I think our highest for a client has gotten, like, eight plus referrals. But it's kind of the mindset that we need to take with them of they learned something last time, hopefully this time they'll learn a little bit more and next time we see them it's because they want to be seen, not because they have to be (Gary – male program).

While an eventual reduction for the propensity for violence is a positive step, research shows that victims of IPV are more likely to be willing to reconcile a relationship if their abuser has participated in an IPV treatment program (Feder & Dugan, 2002; Garcia & McManimon, 2011). If offenders who have completed such treatment continue to re-offend either against their initial partner or within a new relationship, the existence of the program may inadvertently offer the victims a false sense of security when in fact they are still at a high risk of victimization. Additionally, Bennett (2012) highlighted that one of the intentions of the specialized DVC was to reduce the number of repeat offenders coming through the judicial system; yet with common practices to allow the same individual entry multiple times, it appears this may not be a reality.

Individual Program Delivery

Facilitators frequently noted that there are often scenarios in which offenders are referred to their agency for treatment, but various circumstances may prevent them from actively participating in or feeling comfortable in a group setting. As these offenders are attending treatment as a condition mandated by the judicial system, there is increased pressure to deliver the program regardless of challenges they may face in doing so.

Facilitators described many scenarios in which they have the ability to offer the treatment program content one-on-one, as opposed to in a group, for offenders facing barriers. Common criteria in which an individual would be transferred out of a group, or immediately placed in one-on-one treatment include the presence of cultural barriers,

safety concerns due to identity, and the nature of being a female offender of IPV. While the decision to offer individual treatment is often made for understandable reasons, there is also a large discrepancy between the benefits and usefulness of in-person group treatment versus alternative delivery methods.

Cultural Barriers

As described previously, IPV treatment programs are often reported to be culturally neutral which may also result in the inability to offer course materials in a language other than English. For offenders who are not fluent enough in English to keep up with the information, or have recently emigrated from a non-English speaking community, this can cause barriers to participation in treatment. Riley and Sarah both noted that in their programs, if such challenges occur, individual sessions will be offered instead, and the offender will be extracted from the group format.

In terms of minorities [...] I mean they are fine in a group generally unless it's a major language barrier in which case then we will often do them individually with an interpreter (Riley – male and female programs).

If the culture is getting in the way or if there's a language barrier and stuff like that, we can do individual [program] (Sarah – female program).

While not specifically identified by facilitators, it is suspected that language barriers may not be fully resolved through the use of an interpreter. As program content is still being initially presented in English, words and phrases may not translate in a meaningful way to an offender who speaks a different language or is from a culture with diverse belief systems.

Identity and Safety Concerns

IPV impacts everyone, regardless of gender and sexual orientation. During interviews, facilitators were asked if modifications had to be made to cater their treatment program towards members of the LGBTQ2S+ population. Some facilitators noted that offenders with various orientations often fit into the group perfectly fine and have no trouble using the same information and materials. However, Riley highlighted that in his experience, members of female programs have been far more accepting of individuals with diverse sexual orientations whereas men have been more hesitant to contribute or refrain from disclosing their orientation to other members, essentially hiding their identity.

So, in the women's groups we will almost always have someone where it's a same-sex relationship. They fit into the group just fine. I've never had one minute's problem with any woman being judged or treated differently based on that. The women are completely accepting of that, it's fine. We hardly *ever* get a referral for men. I don't know why, but we do occasionally and we generally at intake, we sort of look at how comfortable they are with everything, and we look at how they want to sort of manage that. And so, most of the time we've just put them in a regular group and most of the time they've never self-identified, they've just said "my partner" (Riley – male and female programs).

For offenders who are uncomfortable in the group setting or if the facilitators feel the group is not a good fit, the modification often made is to allocate them into individual treatment instead, as Michael described.

If it's somebody from the LGBTQ community it's typically individually done, their program. Unless they really want to do a group and we've had a few people who wanted to do the group and it's gone very well, but in most cases it would be one-on-one (Michael – male and female programs).

As Riley began to describe in the above quote, there can be some concerns around discrimination or hostility towards offenders who do not share the same identity as other group members. Laura also emphasized that her program's rationale for placing members of the LGBTQ2S+ community in individual sessions was largely due to the offenders' preferences and a sense of personal safety.

We had an incident last year in which we had a man identify as a homosexual and we knew that we couldn't put him in the group simply because we knew that there would be some [...] bias against him and again, even some aggression and we felt that we needed to protect his safety (Laura – male and female programs).

Facilitators emphasized that their programs specifically cater to male and male-identified, and female and female-identified clientele, recognizing that gender is a social construct. However, for individuals with identities that are nonbinary or those still in the process of transitioning, this also poses a challenge that results in individual treatment sessions being offered instead.

We have had where there was, like, someone transitioning from male to female. We did them individually just for their comfort level [...] they said they were transitioning but weren't fully transitioned, but they were now going by a female name but they still had the lower parts of a male. And they said "[...] I wouldn't fit in the men's group [...] and I don't want to make women uncomfortable either" (Riley – male and female programs).

The attitudes described are indicative that, in this sample of IPV treatment programs at least, there is much more hostility or preference to hide one's identity in the male programs if it differs from the mainstream. Participants of female-centered IPV treatment programs appear to be much more accepting which results in less need to transfer offenders of these groups to individual sessions due to safety concerns.

However, this is not the only reason why women may be diverted, an aspect to be discussed further.

Female Offenders

While IPV treatment programs catered towards female offenders are in circulation, the researcher did not locate as many programs affiliated with specialized DVCs for women in Canada as there are for men. This trend appears to persist when also looking at the overall rates of referrals for female offenders versus men. Riley and Michael, who both work with male and female clients in their respective agencies emphasized that overall, they see far fewer female offenders than they do men.

So, with the women – now first of all the women’s groups tend to be smaller, just not because we plan it that way but there’s less referrals right? And so, a women’s group is more likely to have, like, eight or nine women. And a men’s group is more likely to have sixteen, seventeen (Riley – male and female programs).

I’d say about 15-20% of our clients are women, maybe 15% (Michael – male and female programs).

This lower referral rate may influence the ability to run groups on a consistent schedule. While some jurisdictions are able to offer women’s groups, as identified in the previous section, many others are limited due to low uptake in referrals. One of the principles of the specialized DVC is to provide swift access to interventions as it is necessary to enter the offender into programming while they are still motivated and receptive to treatment (Tutty et al., 2008). Laura describes this scenario as a reason as to why women are often referred to individual treatment instead, because otherwise they would be waiting far too long to gather enough referrals to permit hosting a group.

So once they come to us, if it’s a female they go right into individual counselling because we don’t have a co-ed or a female group anymore. There are just not enough participants [...] And it really is a shame

when it comes to women. We always sit there and think “we gotta do a women’s group, we gotta do a women’s group”, but in order to do a women’s group, like if someone gets referred in March and we start the group in August, it’s not fair to that person right? (Laura – male and female programs).

Alex, who primarily works with men, also stated that on occasion he will receive a female, or individual who prefers to be identified as a female, seeking treatment at his facility. Due to low numbers, the staff will work with the client but like Laura, it will be done individually.

What we’ve done in the past when we have female people, or people who show as female, we can work with them one-on-one to help them through the process (Alex – male program).

Research has shown that intersections such as race, class and ethnicity more frequently impact women and lead to increased needs for more social supports, childcare, education, and employment training to name a few (Larance et al., 2019). Sarah was the only facilitator who participated in an interview who works solely with female offenders and described additional scenarios in which women may be offered individual sessions instead, one of them being challenges around finding childcare. Previous recommendations made to ensure programs are more women-centered are to include assessments and considerations for these intersecting hardships that predominantly impact women (Larance et al., 2019). While Sarah understands these challenges and makes allowances for her offenders struggling with childcare requirements, she also acknowledges that this would not likely be something the funding agency would approve of on a regular basis as it strays from the gender-neutral rules.

[Funding agency] probably wouldn’t appreciate it, but if there are childcare issues then sometimes we can make up that session one-on-one or I give them whatever papers we had (Sarah – female program).

The need for reliable childcare also extends into potential contact and ongoing conflict with their child's father or ex-partner, especially if they do not have any other friends or social supports who can offer assistance.

So off hand, yes childcare happens often enough and so what then is created is potential contact with ex-partner so they can look after. And then what happens is, if ex-partner is manipulative or resentful then they'll say "no I'm not looking after them, figure it out". And if they don't have a lot of supports, so then again that comes into play, and if it's that detrimental then we will do one-on-one, we'll do individual [program] (Sarah – female program).

A manipulative or abusive partner can also impact a woman's ability to attend treatment sessions consistently, or on time, which can also result in a transference to individual sessions in order to accommodate these scheduling challenges.

Another obstacle would potentially be if, again, manipulation on the partner. So, if she's still with partner and the no contact order has been lifted and they're together, I have certainly heard of partners being controlling in terms of not being able to attend or not being able to attend on time, or you know "I have to go right now because he's waiting for me" (Sarah – female program).

As a result, not only are women more likely than men to be diverted into individual sessions due to lower referral rates that prevent running a group, intersecting experiences that impact women more than men also influences the ability to attend a scheduled group session. Even though survey results identify that program content is extremely similar for both male and female clients, it appears the ability to participate in the first place can be highly gendered.

Challenges in Alternate Delivery

Facilitators speak about the ability to use one-on-one treatment with individuals who may have challenges in a group setting, and in one respect this could be viewed as an appropriate modification that allows the agency to continue working with all referred

clientele regardless of their demographic. However, research has revealed that group treatment is considered to be more effective than individual counselling due to the in-person support offenders receive from their peers in the group sessions (Cissner & Puffet, 2006). Numerous facilitators who participated in interviews mirrored this finding, explicitly stressing that one of the most beneficial aspects of their treatment program, for both men and women, was the encouragement the offenders received from others and realizing that there are other individuals with similar issues and experiences as themselves.

They really appreciate the ability to work in a small group with other men who can support them (Amanda – male program).

I think ultimately once the group kind of forms itself they appreciate the ability to find support because often they will find someone who has a similar story (Sarah – female program).

They discover they're not alone in facing problems and facing these struggles that relationships create (Alex – male program).

They'll talk about being able to share, which is one of the things they dreaded but when they actually do it, being able to share with the other participants who are in similar circumstances as theirs that they are really – they've appreciated that opportunity (Riley – male and female programs).

Well guys really appreciate the group aspect. They feel like it's a safe place to talk about things. It's generally their first experience of kind of male conversations about emotional issues and justice issues (Kollin – male program).

The guys tend to get a good back and forth with each other and it kind of helps them realize they're not the only ones that have made the mistakes they had. And it kind of gives them their own small community instead of feeling isolated and ostracized which is generally the normal practice when it comes to domestic violence (Gary – male program).

Even though there may be very valid reasons for removing an individual from the group sessions, offenders receiving one-on-one treatment do not obtain the benefits that come with group sessions even though facilitators highlight that peer support is one of the key features that makes these interventions successful. On the contrary, Laura described that participation can be more difficult to encourage in individual sessions, and that there is a perception that the facilitator holds a power position over the offender rather than fostering a collaborative environment.

Yeah, because we do see in individual sessions they're not as engaged and they don't learn as much. They do not seem to learn as much [...] It sounds more like the counsellor is preaching to them so there's a little bit more resistance coming from the client. They don't hear the commonalities, or they don't hear other people's stories (Laura – male and female programs).

At the time this research was being conducted, COVID-19 was running rampant throughout the globe and facilitators and agencies were desperately trying to find innovative ways to continue providing treatment to offenders while no longer being allowed to gather in person. As unfortunate as this situation was, this researcher considers that further information was gathered in support of hosting in-person group treatment over alternate or remote methods, and facilitators were not generally supportive of using these distance or virtual options in the future unless absolutely necessary. Kollin was in the process of providing treatment online using live video options but referenced challenges that come with managing individuals remotely.

It's been harder sometimes if you have kind of an unruly group where you have somebody dominating in a group to kind of manage the tone of the group over Zoom [...] and it's a little harder to have the impact of the other guys around you when all you see is a little picture on the screen (Kollin – male program).

Alternatively, Sarah's agency was completing treatment via distance learning, physically printing out information and arranging pick up and drop off schedules with offenders in order for them to complete the program. However, this comes with no ability for the facilitator to easily supervise the client's progress.

We've printed everything out, we've put them in binders, and they've picked them up and now they have those. So, their responsibility is to either bring it back and put it in our mailbox [...] or send it back by email [...] So that's going to be a challenge in terms of trying to keep them on task and on time (Sarah – female program).

Sarah also stressed that remote learning can be a challenge for women, especially if their partner is abusive and their home life is potentially an unsafe space to be. In-person group treatment can assist in breaking barriers of isolation that these women may otherwise face.

So again, I think this brings it back to isolation [...] Challenge is if she's still with partner, you know, and has to do [program], so what's that going to look like? What's happening there? At least if, you know, you're out of the house and you're in group then you're safe in that sense (Sarah – female program).

Facilitators all appeared to agree that in-person group formats are the most useful setting for effective IPV treatment. Individual sessions may inadvertently result in an imbalance of power between offender and facilitator, reducing participation levels. Additionally, virtual group treatment also poses challenges; the physical separation of offenders and the use of computers and webcam's can be a barrier to feeling true connection and engagement with others.

Overall, while the reasons often provided for placing offenders into individual treatment are understandable, it appears that most of the individuals who are at an increased likelihood of being referred out of the group format into one-on-one sessions

are those who are already at an increased social disadvantage and experience more intersecting hardships: cultural minorities, LGBTQ2S+, and women. Programs are therefore not readily equipped to address diverse needs. It is a rare occurrence that a Western heterosexual white male would be offered individual programming, upholding the reality that IPV intervention programs were designed specifically for this population. This researcher is mindful that facilitators also shared concerns about the diversity of the group members and their (in)ability to offer inclusive programming, an aspect to be discussed in the following section.

Theme 3: Future Direction

As a concluding question to the interviews, facilitators were asked, in a perfect world with no restrictions, what they would like to see for their program moving forward. The question was presented in a way to allow the facilitators to describe elements they wish could be improved upon as well as aspects of their program that they believe are useful and should be expanded. Interestingly, no facilitators took this opportunity to discuss beneficial features and instead, all highlighted things they wished to change or improve upon. As there was no limitation on what suggestions could be, responses were vast; however, a few ideas relating to ideal changes appeared to share consensus among multiple facilitators and will be described in further detail.

Ideal Changes

As indicated, facilitators were asked about what changes they wished to see in their programs moving forward, whether there were useful elements they desired to see expanded or if there were missing pieces they felt need to be included. All facilitators

recommended areas of improvement, with the most common centered around the need for increased resources and staff allocated to their programs; including more trauma-informed approaches to working with the offenders; requiring some maintenance or follow-up for offenders when they have completed the program; and to change the program format into a differentiated approach to address various needs and risk levels more effectively.

Increased Resources

The facilitators all reported that post-secondary education in the social services and counselling fields are requirements to be hired to conduct the IPV treatment programs; however, education requirements do not always include prior training in IPV intervention specifically. For some, this training must occur while “on the job”, as described by Riley.

There isn't a specific training just for [program] facilitators though. Like, we just kind of train people on the job essentially, like, there isn't a specific course that's just on being a facilitator for the [program] (Riley – male and female programs).

For others, this training is not held within the individual agency and instead is dictated by provincial/territorial standards. However, frequency of training does not always meet the demand, with Gary specifically referencing barriers to accessing the education they need.

In the practical world I would be very happy with expanding our staff and being able to get more training. It's incredibly difficult for us to get trained in the [program]. I think there is – and this of course is also very opinion based – I think there's a lot of political red tape perhaps going on that's preventing us from getting trained [...] It's reached a point where there were multiple meetings asking for new training sessions and they just kept saying “no” (Gary – male program).

Alex was also concerned that there are not enough individuals to take over the program when more experienced facilitators, such as himself, are ready to retire or reduce their workload.

I'd like to have other people trained and ready to teach the course. I'm an old guy and we need other people. I'll get burned out by it some days, just how things work (Alex – male program).

Amanda described that training for her program's mode of treatment is not necessarily available in-house or even within her jurisdiction, with education needing to be accessed from elsewhere in Canada. This, and a lack of professional development opportunities are considered areas in which she believes resources must be enhanced.

Most of us have studied narrative therapy in our graduate training or through the Vancouver school of narrative therapy [...] I would like to have maybe a bigger pool of cofacilitators. As it is now, we subcontract out that cofacilitation and it would be nice to have a bigger pool, whether you know, in staff like our regular staff, somebody in-house that has that training. So basically, more access to training for more narrative therapy for our facilitators. Sometimes we struggle getting facilitators that have that training. And more professional development funds for me to go and talk about this and keep learning and keep bringing some new ideas to the program [...] I would like to have the ability to go to conferences [...] I think it's important for us to get new ideas and to keep things from getting stale. (Amanda – male program).

As Amanda began to highlight, facilitators conducting IPV treatment programs are often contracted by the agency to run the group and are not necessarily full-time staff members of that facility. Michael underlined that many facilitators often have other jobs, and the intervention program is not their only priority.

You know, a lot of these programs, the vast majority of these programs are staffed by people who work other jobs, and they pop in for four hours to do a group (Michael – male and female programs)

Fewer facilitators and reduced access to training may result in the inability to offer programming to individuals from a wider range of referral sources. Especially for programs who receive referrals from the criminal justice system, violent incidents have already occurred and treatment is provided in response to this. Riley would like to be able to open up his program's availability to clients who recognize their warning signs early on and seek assistance on their own, before the criminal justice system has mandated it. Additionally, Gary detailed the hierarchy in which referrals are accepted for their group, indicating that expanding resources would allow more equal acceptance for all.

I would also like to make it more optional that people that actually are trying to be proactive, that we are responsive to that. That's what we should be doing. Why wait until something terrible has happened? Let's be proactive if we have somebody who wants help, we should be giving it (Riley – male and female programs).

I would like our organization being able to train ourselves, that would be massive. And being able to expand because we're looking at – we have a priority system for program enrollment. Child welfare comes first, then it's the domestic violence court, then it's probation and parole, and then it's any organization (Gary – male program).

Even though the criminal justice system relies on IPV treatment programs to deliver services to offenders, it often appears that funding agencies and other regulatory bodies are not allocating sufficient resources to agencies and staff, in the opinions of the facilitators. Considering that in some jurisdictions fees for treatment are paid all or in part by the offenders themselves, costs may generally be low for agency or provincial/territorial contributors. This finding may confirm the existence of a lack of resources or willingness to allocate additional funds to these intervention procedures. Part-time or contract employees are often utilized to facilitate the groups, and there are

often barriers to accessing training for those who wish to receive it. This may result in a decreased ability to offer support to a wider range of clientele and/or run group sessions more often.

Trauma-Informed Approaches

Facilitators emphasized that many offenders attend treatment with a need to talk about topics that fall outside of the existing program materials, such as their own childhood experiences. Many facilitators indicated during the survey that their programs discuss the effects of violence on children; however, this may concentrate far more on the effects of the offenders' violence on their own children rather than also discussing their own experiences of witnessing violence and abuse at a young age. Sarah believes that her clients would benefit from being able to discuss and explore this topic further.

I'm thinking of maybe incorporating more kind of, you know, this childhood experience. So maybe adding more sessions just to kind of cover more stuff, if that makes sense (Sarah – female program).

James and Laura also recognize that many offenders they see have experienced some trauma in their lives, which may contribute to or exacerbate their current abusive behaviours or responses to intervention. Higher rates of mental health concerns are noted amongst both men and women arrested for IPV perpetration (Sesar et al., 2018; Shorey et al., 2012). Such issues may be a result of trauma, whether it is IPV-related or another distressing incident. However, a trauma-informed lens is currently not available in a number of the IPV treatment programs in circulation, with some offenders requesting additional services in order to address this.

Maybe we could have – the program could have conversation around people's experience in traumatic incidents and how that affects you. The programs don't currently, but we know, and certainly I know

through my experiences working with the guys, trauma is almost universal in our clients, and serious trauma (James – male program).

I would look more into trauma and looking at this from a trauma-informed perspective. Um, particularly looking at their childhood and moving forward from there. I think this is high for this population, but I would say it's about 20-25% who once they do complete the group they go "can I stick around and do some trauma counselling?" (Laura – male and female programs).

These comments confirm that facilitators are often required to stick to components and topics of education and discussion as outlined in program manuals, being unable to spend much time, if at all, addressing any additional needs offenders may present. As the literature has described, programs that do not incorporate other confounding factors are less likely to be effective (Tutty et al., 2008). In this case, mental health and trauma are frequent encounters, yet still often treated separately if the resources to do so exist at all.

Maintenance and Check-In

Facilitators also consider it is important for there to be some follow-up offered to offenders once they have completed the treatment program. In some instances, the agency may offer a maintenance program but on a voluntary basis which does not always yield a high uptake. James described this option but recommends that something more mandatory would be beneficial.

We run a maintenance program for our guys but it's not a formal program and honestly there's a very low uptake on its offering. So, I would like to see our guys have a little bit more of a tail after their kind of main piece is done [...] So having the tools to get more buy-in or even in some cases, even a little bit more control over whether someone has to do that or not. Because the reality is our maintenance program is voluntary and sometimes voluntary, you know, isn't what someone is going to do. So maybe the court could say "here's your sentence, you're going to be on probation for a year and for the next six months check in once a month". I think that might be really helpful

as a way of keeping people kind of on the path (James – male program).

The concentration on attendance as criteria for completion may contribute to facilitator's desires to have the ability to follow-up with offenders. As described above, facilitators report that there is an inability to assess the offenders' behaviour following treatment to determine if they have truly made positive changes. Sarah specifically had concerns about offenders being released from treatment once they had attended all required sessions. Similarly, Laura considers follow up to be important once the criteria for court have been met and the case is considered concluded.

I would actually have a six month check in that they would have to do after the group completes [...] just to do a check in because I feel that once the group's done they're just kind of left on their own again. They completed what they needed to complete for court but – then they're left. They're left on their own again. It's – we just kind of dump them (Laura – male and female programs).

Especially for programs that are fairly short in length, maintenance and check-in sessions are considered beneficial. As the survey revealed, more than half of the programs (61.5%) only lasted between 9-12 weeks. Shawn described that it can be very difficult to change a lifetime of habits or address underlying issues in a short timespan, and maintenance programs could help to continue to support the offenders.

Our program is fairly short-term oriented. And I think something, you know, like changing behaviour is not something that just happens overnight or even in a couple of weeks. So, having something that is longer-term where men can check in or we can check in with them after a couple of months saying “how is it going? Where are things at for you? What's working well? Where do you struggle?” (Shawn – male programs).

It could also be mentioned that there are reports considering that IPV treatment programs are only able to provide a short-term influence on the offenders. The threat of

additional judicial sanction for failing to comply with program requirements could encourage offenders to curtail their abusive behaviours while under supervision in the treatment program, reverting back to their original behaviours when released (Gondolf, 2002). Offenders may be able to limit their abuse while attending programming, especially if the time commitment is short. Maintenance and ongoing supervision, while potentially extending the length of their probation order or other judicial release documents, may assist in holding offenders accountable, encourage them to continue refraining from using abusive tactics, and ultimately keep victims safer.

Differentiated Approach

Lastly, while programs may have different methods of delivering treatment – such as Duluth-based, narrative therapy, or CBT for example – there is a one-size-fits-all approach occurring within those groups and the information that is provided to offenders. In addition to being able to expand and provide group treatment for women where it is currently unavailable, facilitators also stressed the need to better assess the offenders' level of risk and cater the interventions accordingly, as described by Riley.

Now I'm not sure exactly how it would be different, but we recognize that there are some – and certainly with some of the repeat customers – that maybe we need to be doing something different with them the second go around. Or there are some people who are much higher risk than other people and so one of the challenges I think for sure is trying to do your best in the parameters that we're given where it's kind of a one-size-fits-all [...] I think we could do better if we kind of had a tiered system based on risk or recidivism where we would do something somewhat differently, maybe a little more intensive where it seems that wasn't quite enough [...] We've got to recognize that some of these behaviours have been firmly entrenched for years (Riley – male and female programs).

Adjusting the length or content of the treatment may better serve offenders who continue to reoffend but are offered the same materials each time they return. While

some consider that even though the information remains the same, offenders may learn new things each time they repeat, there is also the possibility that the structure of the program as it is will never meet all the needs of that particular offender. Michael and Riley both suggest that the length of the program should reflect the degree of risk and the types of violence and abuse that have been committed.

We need to move into a differentiated approach where we're able to kind of identify who's who and tailor approaches to the different types of abuse [...] and that would probably mean that for some people, 12 weeks would be sufficient. For some people, a longer program would be needed [...] because the one-size-fits-all does ok for a lot of people but is not great for everybody (Michael – male and female programs).

But I almost feel like maybe your first round, if it's not too serious, that might be a good way of doing it. But if it's now your second round or if it's a really serious offence and it's evident that they're a higher risk, then it's not enough time (Riley – male and female programs).

This researcher considers that what these facilitators are describing reflects, at least in part, an RNR approach to treatment. As discussed, these models assess the offenders' level of risk and then places them into treatment that corroborates their abilities and current situation (Radatz & Wright, 2016). This model is an available option in Canada; however, according to the survey results, only one respondent indicated they currently use such method. It appears that facilitators may be in favour of expansion of this model, although it would require additional staff, training, resources and group availability, elements that are also reported to be lacking attention by funders and management.

This chapter presented the interview results as they pertained to the facilitators' elaboration on their program formats, including requirements they are to follow, areas they may use their discretion and deviate from the standard, and recommendations they

believe would improve the future of IPV program utility. The next chapter reflects on the additional interview findings that pertain to the gender of the offenders and their use of violence.

Chapter 6 – Interview Analysis Part 2: Gender Differences

In addition to content regarding the overall format, expectations, and information provided in IPV treatment programs, facilitators who participated in interviews were also able to elaborate on the personal experiences and characteristics of the offenders they work with. During these discussions, it became clear that there are largely gendered elements regarding the personal situations of offenders, their needs, and the contexts in which violence is perpetrated.

Theme: Perpetration of Intimate Partner Violence

Even though survey results indicated that there were many similarities in how the IPV treatment programs are formatted and conducted for both male and female offenders, the responses from facilitators who participated in a follow-up interview yielded a vast amount of information that suggests there are many thematic differences between genders. Topics to be discussed in which differences between male and female offenders arose include: facilitator beliefs about the perpetration of violence; common characteristics of offenders; reasons offenders give about why they committed violence/abuse; topics of education used in programming that facilitators consider to be the most useful; judicial responses to IPV cases; types of violence that offenders commit before entering treatment; and the responses facilitators give when working with offenders who claim their actions were defensive or retaliatory.

Facilitator Beliefs about IPV

During the interview, facilitators were not directly asked about their beliefs regarding IPV perpetration; however, a number of them did choose to share their

opinions on this especially when discussing the types of violence and abuse frequently committed or speaking about how their programs respond to offenders who minimize incidents or believe their actions to have been defensive in nature. As per the ongoing debate in the literature as to whether IPV is mutual and perpetrated equally by both men and women, or that women are more frequently victimized by men and experience more severe forms of abuse, facilitators also described their own opinions that fell into these two camps. However, there appear to be differences in facilitator opinions on this debate depending on whether they work primarily with male or female offenders.

Mutual Violence

Survey results indicated that five out of 22 facilitators believed that male and female violence was perpetrated equally, with another two who remained impartial on the subject. During follow-up telephone interviews, four of these facilitators continued to discuss their belief that men and women perpetrate violence at equal rates; however, revealed that they also conduct programs solely for male offenders. Surveys did not yield any significant results regarding the facilitator's own gender and their beliefs about IPV. In other words, perspectives of IPV perpetration were not dependent on whether the facilitator personally identified as male or female. Therefore, it is possible that the perspectives of these facilitators are instead influenced to support the idea of mutual violence if working primarily with male offenders. Both James and Amanda highlight that they feel there is a dismissal or lack of awareness of the occurrence of male victimization in intimate relationships.

Sometimes there's mutual violence and that there's a real sense of unfairness that they might experience because they feel abused by their partner (Amanda – male program).

A lot of agencies, or maybe a lot of society, really has a hard time accepting, or doesn't accept at all, that men have been victims of domestic violence, or that relationships can be mutually violent (James – male program).

The family conflict perspective of IPV suggests that women's violence is equal to that of men and evidence is heavily cited from results of large population-based surveys (Bair-Merritt et al., 2010; Swan & Snow, 2006). However, this "common couple violence" (Johnson, 2008) often does not result in injury and is rarely found in reports from shelters, hospitals, and police (Hirschel & Buzawa, 2002). For facilitators who consider that women commit lower level or more discrete forms of abuse, they may be proponents of this perspective that suggests women are equally as likely to abuse their male partner, and for similar reasons. Alex and Gary reported that even though they believe the violence to be mutually occurring, females are more likely to use more emotional abuse and tactics that are often considered less serious in order to avoid detection by law enforcement.

[...] but both genders commit an equal amount of abuse [...] a lot of the scientists say that women do it more often but they do it at a lower level, so they don't get caught or they don't come into the system (Alex – male program).

I think it's 51% of domestic violence relationships is bi-directional to some degree. So, though they might not be getting abused physically, there is a chance they're being abused emotionally (Gary – male program).

Abusive incidents recognized by the family conflict perspective generally do not stem from police and court records. Therefore, the mutuality of abuse remains questionable in this context. As the male offenders discussed in the current study are in the process of attending IPV treatment at the direction of a specialized DVC, their actions were

considered arrestable behaviours. However, the violence and abuse they state is also being committed by their female partners is not of the same calibre or context if their actions continue to go undetected or an arrest is not considered necessary. Beliefs that male and female violence can be comparable was also not reported amongst any facilitators who worked with both male and female offenders, members that may have been more likely to recognize and note the similarities if they did in fact exist.

Gender Asymmetry

Alternatively, 14 (63.6%) of the facilitators who responded to the survey supported the statement that men most often initiate violence and abuse against their female partners. Comparably, during interviews, several facilitators highlighted that they believe there is a gender disparity in the overall perpetration of violence which is also reflected in the number of referrals they receive for their program. Unlike the above statements supporting equal perpetration, with the exception of Sarah who primarily works with women, these facilitators actively work with both male and female clients.

I do think that culturally men do perpetrate more than women (Laura – male and female programs).

So, with the women – now first of all the women's groups tend to be smaller, just not because we plan it that way but there's less referrals (Riley – male and female programs).

There's so much – our numbers are really high here. The women's not so much, but the men's, we've run three groups a week (Sarah – female program).

There was an interest but generally not enough referrals to actually run consistent groups, so the amount of women that were charged for this offence and that would have been eligible was very low (Shawn – male program).

Being able to compare voices and experiences of their group participants may lead to more in-depth understanding about the gendered nuances regarding IPV, especially reflecting socialization or gender normative behaviours. Whereas Gary and Alex, above, considered that mutual violence is present but goes undetected because females use less noticeable tactics, facilitators who believe in a gender disparity also do consider that experiences of abuse differ, especially regarding the danger or severity of violence used more often by men leading to a higher risk for women. This coincides with Michael Johnson (2008) and Evan Stark's (2007) theories on intimate terrorism and coercive control which include severe physical and psychological violence, are most often discovered in criminal justice system reports, and are committed more frequently by men against their female partners. Kollin, Michael and Laura emphasize the increase in safety concerns for female victims as well as the types of violence committed by each gender.

And I think it's realistic in that while, you know, men can have complaints about how women treat them, generally their safety is not as endangered by women as women's safety is endangered by men (Kollin – male program).

We don't typically, would identify many men in the program as being violent resistors, so men who are systemically dominated by an abusive partner and then react in self-defence. Where I think we're more apt to identify – appreciate some of the women in the women's program would fit that profile [...] We recognize that men's and women's violence are different, that men's violence is much more dangerous and lethal and women are far less likely to be, you know, sort of the coercive controlling, dominant, physical, intimidating partner in a relationship. So, I think that is a difference and for sure safety would be our concerns (Michael – male and female programs).

We talk about [...] exploring and defining abuse, looking at male privilege, like male intimate terrorist type offenders (Laura – male and female programs).

Even though Alex strongly took the stance that violence is mutual, he also continued to share examples of how male and female abuse is perpetrated asymmetrically. Describing that male violence is often more explosive than that of women suggests, whether Alex recognized it or not, that women are still at a far greater risk of harm.

Female abuse is typically lower level. They're just kind of nagging and – but it goes on for a long, long time and men have spikes of abuse where they act out quite suddenly and quickly and strongly (Alex – male program).

As discussed previously, facilitators also reported that offenders may return and participate in treatment more than once in the event they reoffend again in the future. To revisit this common policy but adding further information pertaining to beliefs in gender asymmetry, a number of facilitators emphasized that higher recidivism rates and multiple attempts at programming more frequently occur amongst male offenders.

The women do not come back as often as the men. In a group of 17 men, I'm going to guess we're going to have at least three or four that are there that are repeat customers (Riley – male and female programs).

For women – I don't even know how long I've been in it, it hasn't been that long, maybe two or three years I've been in the women's [program] – you don't necessarily see them coming back that often. Men's [program] I have seen more often an individual come back than I would have in women's [program] (Sarah – female program).

We see more repeats among men and there's not a limit [on how many times they can return] (Laura – male and female programs).

This finding indicates that even though women are also being arrested for IPV and attending treatment, men are consistently re-offending at higher rates and are continuing to commit acts of violence and abuse that are serious enough to warrant further criminal charges.

Perpetrator Characteristics

Facilitators were not directly asked to converse about specific characteristics of the offenders they work with; however, many opted to include general information about their clients, particularly when talking about the various reasons they give for resorting to violence or the contexts in which the abusive incidents occurred. From these reports, this researcher was able to identify a range of common characteristics, some applicable to both male and female offenders such as experiences of childhood abuse and trauma, and mental health concerns. Alternatively, factors that appeared more frequently amongst male offenders were substance use and low education or socioeconomic status, whereas women were found to report more histories of victimization.

Childhood Abuse and Trauma

The literature reports that many IPV offenders have experienced or witnessed abuse in their childhood homes, suggesting that violence may be a learned behaviour (Franklin & Kercher, 2012; Smith et al., 2011). Supporting these findings, numerous facilitators reported that both male and female IPV offenders often revealed that they suffered childhood abuse or experienced various degrees of trauma growing up:

The majority have a history of childhood abuse (Laura – male and female programs).

I mean I guess if there's a common thing is trauma in people's lives. So, for a lot of these people, they've had challenging lives (Michael – male and female programs).

Or even go back to childhood trauma where they've been either molested or abused as children (Sarah – female program).

There's a lot of disclosure at that point around "here's what happened to me when I was a kid" and it's extreme physical abuse, it's sexual abuse, it's you know, straight up children being abandoned and left to survive for themselves (James – male program).

The absence of a positive role model or experiencing neglect is also often attributed to future perpetration of IPV (Shakoor et al., 2020). Facilitators reported that their offenders have witnessed violence and abuse in the home from their parents or other caregivers, as well as other problematic behaviours such as alcohol abuse as described by James and Shawn.

I'd say 80% of them plus grew up in abusive households, grew up in households that would give them all kinds of risk factors (James – male program).

I think having role models or experiences in their past that weren't very positive, you know, having grown up in a household where maybe dad was beating mom or, you know, alcoholism happened in the family (Shawn – male program).

While specific questions about the cultural make-up of their group was not asked, some facilitators did indicate at times that they work with Indigenous clients; therefore, the reality of the overrepresentation of Indigenous peoples in the Canadian criminal justice system must also be considered. Childhood trauma and abuse that stems from the disastrous effects of the residential school systems and resulting intergenerational cycle of violence and abuse is also a strong possibility for offenders these facilitators often work with.

Mental Health Concerns

Mental health concerns also appear to be a common factor that offenders attending treatment are frequently living with. Previous research highlights that both depression and anxiety are often found to be present for both male and female offenders

attending IPV treatment programs (Howard et al., 2010). Similarly, these diagnoses and symptoms are also reported by facilitators in the current study.

And I'm going to tell you that one of the things that I noticed with so many of the participants is that there are often people who struggle with anxiety issues (Riley – male and female programs).

A history of mental health diagnosis – typically depression or anxiety (Laura – male and female programs).

Almost all of the facilitators who work with female offenders indicated that anxiety and depression were regularly present in their group sessions and can become an area that requires addressing in treatment. Mental health challenges in women committing or experiencing IPV is noted within the literature. However, there is uncertainty as to whether women may be more likely to develop mental health concerns due to the impacts of abuse they may be experiencing, or if their reduced mental health results in an increased vulnerability that makes them more susceptible to entering into an unhealthy relationship (Howard et al., 2010).

So, women coming into group are very apprehensive because there's a lot of anxiety. We had one group that's all they brought forward was the anxiety, situation anxiety, social anxiety, panic attacks, depression (Sarah – female program).

For men, James also highlighted that the availability, or lack, of mental health supports in communities may be contributing to individuals entering the criminal justice system for violent behaviour. He reports that some of the offenders he works with have been on waiting lists to access services for their mental health concerns when they are arrested and subsequently enter treatment for IPV.

Lots of guys would be on waiting lists for, you know, mental health interventions. And incidents are happening while they're trying to get help, but they don't have the resources to kind of do things privately,

so they have to go through the kind of long process of waiting (James – male program).

It appears that mental health concerns, particularly anxiety, are common amongst both male and female offenders. However, these issues may be present long before arrestable IPV incidents occur and possibly contribute to the offenders' use of violence. As identified in the previous section, facilitators are recommending that trauma-informed approaches be used within IPV treatment programs, which may include resources to address offenders' mental health concerns as they are often otherwise unavailable or more difficult to access.

Substance Abuse

While comorbidity of mental health appears to be a factor relative to both men and women, the presence of substance abuse and addiction appears to be more prevalent amongst male offenders in the perspective of facilitators. While the researcher cannot say that this was non-existent for female programs, only one facilitator working with women identified this issue. The higher frequency of male offenders in IPV treatment reporting issues with substance use reflects the previous literature. Gadd et al. (2019) reported that men were more likely to commit more serious abuse against their partners after consuming alcohol, and Cunradi (2009) found that women were at higher risk for physical, sexual, and psychological violence when their partners abused alcohol. Alex and Gary confirmed that alcohol use and addiction are common factors that underlie a male offenders' reasons for attending IPV treatment.

[...] and every group it seems there's someone who has come into it because they had an addiction issue. And there's also people who – there's usually people who are in recovery to some degree, so we try to put them together. (Alex – male program).

Um, alcohol, I'd say that's a big factor in what tends to get people into our program (Gary – male program).

More specifically, regarding the IPV event that resulted in their arrest, Shawn and Michael discussed the role that alcohol or other drugs often play. Offenders have entered IPV treatment with knowledge of what a healthy relationship should look like but report their substance use as a reason they are unable to maintain that ideal.

Another aspect I think, the influence of drugs and alcohol in those situations. For those that were under the influence, I think realizing that and realizing that “ok whenever I drink, I'm more likely to get violent as well” (Shawn - male program).

And then we see other people who don't identify with that who believe that yes, they want to treat their partner with respect and fairness but have difficulty because they have [...] substance abuse problems (Michael – male and female programs).

Recent findings by Gadd et al. (2019) also found that men were more likely to attribute their violent and abusive behaviour to their level of intoxication, in attempts to absolve themselves of responsibility. It appears that at least some male offenders participating in IPV treatment take a similar stance. As Michael described, some male offenders report that their use of substances is what results in abusive behaviours where they otherwise are aware of what a respectful and supportive relationship should look like.

Additionally, Tutty et al. (2008) suggested that IPV treatment programs that do not address the presence of substance abuse may ultimately be less effective. In the current sample, even though facilitators recognized the presence of this issue, especially within their male clientele, when reviewing the topics of education most commonly included in the treatment programs, substance use is only included in approximately half of the male programs surveyed.

Low Education and Socioeconomic Status

We know that IPV can occur in all communities and is not restricted to a particular demographic. All facilitators responding to the survey also “agreed” or “strongly agreed” with the statement that “IPV is prevalent everywhere regardless of socioeconomic status, race, ethnicity or age”. However, subsequent interview results were often not demonstrating the presence of a large mix of male offenders from various financial or socioeconomic standings. Alex and James highlight that a number of their male clients have lower levels of education.

One of the things we have run into is people who are not articulate, or people who are not able to read or write. That’s a fairly regular piece that comes up (Alex – male program).

And for a lot of our participants, they never finished school, they’ve got no formal education training [...] lots of our clients are functionally illiterate or completely illiterate (James – male program).

This also translates into many male offenders often then having lower-skilled or blue-collar forms of employment. Kollin and Gary both demonstrated that many of their group participants partake in trades-based work.

A significant portion of our guys have the job of “roofer” for some reason (Kollin – male program).

I’d say a respectable amount of our clients don’t have the highest forms of education [...] a lot of people in our community are very trades-based, hands-on working kind of people (Gary – male program).

These findings appear to go against the popular belief and evidence that IPV can happen anywhere, regardless of one’s position in society. Riley insightfully offered a possible rationale as to why lower socioeconomic class individuals may more frequently find themselves subject to judicial system involvement.

The ones we get are far more on the lower end of the financial spectrum. We do get the odd person that has a pretty good income, but I think a lot of those cases just don't get dealt with. Police don't get involved or police give warnings and that sort of stuff. But if you're in an apartment building or subsidized housing or something like that, people are overhearing, calling, stuff like that (Riley – male and female programs).

What these observations suggest is that for individuals with lower education, and then often subsequently in lower income positions, they are more likely to find themselves housed or primarily stationed in greater populated areas. This close proximity to others results in a reduced ability to hide activities and there is a greater possibility of neighbours or other onlookers witnessing and reporting abusive behaviour.

Alternatively, individuals in higher social classes, even though abuse may still be perpetrated, may have more resources in order to avoid detection by police, or due to bias or inconsistencies from the responding police officers, may not face arrest or penalties as frequently.

Histories of Victimization

Reflective of the earlier finding that many facilitators believed that there are gender disparities in the perpetration of violence, there were also far more reports that female offenders in treatment programs were attending with histories of victimization within their current and/or former intimate relationships. This emphasis was not found amongst facilitators of male programs, even though a number of them generally believed that violence was mutual.

So, I will say that most of the women that I assess in the program – not all – but if I had to put it in percentages, maybe 90%, close to 95% have been in abusive relationships [...] so the current partner is abusive, you know, past partners have been abusive (Sarah – female program).

And I do think with women [...] they're often coming from abusive relationships (Michael – male and female programs).

Riley considers that many female offenders who attend his treatment program fall into the category of both victim and offender. Johnson's (2008) category of "violent resistance", most often attributed to women who use violence in response to a controlling and abusive partner, coincides with this observation.

There is a clear recognition that many of the women that come through the program are sort of – fall on both sides. Many of them are victims of domestic abuse but have also offended in some way. Now we're working with them as having offended in that way but some of the conversations will go a little bit differently because we're also balancing that with the recognition that many of them are victims as well. And so, we're just cautious around that and sort of aware of that and do recognize that (Riley – male and female programs).

Facilitators working with men did not identify that they present in group detailing a history of experiencing violence from their current or former partner, at least not at the high percentage that is found amongst the women. Therefore, a woman's use of violence may be in response to a perceived threat against themselves. Gardner (2007) also detailed that a female's use of violence could be influenced by experiences of victimization from a former partner, resulting in a hypervigilance in their current relationship and a belief that a threat may always be pending.

Reasons for Violence

Facilitators were asked to identify what reasons their offenders often give for resorting to the violence and abuse that ultimately results in their arrest and membership in treatment. A number of these reasons offenders often give to explain their behaviour are similar to the general characteristics observed by facilitators, yet once again there are some clear divisions between the gender of the clients. Unlike the above, where some

features were applicable to both male and female offenders, reasons given for using violence appear to be drastically different. Male offenders cited learned behaviours such as a lack of appropriate role models and observation of maladaptive skills, as well as substance use, the need for control, and provocation from their partner as their main reasons for violence. Alternatively, the only common thread running through female offenders' reasons for violence was that they were acting in self-defence or retaliation against abuse their partner was already inflicting against them.

Lack of Appropriate Role Models and Maladaptive Skills

Male offenders often reported to facilitators that they believe they had resorted to using violence and abuse tactics against their partner because they lacked appropriate role models during their childhood or learned maladaptive skills and do not know of more appropriate ways to resolve an issue or conflict with their partner. James and Laura highlight that many times, offenders understand that the behaviours they have learned are inappropriate yet struggle to choose different actions themselves.

A lot of what we hear is that these were the behaviours that were modeled to them [...] They don't have the skills to manage things properly and they're falling back on the skills that they were given, even if they know those skills were maladaptive (James – male program).

The odd time we get offenders that they do understand that, you know, their mom and dad fought a lot, or they didn't do well – they'll often say “well I didn't do well in school so I don't know how to have good relationships” (Laura – male and female programs).

As described previously, absence of positive role models in childhood may be attributed to IPV perpetration (Shakoor et al., 2020). However, even though experiences of childhood abuse and trauma were also frequently recognized within female offenders,

they did not report this as a justification for their perpetration of violence in a relationship. This finding could be reflective of the literature, where MacDonnell (2012) suggests that women who experienced childhood trauma and abuse were twice as likely to become victimized, whereas men were three times more likely to become perpetrators.

Substance Use

As well as being an issue that facilitators recognized as a common characteristic amongst male offenders, substance use was also described personally by male clients as a rationale for their violent behaviours.

Certainly, you know, alcohol is a huge factor. Drugs are a huge factor. Lots of folks are coming in the door saying, you know, “well I was drunk” or “I was high”, you know, “I was out of my mind and then I got a thought stuck in my head and then things kind of spiraled” (James – male program).

As indicated above, Gadd et al. (2019) reports that men are more likely to distance themselves from personal accountability, instead attributing their abusive behaviours on intoxication. Riley and Gary both detailed comments they have heard from their male offenders reflective of this.

There’s issues there, but when you drink or use drugs they come out then inappropriately and so they’ll often say “well it’s because I was drinking” [...] “alcohol and drugs - if I wasn’t drunk at the time I probably wouldn’t have done it”, that sort of thing (Riley – male and female programs).

The common answer is “well I was drinking and I’m not normally like that”, which we break down that defense pretty quickly as facilitators (Gary – male program).

Men are more likely to emphasize that substance use is responsible for their negative behaviours and that under normal, sober, circumstances they would not have used

abusive tactics against their partner. Fortunately, as Gary stated, facilitators often do not accept this as a sole and valid reason for violence. These findings are reflective of the literature that suggests male perpetrators of IPV are more likely to report problems with alcohol or other substances. Whether looking at reasons for behaviour, or general characteristics of offenders, substance use was not a common factor for women in the current study.

Control

In addition to factors that reflect personal characteristics or experiences individual offenders may have had, facilitators also referenced that a number of male clients describe their use of violence as a way to try and resolve a situation by gaining control over their partner. This finding coincides with the literature that reports a frequent justification for male-perpetrated violence is to maintain control within the relationship and is an intentional response rather than a reaction to a situation (Allagia & Vine, 2012; Loseke & Kurz, 2005). Amanda and James reference that their offenders are often attempting to gain autonomy and authority in the relationship.

Those gendered expectations around [...] autonomy in the relationship, like the ability to decide on the man's part what to do and how to run things (Amanda – male program).

Especially when we talk about “well why are you having an argument?” right. They argue to get their way rather than to solve a problem (James – male program).

Alex and Shawn also discussed scenarios in which their male offenders described using violence in order to stop their partner from doing something they did not like.

Well, the main reason they put in is that they don't have a choice. They believe they have to do this, and that of course is totally unreasonable, but it is a mindset. “She was drinking and I tried to stop her”. I remember a favourite one of mine was “she was out hooking on

the street and I just had to beat her up to stop her” [...] and they’re trying to control the other person (Alex – male program).

Sometimes it is because they are just aggravated and frustrated with their partner, they feel they have to resort to that in order to get her to stop whatever *she* is doing, right? (Shawn – male program).

Exerting control over a partner does not always necessarily need to include acts of physical violence. Even though offenders may initially come to the attention of the criminal justice system due to charges related to physical violence, additional, more covert strategies they also undertake may be discovered while in treatment. Michael recognizes the presence of coercive control, even though it is not yet official as a criminal offence.

So, we do see guys that would fit the profile of a coercive controlling individual, who would be using the – who are trying to control their partner and for a variety of reasons they believe that their behaviour is justified (Michael – male and female programs).

Thirteen of the facilitators who responded to the survey “agreed” or “strongly agreed” with the statement that IPV stems from the offenders need for power and control, accounting for a little over half of all answers; therefore, it comes as no surprise that exerting control is a recognized reason for abusive tactics in men. The Duluth-model (Pence & Paymar, 1993), still one of the most common methods of IPV treatment reflected in both the literature as well as the current study, centers around the belief that abuse stems from patriarchal systems that teach men to use controlling behaviours (Gondolf, 2002). A visual aid, the Power and Control wheel, is a common tool utilized to demonstrate to group participants how they use various actions to exert control over their partner (Babcock et al., 2004). As original Duluth-based treatment was designed specifically to cater to white heterosexual male participants, it makes sense that male

offenders in the current sample continue to vocalize and identify with this reason for violent behaviours, whereas women do not.

Provocation

Relative to the above scenarios in which men have been known to blame their abusive behaviours on substance use, it is discovered that they also often place some or all of the blame onto their partner. Responsibility is once again deflected when men suggest they would not have reacted in such a way if their partner had not done something to provoke their behaviour. Amanda and James reference some examples they have heard from men about why they used violence against their partner.

Yeah, “she was in my way” and then “she pushed my buttons” [...] yeah that kind of thing (Amanda – male program).

You know, there’s a lot of blame in the guys that we work with, they say “well they made me mad, well they made me angry, well they made me black out rage” (James – male program).

It is this researcher’s understanding that these scenarios differ from that of outright denial, which can be grounds for expulsion from treatment. Alternatively, these men are not denying that they have been violent towards their partner; however, are suggesting that they would not have resorted to it if their partner had not triggered them in the first place. Like the above rationale around “control”, Laura highlights that abuse can happen as a result of their partner doing something or not being willing to change behaviours or traits that the offender does not like.

Or the reasons they would give is again being provoked, you know, their partner not listening to how stressful they are (Laura – male and female programs).

Disagreements and occasional conflict often occur within relationships, but it appears that the men in the current IPV treatment programs describe their examples of how they

have been provoked into committing abuse and violence as stemming from emotional reactions to a situation. On the other hand, while many women also frequently detail their use of violence as a reaction to something their partner has done, it is more often in response to violence and abuse also being perpetrated against them and their personal safety being in jeopardy.

Self-Defence and Retaliation for Abuse

Whereas men frequently reported a variety of reasons why they used violence and abuse against their partner, the only common topics amongst women was that their violence was committed as a result of self-defence, or in retaliation against their own victimization. Out of the four facilitators who worked with female groups, three specifically referenced these reasons the women they work with give for their behaviours. This is supported by the literature that includes numerous research studies reporting that women who use violence against their partner do so in response to victimization they are already subjected to (Caldwell et al., 2009; Dobash & Dobash, 2004; Miller & Meloy, 2006). Challenges in understanding these motivations for violence are that, within the literature on IPV, definitions of self-defence and retaliation often overlap (Leisring & Grigorian, 2016). Within the current research interviews, facilitators also continued to describe these experiences in very similar contexts. However, Laura's discussions pertaining to her female clients' violence clearly indicate that they were being physically attacked by their partner when they also used force that resulted in their arrest. The incident-based policies of the police make it difficult to determine a primary aggressor, resulting in women facing charges for defensive violence.

So, the women offender [...] typically what we see with them is that it's an act of self-defence [...] they were victimized, victimized, victimized and then this last time they pushed back or they were fighting and, you know, the police showed up and they charged them both (Laura – male and female programs)

Riley also considered that his female clients use violence against their partner to fight back; however, may not be in response to an immediate attack and using the same degree of force, as legal definitions of self-defence require.

A lot of the women though, as I mentioned, they fit in that category of both the victim and the offender, there's that overlap. And so, for many of the women they will say that it is in retaliation for behaviour, like they fought back and crossed some lines. And so that's always a tough one to deal with because I understand where they're coming from [...] but at the same time we have to sort of still work with them from the perspective that there are certain boundaries that shouldn't be crossed (Riley – male and female programs).

Additionally, Sarah described reasons her female clients use violence as likely occurring after numerous abusive incidents in which they did not retaliate, finally resorting to violence due to no other recourse or in exhaustion to their victimization.

So, I think many times it's retaliatory and just a sense of "I've had enough" (Sarah – female program)

It is important to recognize that what may be viewed to an outsider as retaliation, in a sense of taking revenge, may still in fact be in response to a perceived threat or abuse that is ongoing and does not present an immediate physical attack. Violence may be inflicted in defence or retaliation after experiencing coercion, control, psychological abuse, and physical harm yet the criminal justice system currently only recognizes self-defence as a valid claim if the victim was experiencing an imminent threat to their physical safety (Neilson, 2013). Even though coercive control tactics may be experienced by women, they are unable to inflict the same non-physical tactics of abuse

and control against their male partner (Stark, 2007). A lack of education, training and legislation about coercive control and other non-physical forms of abuse results in a lack of awareness regarding these contexts. If a woman retaliates against these types of behaviours, they often go undetected by police, and she is criminalized for her response.

Most Useful Topics of Education

The online survey asked facilitators to indicate which topics of education were often used within their programs. These results largely identified that there was a strong overlap for both male and female IPV treatment programs in regard to what they did, or did not, frequently discuss with the offenders. However, during the interview, the facilitators were asked to identify which topics of education they considered to be the most useful. While there was support from facilitators of both male and female programs that “belief systems” and “emotions and emotional regulation” were useful topics for both genders, only facilitators of male programs continued to report that “communication”, “empathy”, and “types of abuse” were helpful subjects. Even though programs working with female offenders also reported discussing these topics, when asked what was most useful, facilitators did not acknowledge their value in the same manner that facilitators of male programs did. Such findings lead this researcher to consider that even though programs may mandate that certain topics be covered, facilitators do not consider that male and female offenders of IPV receive the same benefits from each subject.

Belief Systems

Facilitators of both male and female IPV treatment programs reported that discussions pertaining to belief systems were useful for their clients. Similarly, survey

results indicated that almost all of the programs included this topic in their curriculum (91% of male programs, and 89% of female programs). Understanding where their thoughts and understandings stem from allow insights into their abusive behaviours and help find ways in which they can make changes.

So, the awareness of the way they think, their beliefs and so on, and their thoughts about their partner and themselves. I would say that's probably number one. People really appreciate becoming more aware of how they think and how that contributes to their behaviours (Michael – male and female programs).

Traditional masculine stereotypes include domination, being the primary breadwinner of the household, or having control over financial decisions, for example. Especially for male offenders, James and Alex report that beliefs in society about how men should feel and behave have shifted and it is important to include discussions with such clients about their perspective around what it means to be masculine and how this may contribute to abusive behaviours.

I really think having kind of hard conversations around “what does it mean to be a man?” or “what does it mean to be masculine?” have been really helpful in terms of challenging, you know, it hasn't been the case always that society thought of a man as somebody who just shut up and went to work and if you had a problem you just drank a sip of whiskey (James – male program).

I think one of the big thrusts of the program is to say, you know, how do sex role stereotypes or gender expectations get in the way of, or how are they part of or contribute to abuse? So, if they can understand that they can still be a man and yet respond differently to sex role expectations (Alex – male program).

Whereas discussions on belief systems, especially that of men, often concentrate on ways of thinking that may contribute to using violence, belief systems about relationships may also be included, as Sarah describes.

[...] So we try to elaborate to them that it's not necessarily a right or wrong belief system but it is potentially more of a healthy or unhealthy belief system [...] and that your belief system might have worked for you in some instances, but as time goes by it may not work for you, and how we need to maybe challenge it and look at it and change it (Sarah – female program).

As it is reported that facilitators often believe that many of their female offenders also experience relationship victimization, this researcher considers it possible that discussions about belief systems could also be applicable to learning more about healthy relationships. There are many reasons women give for remaining in an unhealthy or abusive relationship, and there may be strong beliefs that providing help and support can change a person's behaviour. While victims are never responsible for violence and abuse they experience, it appears that conversations with men and women about their beliefs relative to relationships may differ, and women may be offered information to help adjust their perspectives about current or future partners. However, these details were not able to be studied further in this research and remains open for future exploration.

Emotions and Emotional Regulation

Discussions about emotions and emotional regulation is also a key feature in both male and female IPV treatment programs, as identified in the survey (81% of male programs, and 89% of female programs). Additionally, facilitators participating in interviews continued to confirm that this is a useful topic of information for both genders. Previous recommendations to make women's programs more female-centered specifically included incorporating education on emotional regulation and further understandings on how previous emotional experiences may contribute to their choice of actions (Bair-Merritt et al., 2010). Sarah and Laura both confirmed they discuss

emotions with their female clients; however, it appears to be concentrated around the de-escalating of anger responses.

I think our session that looks at anger [...] they learn how to de-escalate their anger somewhat. It's not perfect, but it's teaching them that part of it (Sarah – female program).

And they didn't know what happens in their bodies and that they can actually control that – the intensity of anger. And I would say control, they can work with the intensity of anger when it arises (Laura – male and female programs).

Previously, men's explanations about being provoked included scenarios in which they claimed their partner was making them angry, frustrated, or putting them into a rage; largely emotional reactions. Gary and Alex, while also confirming that their sessions with men include discussions about emotions, highlight that acknowledging deeper feelings is often a new thing for many male offenders and so they will spend time understanding various emotions they may not have previously considered they had.

And how difficult it is for guys to access our feelings [...] and often the guys do feel that way, that they've kind of been trapped and maybe it's harder for them to access deeper emotions outside of the standard happy, hungry, sad, angry. It's much harder for people to access things like ecstatic, the feeling of being betrayed, and being able to hone in and identify what that is. So, we spend a lot of time on that (Gary – male program).

Then we talk about the common beliefs of men, that the only emotion men feel is anger. And so, we want to remind them that hey, they feel a lot of emotions. We talk about what emotions are (Alex – male program).

In this sample, even though the topic of emotion and regulation was considered useful and commonly used with both men and women, some differences did appear. While men are encouraged to explore and name deeper feelings, women's programs tend to concentrate on one emotion of "anger". On the surface, it appears that discussions

around anger and how to de-escalate it is talked about with women in order to prevent their use of violence moving forward. However, to the researcher, this sounds on par with anger management programs that focus entirely on anger being the reason violence occurred and are frequently discredited for use in treatment IPV.

Communication

The topic of communication skills was reported as a frequently implemented category of information (included in 86% of male programs, and 78% of female programs). However, only facilitators of male programs described that this topic was most useful; facilitators of female programs did not. Shawn and Alex stated they spend time discussing communication styles and how these may contribute to negative outcomes when dealing with conflict or a dispute.

Understanding their own style of communication for example. We do exercises around, you know, passive-aggressive, aggressive, and assertive communication and where they fall into that spectrum and how that may play out into their own way of responding to difficult situations (Shawn – male program).

They start off with communication [...] non-violence communication is one of the themes that goes through – Michael Rosenberg’s non-violent communication (Alex – male program).

Confrontation and directly challenging group participants about their problematic behaviours often does not work effectively, at least initially, in IPV intervention and can result in defensiveness. To encourage offenders to participate and to refrain from feeling they are under scrutiny, James uses scenarios to gauge feedback and to get members to contribute their ideas about what healthy communication looks like and what responses will elicit a more positive outcome.

When we’re talking about communication we’ll talk about, you know, [...] “this guy says this to his partner, was that the right thing to say?

What else could he have said?” They can hear it. Also, it’s a step removed for some people rather than, you know, starting off right away with “what did you do?” (James – male program).

Specific examples of ways in which men have been previously communicating with their partners were not provided; however, especially considering that there is emphasis on communication styles and that “non-violent” communication was mentioned, it is possible that treatment programs are encouraging male offenders to refrain from using language that would otherwise be considered violent. A review of Michael Rosenberg’s (2015) model, as referred to by Alex, indicates that the “non-violent communication” model has four components, centered around observation of the situation, acknowledging feelings, identifying needs, and then communicating those desires. Alternatively, violent forms of communication may include threats, blame, bullying or coercion to name a few, that may potentially cause harm or fear to the receiving individual. It is therefore no surprise to this researcher that this information is considered more useful for male offenders than females. The tactics of violent communication coincide with those of coercive control, which also include ways to instil fear in a partner and are more frequently perpetrated by men.

Empathy

Facilitators of male IPV treatment programs also emphasized that concentrating on empathy and the perspective of their partner whom they victimized is one of the most useful components of the program. Generally, this category of information appeared slightly less frequently across programs when compared with other topics (included in 71% of male programs, and 67% of female programs). James describes this discussion

as helpful in getting his male offenders to view situations from another person's point of view.

They gain empathy to understand the other person's perspective, and that's really important for them because lots of them have grown up in worlds where you can't think about somebody else's perspective because you are not going to survive if that's how you're acting [...] I think one of the things that is important for them to understand, I think empathy is essential. Because they need to learn, or they've expressed value in learning how to see things from another person's perspective (James – male program).

Men may state that they are unable to know what their partner may have been thinking or how they feel about the incident that resulted in their arrest, especially when there are no-contact orders in place. This could be an attempt at deflecting responsibility by suggesting their partner would need to be part of the conversation; however, Amanda persists in getting her clients to consider these circumstances.

Often times they will say “well I can't imagine was she was going through, I haven't been able to talk to her because of the no contact order [...] And then so I say “well we're going to invite you to use your imagination”, you know, “what do you think she might have been feeling?” (Amanda – male program).

The purpose of encouraging the men to practice empathy, as Shawn describes, is to also acknowledge that their partner's may have traumatic experiences in their past that impact their response to certain situations.

And I think the other aspect is understanding their partners better. Understanding “ok what triggers my partner?” Understanding that maybe *she* has experienced victimization in her past, or you know, whether it's as a child or as an adult in another relationship. And so, for the men to understand some of the dynamics that are happening there so that it's not necessarily something that sort of comes out of the blue, but that has a history (Shawn – male program).

Traditional or stereotypical male traits and gender roles often include things such as assertiveness, domination, and responsibility for decision-making. This may translate

into a frequency of putting their own needs or preferences first and not readily considering the experiences of another individual. Once again, it is not surprising to learn that this topic was not at the forefront as a useful subject for women, especially when considering stereotypical female traits, also supported by research findings, are already inclusive of women naturally displaying more empathic behaviours than men (Kamas & Preston, 2021).

Types of Abuse

Lastly, discussing the various types of abuse is frequently incorporated into both male and female treatment programs (86% of male programs, and 89% of female programs). However, once again, it is the facilitators of male programs only that emphasize this topic is one of the most useful. It is common for many people to immediately think about physical violence when considering what abusive behaviours may look like. Amanda and Shawn acknowledge that many of their male offenders often do not attend treatment with the knowledge that there are also many non-physical tactics of abuse.

It's not really presented in the psychoeducational manner, but we do make sure we explore the different kinds of violence and so a lot of the men really, you know, begin to understand the psychological abuse part of the problem, or verbal abuse. They just, you know, thought that if they hadn't hit the woman then everything else was just part of life, right? (Amanda – male program).

I think what people find very eye-opening is when we do the exercise of discussing what different types of abuse there are. You know, most people think “oh yeah hitting somebody, pushing somebody, slapping somebody is abuse”. But we go into areas of financial abuse, emotional abuse, which is actually the largest category. And sort of peeling away the layers of that and really broadening their view of what is abuse and I think they often realize that they were abusive before they got arrested or before they became physically abusive,

they were abusive in, you know, an emotional or mental way (Shawn – male program).

Addressing non-physical tactics of abuse more specifically, Laura describes that economic and financial abuse is frequently unknown. Many of her male offenders have no comprehension that some of their behaviours have been abusive.

And the other thing that we get quite a bit of feedback from is really not understanding – like, they didn't know what offending behaviours were [...] oh they're always surprised at the economic abuse, but they never really see, like, taking away the debit card is abuse (Laura – male and female programs).

Women are more frequently the recipients of non-physical abusive behaviours, and with the knowledge that many of the female offenders in the current study may also be victimized, it is understandable that this topic is not considered as necessary for female groups as it is for men. As there is evidence that many men attend an IPV treatment program with little knowledge about the various types of abuse, concentrating on this topic is important in the ongoing prevention of IPV. Just like many victims often may not realize immediately that they are being victimized, it is possible that many offenders do not realize they are being abusive.

Judicial Responses

Even though the facilitators are often housed in community-based agencies, they shared opinions about the criminal justice system as this is how they receive many of their participant referrals. The gender-neutral, incident-specific response, and especially policies around mandatory charging and pro-arrest are identified by facilitators as problematic, especially for their female clients.

Mandatory Charging Policies

Some facilitators, especially those working with women, discussed the problematic nature of the criminal justice system when responding to IPV. As police policies are largely incident-based, oftentimes the primary aggressor cannot be easily identified and an increased arrest of women results (Hirschel & Buzawa, 2002; Ursel, 2001). Riley described that many women he works with do not deny that they used violence; however, it was in response to repeated experiences of victimization.

I hear that all the time [...] Like, “the number of times he’s done stuff to me and then I do one thing to him and I’m arrested”, and so we hear that a lot with the women (Riley – male and female programs).

Although the presence of an injury provides confirmation that a dispute occurred, it does not explain *why*, and there are gendered elements that require consideration. Facilitators described that women are being charged for marks left after engaging in defensive behaviours. As the literature highlights, injuries such as scratches or bite marks surface immediately, whereas offensive injuries may take longer and are not initially visible to responding police officers (Poon et al., 2014). Facilitators did not go into great detail regarding the specific types of injuries that the women had inflicted; however, mandatory charging policies of local police jurisdictions are considered by both Laura and Sarah to be detrimental to at least some of their female clients.

It was decided that a number of women that were entering this program were actually victims charged with domestic violence as a result of engaging in defense behaviours [...] but the police had charged them nonetheless (Laura – male and female programs).

Or sometimes if she leaves a mark on him, and I’m talking about heterosexual relationships, then he calls and even though he may have been physical with her, he doesn’t get charged and she does because she left a mark (Sarah – female program).

One could argue that female arrests are happening less frequently, based on earlier discussions that there are overall fewer referrals for women and a reduced number of programs available compared to men. However, Sarah provided an opinion on why this may be occurring. It should be noted that at the time of the interview this was merely a verbal speculation on her part, yet also suggests that mandatory charging policies and the fear of being arrested for defensive violence deters women in calling for assistance, on the chance they may be charged again.

I'm sure we don't see all the women that I could be seeing, not just because of the charge but being in an abusive relationship. They just kind of take it I guess, for lack of a better word. They just – they don't retaliate (Sarah – female program).

Failing to account for the context of the situation and concentrating only on immediate incident-specific evidence results in the increased arrest of women. Realizing that their use of violence as a defence mechanism may still result in arrest, women may refrain from calling for help. This potentially reduces the number of charges but does not reduce the experiences of IPV. No facilitators of male programs drew attention to mandatory charging policies as detrimental or discriminatory towards their offenders in those groups.

Types of Violence

Facilitators were asked what commonalities or incidents were most “typical” regarding the offenders they work with, which resulted in many discussing the specific criminal code offences they frequently encounter. Both male and female program facilitators highlighted that their offenders often enter treatment with charges such as assault and mischief. However, a gender division was noted when considering other offences such as violation of a protection order, or stalking. More male offenders were

recognized to have committed the latter crimes, indicating their persistence and attempts to engage in ongoing patterns of behaviour whereas women's violence could be largely in response to an immediate situation and ongoing controlling behaviours of their partner.

Assault

While we know that there are a variety of tactics of abuse that encompass both physical and non-physical violence, our current criminal code offences rely heavily on the presence of physical abuse. Therefore, it was not surprising that facilitators mentioned that they see many referrals for both male and female offenders charged with some form of physical assault.

The typical incidents we're seeing are, um, assault for sure (James – male program).

So yeah, we definitely do see still lots of physical violence (Riley – male and female programs).

Shawn and Gary, both facilitators of male programs, described that the levels of assault that they often see from their male offenders are generally a lower level of severity. Even though research indicates that men are more likely to inflict more severe abuse against their partner, this is to be expected in the current sample as participants of community-based treatment programs have generally not been charged with serious, life-threatening violence and are not held in custody or facing incarceration.

People have, you know, sort of minor – not to minimize it but in terms of intensity, is generally pushing, shoving [...] The other charge would be assault with a weapon, but weapon not in a sense of a knife or a gun but usually it's household items that are being used and sort of thrown for that purpose (Shawn – male program).

Sometimes it's a misunderstanding of assault in the sense that their partner might block their way in a door and they just push their way through to get out of the house, and that lands them with an assault charge. So, we do end up spending some time speaking with clients on how that is assault [...] our referrals are significantly of physical abuse in nature (Gary – male program).

Sarah described the evidence that is often present that results in an assault charge for women. While, like men, the severity of violence is fairly low, unfortunately it appears to confirm that police have been unwilling, or unable, to consider the context of the incident as these injuries are largely reflective of defensive violence.

So, the physical is like tearing a shirt, scratching, leaving a mark, and that's why they get charged most of the time (Sarah – female program).

Approximately one quarter of facilitators who responded to the survey identified that their program only concentrates on solutions to combat physical violence (25.9%, 7); yet all but one also reported that their program recognizes the use of non-physical tactics of abuse. At first glance, this appears to be a discrepancy; however, it may be possible that even though the program guidelines recognize non-physical violence, the materials are presented in a way to concentrate on physical abuse as this is one of the main reasons why offenders are being referred to their group.

Mischief

Even though assault charges and offences relating to physical violence may be most common, additional charges may be laid in combination. Another common offence identified for both male and female offenders is mischief⁷. Interestingly, many scenarios that facilitators provided that warranted a mischief charge included breaking or damaging telephones. Shawn finds that some men in his group damage property in this way.

So, you know, someone is taking a cell phone of his partner for example and throwing the cell phone on the floor and destroying those kinds of things. So that would be mischief charges (Shawn – male program).

Alternatively, Riley, who works with both men and women, finds that destroying telephones often occurs on both sides.

But we see a lot of situations that involve domestic mischief where they've gotten in a fight and smashed phones on each other and done things like that, right? (Riley – male and female programs)

While Sarah also notes that breaking a telephone is grounds for a mischief charge for the women she works with, she also includes additional instances of property damage that may take place.

But specifically to the women's [program] there's the mischief under \$5000, so slashing tires, breaking phones [...] so the non-physical would be the mischief of, you know, doing damage to the partner or ex-partner's property (Sarah – female program).

⁷ Section 430(1) of the Criminal Code of Canada defines mischief as "Everyone commits mischief who willfully a) destroys or damages property; b) renders property dangerous, useless, inoperative or ineffective; c) obstructs, interrupts or interferes with the lawful use, enjoyment or operation of property; or d) obstructs, interrupts or interferes with any person in the lawful use, enjoyment or operation of property" (*Criminal Code*, 1985, s. 430(1))

Breaking or damaging telephones, especially a cell phone that belongs to the victim, is noted to be a potential tactic of coercive control (Sharp-Jeffs, 2017), as a means of isolating the victim and cutting off contact with others. Further details regarding these incidents were unavailable so it is difficult to determine if property damage was committed in reaction to an immediate situation, or for the purpose of ongoing control.

Breach of Conditions

For lower-risk offenders, it is common that they are often not held in custody and instead will have a recognizance or undertaking in place listing various conditions they agree to abide by while their charges proceed. Additionally, dispositions such as a peace bond or probation order may also have similar stipulations. For many IPV cases, these conditions will often include a ban to have any contact, direct or indirect, with their partner/victim. Facilitators advised they also receive referrals for offenders who have been charged with breaching these conditions. Unlike the above assault and mischief charges, these violations were only noted to occur within their male populations.

Yeah there's also, you know, breaches of no contact order in the context of a previous domestic violence – either a charge or if there has been a, you know, a no contact or an emergency intervention order or peace bond or something that has been issued before and there's a breach of that. That would be something they would have to come to group for as well (Amanda – male program).

And then if he breaches the protection order he would get referred for a breach of the protection order. So even if there is no violence directly that he got charged for, he would be referred for a breach (Shawn – male program).

Contact through the telephone or other electronic means are also violations of protection orders, and the use and availability of technology makes it easier to make contact. Gary

has heard from male offenders that their breach was a result of their partner manipulating them into violating the condition, although this could also be just another means of deflecting and denying responsibility for their actions.

The issue with technology tends to come from – the notable ones is the clients end up breaching their conditions. Because of the no contact orders, they'll be getting messaged by their partner or harassed by their partner and then they reply and then they take it to the police, and they get breached (Gary – male program).

As women's violence is generally in retaliation or a response to a situation in which they feel at risk, and men may instead be inflicting abuse over longer periods of time to assert their dominance and control, it is logical that men are then more likely to violate their conditions. In addition to breaches of conditions this can also extend into ongoing harassment, to be discussed next.

Harassment and Stalking

Stalking, or "criminal harassment" as it is referred to in the Criminal Code of Canada, is also a charge that results in offenders entering IPV treatment. Similar to breaches of protective conditions, these behaviours are only found amongst male offenders. Amanda highlights that these charges are common, but James also references behaviour often used by his male clients that do not necessarily warrant a charge but include many surveillance tactics and monitoring of their partner.

So that might be something like harassment or threats. I don't know the specific – threats of violence or harassment (Amanda – male program).

So I say, you know, before a separation we'd see monitoring phone calls, checking text messages, who's sending you Snapchats? Who's sending you Facebook messages? Who's liking your photos? (James – male program).

Breaches of protective conditions are indicative that the offender is still determined to have contact with their partner/victim, even though doing so risks further sanction. Breaches are often considered one-time incidents, whereas harassment and stalking require numerous events before charges can be laid. The increased availability of technology, as highlighted by Shawn and James, allows for further attempts to maintain or regain control over their partner even when separation or the implementation of protective conditions has already occurred.

Yeah like use of technology, yeah, it could be a part of that. For example, constantly stalking somebody or so (Shawn – male program).

We see a lot of, you know, even if they moved out and they're on no contact orders, we see a lot of text messaging. We see a lot of Facebook messaging. We see a lot of phone calls. We see people making phone calls from the prison quite often. Continually harassing or using those kinds of digital means to continue kind of seeking control over that relationship [...] and then post separation then it's only the digital because that's what's left (James – male program).

As James detailed, control is often being sought by men, and the availability of technology and social media makes it easier to try and maintain their presence in a victim's life, even if the relationship has ended. This finding, even though these tactics result in charges of harassment, are also indicative of coercive control. As there is currently no criminal offence yet in Canada for coercive control, there may have been many more instances of non-physical abuse, intimidation, and instilling fear in the victim before enough evidence of harassment and stalking were compiled to warrant a charge.

Responses to Self-Defence, Retaliation and Provocation

It is important to recognize that the IPV treatment programs discussed in the current study are implemented either post-sentence when offenders have already been convicted, or pre-sentence with an agreed statement of facts that offenders agree to plead guilty to upon completion. However, as indicated above, offenders in IPV treatment often talk about their use of violence and abuse as a result of self-defence, retaliation, or from being provoked and therefore do not believe they should hold all the blame. During interviews, facilitators were asked how they navigate these claims by the offenders while still being required to conduct treatment. Responses to this inquiry largely fell into three categories: discussing ways in which the offender could have made different choices; encouraging offenders to view perspectives of their partner and develop empathy; and encouraging offenders to take responsibility for behaviours.

Making Choices

Discussions around “making choices” about their behaviours was highlighted for both male and female IPV treatment groups. This area may share a connection with, or already be a component of CBT methods. CBT focuses on the use of violence and working with offenders to understand that they can predict their behaviours and/or adjust their thoughts so that they do not react with violence (Aaron & Beaulaurier, 2017; Feder & Wilson, 2005). Recognizing that they can control their responses to situations could be considered another way of essentially making a choice about whether they are going to use violence or not. Amanda described that she will often review the incident that resulted in the offender’s arrest and encourage them to locate points in which they could have done something differently.

So we kind of go through the incident, you know, as part of a relapse prevention plan and “what could you have done differently? And “knowing that you can’t control somebody else’s behaviour, what can you do yourself?” (Amanda – male program).

For male offenders who insist that they have been provoked or have experienced other forms of abuse from their female partner, Shawn will give space to acknowledge their perspective but then will attempt to shift patterns of thinking to instead concentrate on their own responses rather than expecting their partner to change her behaviours.

And I think it does occur that there’s maybe a level of emotional abuse that they’re exposed to by their partner but to say “ok how can I respond? What can I do?” and not to try and change the partner and say “ok she needs to do this different and she needs to change”, but to say “what can I do in my own situation?” (Shawn – male program).

Sarah also mimicked others response in identifying that female offenders are also encouraged to develop new skills to prevent feeling as though violence is the only choice.

Yeah the education piece is that ultimately violence is a choice and, you know, you made that choice in that moment and hopefully we can teach you different skills and different ways of looking at your choices and know that you don’t have to get to that point [...] I at least try to give them space to give that subject space in terms of being able to recognize that yes, there are times you are defending yourself and you have to do those things. And then accompany that with “what can be different?” I mean, women, if they’re not ready to leave an abusive relationship, they’re not going to leave it (Sarah – female program).

The responses to this section largely appear to reflect the scenario in which the use of violence and abuse is in reaction to an immediate situation. They do not appear to explore instances in which abuse may be more methodical and ongoing. As women are more frequently the victims of calculated attempts to control and isolate and are also acknowledged heavily in this study as victims as well as offenders, it may be difficult,

and in some cases impossible, to consider that they have a choice in how to respond if they have been entrapped in their relationship.

Perspective and Empathy

Facilitators of male programs often talked about shifting the lens to encourage offenders to view the situation from their partner/victim's perspective in order to try and have them identify where their behaviour may have been problematic and harmful. Especially for men who minimize their role in the incident or attach some degree of responsibility to their partner, encouraging them to consider the same experience from their partner's point of view is used often by both Kollin and Gary.

And in fact, we have sometimes done towards the end a bit of a “can you speak as your partner?” and “if I ask you questions about your experience and you act as your partner, what would you tell us about what that experience was like?” (Kollin – male program).

So if they minimize it, we kind of just ask them “do you think your partner feels the same way you do about it?” If we can kind of persuade them and have them realize “oh this was much bigger”, we kind of take that revelation out of the evaluation of minimizing the behaviour because now we feel they realize just how big their actions really were (Gary – male program).

As Michael described previously, he works with offenders to also recognize that even if their partner is behaving in an unhealthy way towards them or reacting to situations with what appears to be unnecessary emotion, that there may be a traumatic experience in her past or a trigger that is causing this

So it's really important to be, you know, to kind of acknowledge but then really kind of redirect to their own part or how they responded, what their partners experience, like “what was she going through at that moment? What was going on in her mind when she did what you said she did?” And try to build the empathy for their partner in that situation [...] and really try to put themselves in her shoes to understand the context of the situation (Michael – male and female programs).

Like the topic of “empathy” only being considered most useful for men, this response was also not identified as being included in any of the female IPV treatment programs. This leads this researcher to believe that even when treatment is mandatory, there is recognition that women are often victimized by their partners and trying to empathize with an abuser can be ineffective or detrimental.

Taking Responsibility

A tactic used in almost all programs when an offender, male or female, suggests they were retaliating against their partner or did not hold all the blame was to concentrate on elements of the incident for which they are willing to take responsibility even if they initially entered treatment minimizing the degree of their involvement in the situation. Michael highlights time is often needed for offenders to own their actions, while Shawn also recognizes that details in an objective police report may differ from someone’s personal recollection and that some flexibility around these details may be helpful.

We’re kind of like accountability coaches, just slowly trying to work them towards really owning the part they own, recognizing the impact of their behaviour, feeling good about owning the part they own, and recognizing that that’s an indication of good values, something they can feel good about (Michael – male and female programs).

And so we always try to say “ok explain this situation to me, what is your responsibility? What do you feel you can take responsibility for?” and just through sort of an open-ended question and motivational interviewing to tease out some of the details rather than saying “well it says you did this as stated in the report and if you don’t exactly agree with that, we’re not accepting you”. So that’s not the approach we’re taking but we say “you know, what can you take responsibility for?” And even if the client has somewhat of a different explanation that is different than the report, we will still accept them as long as they acknowledge that there was some sort of an assault or uttering threat or whatever the charge may be (Shawn – male program).

What is important to note is that this idea of “taking responsibility” was also identified as an overall challenge for both male and female programs, albeit for different reasons. Facilitators identified that men often struggle to take ownership of their behaviour due to strong beliefs that their actions were justified or that they had been wronged in some way.

So if you look at challenges it might be that. Because they – some groups there’s a fair number of men who want to do that exercise but it’s not the most important. The first choice is to try to tell their story to feel heard about their own struggle (Amanda – male program).

And so being able to really focus on their behaviour without being derailed by their perspective of how they were wronged is probably the most challenging one (Michael – male and female programs).

Multiple facilitators acknowledge that there is often shame and stigma associated with violent behaviour and that it is possible these feelings prevent many men from consciously identifying as a person who has used abuse or acted violently.

What we have to do is start with the low hanging fruit and try to get some buy in, and typically that is “have you ever had a shouting match? Have you ever called her names? Have you ever stood up and looked down on her in an intimidating way?” If they can own that, we can admit them into the program, and then what we typically find is later on when we start taking out some of the embarrassment and the shame and the guilt, then they can open up and say “you know what, I did do those things that they said I did, I was just trying to hide from it” (James – male program).

It’s not uncommon, I would say one in five clients that come in for intakes with us will sit down and when we say it’s a group they say “well I don’t want to be in a room with a bunch of woman beaters” (Gary – male program).

And that’s where we get into sort of talking about justifying, minimizing, denying and blaming as a way to explain away our behaviour [...] and then they begin to actually take a look at how much that they do that and begin to understand why. We talk about why we

do it and we talk about we do it to make ourselves feel better. We do it to take away guilt, right? (Riley – male and female programs).

Kollin also encourages further discussion about the offenders' personal contexts and how their environments and external influences may contribute to their behaviours.

Another conversation we have is called “context not cause”. And this is where, after people start to take a little more responsibility and less excuses, we can introduce the idea that there are pressures on our behaviour. Things come at us, whether its sort of cultural messages or stereotypes or whether we're influenced by addictions or all kinds of things (Kollin – male program).

For women however, taking responsibility for their violent behaviours was often a challenge because of the increased likelihood that they attend treatment as simultaneous victims of abuse and therefore, are being blamed for defending themselves.

If there's any group that gets more push-back it's with the women. And I do think with the women because they're often coming from abusive relationships it's very – like any kind of confrontation certainly doesn't go over well (Michael – male and female programs).

Encouraging women to take ownership of violent behaviour committed due to no other available recourse is difficult, with one facilitator even acknowledging that there may be instances in which her partner is manipulating the justice system by making the initial call to the police to implicate her and control the narrative. Susan Miller's (2005) research in the United States consisted of similar reports, with women entering into plea bargains and receiving convictions and mandatory attendance in IPV treatment programs due to lack of knowledge of the judicial system or fears or repercussions if they fought the charges. Specific information was not provided in these interviews to identify if the women also entered into plea bargains or were represented by substandard defence counsel, if at all, but the initial parallels cannot be ignored.

It might be challenging for some offenders to take responsibility given their experience of abuse or past abuse in relationships. So, you know, it's like "he's done it to me so many times, I do it once". And many times I'll have, you know, the ladies tell me "I didn't do anything", and I know I'm only getting one side of the story but it's something that happens often where I get the "he called first" (Sarah – female program).

While it is recognized that many facilitators try valiantly to encourage offenders to take responsibility for their behaviours, we must also recall that a successful completion of IPV treatment is often centered around attendance and not through a demonstration of changed behaviour. Therefore, there appears to be flexibility in how much responsibility the offender takes. As a complete denial of involvement in an incident is often grounds for dismissal, partial responsibility may be enough to warrant remaining in treatment and meeting the expectations of the court.

This chapter concluded the discussion of the results and emphasized the presence of gender differences in the experiences of IPV and contexts in which violence and abuse take place. The following chapter presents a thorough discussion of these findings and their implications.

Chapter 7 - Discussion

This chapter discusses the implementation of IPV treatment programs associated with specialized DVCs across Canada, from the perspective of the facilitators who conduct them. While there is a clear recognition that women's use of violence is often committed for different reasons than that of men (Dobash & Dobash, 2004), IPV treatment programs participating in the current study ultimately appear to mirror the gender-neutral approach of the criminal justice system, treating both male and female offenders with the same materials and expectations. The findings related to the research questions are presented as such: the first discussion highlights findings as to whether IPV treatment programs are in fact gender-neutral or gender-specific. The second discussion presents evidence regarding whether or not IPV treatment programs recognize the various intersecting oppressions that may impact women and their use of violence. The third section then discusses if women face greater systemic barriers in accessing and attending IPV treatment programs compared to men. Additional findings realized beyond the original research questions will also be described, concentrating on information pertaining to the offender's completion criteria and re-offending rates, as well as the presence of coercive control and additional tactics of non-physical violence. Following this, limitations to the current study will be presented, as well as future research possibilities, recommendations, and final concluding statements.

Research Question 1: Are IPV Treatment Programs Gender-Neutral or Gender Specific?

This section discusses the overall gender-neutrality or gender-specificity of the IPV treatment programs that participated in the current study. Information revealed

pertaining to the overall format and guidelines, content inclusive of various topics of education, potential concerns regarding the method of treatment used, and the discrepancies between facilitator perceptions and the policies they must follow will be presented in further detail.

Formatting and Guidelines

As described above in Chapter Five, there were no statistically significant values when cross-tabulating the gender of the program with their overall formats. There is no research to date in Canada that has previously studied these conditions with which to compare findings. The results of the current study therefore provide strong evidence to suggest that there are no observable differences between IPV treatment programs for men and women used in collaboration with specialized DVCs. The method of treatment, while there was some variety, consisted primarily of Duluth-based treatment, followed closely by CBT and narrative therapy. As these types of programs are also most commonly found in the literature, it came as no surprise, and results revealed that none were more likely to be used with male or female offenders. A large majority of the IPV treatment programs were also frequently scheduled to take place over a two-hour period, once a week, and lasting primarily for a total of 9-12 weeks in length. Considering the frequently short length of the treatment programs, it was also commonly found that no more than one or two absences were allowed, and facilitators all generally agreed that as a result, almost all offenders successfully completed the program and were not asked to leave or were expelled from future sessions.

An area in which there was higher inconsistency between programs, but again, not attributable to the gender of the group participants, was the matter of paying fees in

order to attend. Approximately half of all male and female programs required some degree of payment from the offenders, whereas the other half did not. Required payments have been criticized in the literature, a primary concern being that non-payment may result in the offender being perceived as non-compliant and dismissed from treatment, when in fact it is due to lack of financial resources (Labriola et al., 2009). In contrast, few facilitators in the current study determined payment of fees to be problematic for their offenders, likely due to the common practice of allowing amounts to be set on a sliding scale and dependent on the individuals' personal financial circumstances. However, as Alex acknowledged, an amount that is considered small in the eyes of the agency may still cause hardship to the offender, especially if they are reliant on social assistance and already struggle to fund their basic necessities. While it is true that many men may find themselves with scarce resources, they continue to be the gender with more financial security overall. Our society persistently still expects women to be the ones to take time away from employment to raise children, accept part-time work, and are overall paid a lesser wage (Comack, 2014; Moyser, 2017). Women's limited financial means may arise as not only a result of reduced social power, but also experiences within relationships in which the male partner controls all assets as a means of maintaining their masculine dominance (Nixon & Humphreys, 2010; Sharp-Jeffs, 2017). Therefore, considering that there is no difference found regarding who is required to pay a fee, women continue to be held to the same standard as men when it is proven that their financial and economic resources are generally already lower.

Topics of Education

Upon realization that timelines, length of sessions, and overall structure of the IPV treatment programs were symmetrical, attention shifted to reviewing the content and materials provided to offenders to further assess if gender-neutrality was maintained or if men and women received different information. Once again it was determined that topics of education significantly overlapped and subjects for discussion, as highlighted above in Table 6 (Chapter 4), were included, or not included, at similar rates for both male and female offenders.

Topics that were the most popular amongst all programs in the current study, whether male or female, were: types of abuse; communication skills; identifying warning signs; emotional regulation; values and beliefs about violence and abuse; and healthy relationships. At a slightly reduced frequency, but still fairly equally distributed between male and female programs were additional discussions on safety planning; effects of violence on children; substance abuse and addiction; parenting; time outs; empathy; and self-talk. On the contrary, topics that were very rarely included for both men and women consisted of the impacts of living conditions on violence and abuse; self-esteem; ethnic, racial and cultural differences; and socioeconomic impacts on violence and abuse.

Out of the extensive list that facilitators were provided with during the survey, the only categories in which there was a noticeable differentiation between male and female groups were the topics of “gender roles”, which was included in all but one female group but only 62% of males, “understanding the cycle of abuse” which once again was included in all but one female group and only 71% of males, and

“socialization of violence and abuse” which was included in 67% of female programs but only half of male groups at 52%. These topics are not at forefront of the literature that suggests specific content necessary for utility with female IPV offenders.

Unfortunately, due to necessary adjustments that had to be made to the methodology of the study, subsequent interview questions were unable to address this subject and therefore, it remains unclear why these three topics were more frequently associated with groups for female offenders.

Since the mid-2000s, recommendations have been made by researchers and practitioners regarding appropriate content to include when working with female IPV offenders. One of these subjects, as proposed by Dowd and Leisring (2008), is that of “emotional regulation”. Unexpectedly, this was a common category located in both male (89%) and female (89%) programs; however, information provided regarding the discussion content within this theme raises questions. Facilitators of male programs emphasized that during this segment they work with men to assist them in realizing and unearthing deeper emotions they did not know they had, as well as then how to handle them. Gary explicitly stressed that he helps men to identify emotions beyond the basics of happy, sad, or angry. Alternatively, facilitators of female programs appear to do the opposite, reverting to solely concentrating on these fundamental emotions, especially that of anger. Women’s experiences of reduced social power, victimization, and/or oppression within abusive relationships may contribute to the way they feel and learning strategies to constrain their emotions may not be helpful in removing them from situations that resulted in this state of mind.

Additionally, Bair-Merritt et al. (2010) and Larance (2007) both advised that safety planning is also a useful tool when working with women. Once again, developing a safety plan as well as a violence prevention plan was identified as a common discussion point in the current study; however, at a slightly lower rate for women (67%) compared to men (71%). If we consider the literature and the findings of the current study that frequently suggests that women's violence is a result of self-defence or retaliation, it is surprising that "safety planning" is not incorporated at a higher rate for female offender interventions. While it is promising that these recommended topics for women are included, it is concerning that there remains no difference in their frequency of use when also compared to men's groups.

It is also necessary to focus attention onto the topics of education that were rarely, or never, used. Gabora et al. (2007) suggested that intervention programs should consider whether the female offender in treatment was in fact the primary aggressor during the incident or if they were ultimately a victim responding to abuse. Goldenson et al. (2008) also recommended that previous experiences of trauma should be included in intervention programs for women. A number of facilitators in the current study who participated in an interview personally believed that many of the women they work with were indeed mutual victims of abuse, and that a trauma-informed approach would be a useful way to improve IPV treatment programs. However, survey results did not reveal that these realities were ever incorporated into their current educational content.

Lastly, Larance et al. (2019) and Miller (2005) highlight that there must be assessment and understanding related to the various intersecting hardships that more frequently impact women, including racial, ethnic, and class barriers. Damant et al.

(2014) also recommended that women's programming should include themes concentrating on "empowerment" as well as various life conditions that may contribute to women's use of, and experiences of, violence. These subjects were significantly lacking in the current study. While it is not surprising that male IPV treatment programs rarely included these issues, it is a challenge that only a minority of female programs contained them too.

In reviewing the presence, or lack, of topics of information, it is clear there continues to be a vast amount of symmetry in regard to materials presented to the offenders. On one hand, this may be reflective of the criminal justice system's approach to treating all IPV offenders equally by offering the same procedures and options for resolution. However, this researcher also considers that to claim something is "gender-neutral" is to imply that it is suitable or applicable to both male and female members. While national comparisons of male and female treatment programs have not otherwise been conducted, there have been numerous research studies resulting in suggestions for content that are more appropriate or necessary to include when working specifically with female IPV offenders. One could therefore argue that program content is not in fact "neutral" but instead very specific, in this case towards men, when these additional recommendations for women are seemingly disregarded.

Duluth-Based Content

As the Duluth model remains one of the most common methods of treatment, and as determined by the results of the current study, is used equally for both men and women, we must turn attention to its utility, especially with female offenders. The Duluth approach to treatment considers that IPV is a result of patriarchal belief systems

that teach society that it is acceptable to use abusive tactics to exert power and control against an intimate partner (Babcock et al., 2004; Gondolf, 2002). As a result, the Duluth model was intended for gender-specific use, notably with white male heterosexual individuals. Results of the current study continue to demonstrate that this continues to be the only appropriate demographic, if any, that this method should continue to be used with.

When facilitators were asked what reasons their offenders gave for using violence against their partner, only men reported doing so in attempts to gain control. No women reported such rationale for their behaviours. An extremely popular visual aid distributed by the developers of the Duluth model is the Power and Control Wheel, used to demonstrate eight types of abuse that can be partnered with physical and sexual violence to exert dominance and control over a victim and/or children (Domestic Abuse Intervention Program, 2017). Utilizing economic abuse, intimidation, and isolation are a few examples of these categories of abuse in which men are known to exert their power. Women, however, are not considered to be able to have the same effect on a male partner due to unequal social and economic status that makes them much more vulnerable to these tactics, as opposed to being in a position in which to inflict them (Bair-Merritt et al., 2010; Mahoney et al., 2017). Alternatively, using violence as a means to defend oneself or retaliate against abuse already being perpetrated against them, as frequently identified by women the facilitators in this study work with, is not a factor considered in this wheel. Therefore, the appropriateness of issuing Duluth-based content for female offenders is largely questioned considering their tactics of violence rarely meet the primary criteria this method concentrates on combating.

As stated in the literature review, after discovering that Duluth treatment was being used with women, Ellen Pence designed Turning Points in 2011. This modified approach includes recognition of women's victimization, the possibility that they used violence as a result of being trapped in an abusive relationship, as well as the anger this may generate and how to communicate with their children about what they may be witnessing in the home (Ohio Domestic Violence Network, 2011). The discussions pertaining to "anger" that facilitators identified in their segment on emotional regulation may be reflective of Pence's female-centered approach; however, the additional suggestions do not appear to be included in program manuals. Instead, evidence of traditional Duluth-based content is exposed when comparing with topics of education most frequently used with both male and female offenders.

As described, the Power and Control Wheel demonstrates various types of abuse, inclusive of non-physical forms of violence that perpetrators may not have previously recognized as problematic. Education on types of abuse was comparably one of the most common topics in the current study. Additionally, Duluth-based treatment also concentrates on teaching new ways of communicating with partners in a healthy, productive way (Gondolf, 2002; Pence & Paymar, 1993). Likewise, a large percentage of both male and female IPV treatment programs surveyed also included discussions about "communication", as well as "values and beliefs" about abuse. Duluth-based programs concentrate on examining the offender's thought processes and belief systems, then ultimately challenging those with the intent to try and change them (Tsai, 2000). Even though additional topics were included at varying degrees, it is likely not a coincidence that the most popular subjects shared with offenders are also criteria

frequently associated with one of the most widespread methods of treatment.

Additionally, considering that Duluth treatment concentrates on combating the use of patriarchal belief systems, it is problematic that a female offender would be presented with this information as a reason for their violent behaviours.

Facilitator Perceptions

Even when considering the discrepancies that exist above in appropriate content and treatment for male and female IPV offenders, a majority of the facilitators who responded to the survey stated that they believed their program content was suitable for all genders and cultures, they are considerate of gender-specific needs, and their program effectively addresses offenders' reasons for using violence. However, considering the symmetry that is found within program structures and content that rarely differ for men and women, this appears to be a disconnect. Elaborations made during follow-up interviews suggest that facilitators may in fact consider these statements to be true due to modifications and professional discretion used, not necessarily because program manuals and policies are created with such criteria in mind.

Facilitators working with female offenders frequently highlighted that they recognize that women, even though they have used violence, are also often victimized by their current partner or have experienced past relationship abuse. In response to this reality, facilitators like Sarah will give space for this to be aired and communicated within the treatment session in order to validate the clients' experiences. The nature of being classified as a female IPV offender in general also results in increased likelihood that treatment will be offered one-on-one as opposed to in a group, whether this is due to personal challenges preventing consistent attendance or because of low referral rates

that prevent the ongoing assembly of a group treatment format. It is therefore suspected that recognition of these histories as well as adjustments made to the program delivery are reasons why facilitators consider their interventions remain considerate of gendered needs and are applicable to all of their clientele.

The discrepancy between lived realities that facilitators observe and the required content and guidelines they are frequently bound to follow may also be a result of the length of time their program has been in operation. Many facilitators responding to the survey identified that the program they conduct has been in operation for 10 years or more. This researcher did not ask facilitators to identify how frequently, if at all, their manuals or content are updated, but considers it possible that some materials are becoming outdated or not progressing as quickly as our latest understandings of IPV. Facilitators are clearly aware of gender-specific differences in the perpetration of IPV and have perspectives on ideal changes that should be made that are based on real-world scenarios and their direct involvement with offenders. However, as training materials are not the property of the individual facilitators and are instead owned or managed by the agencies they work for or the province in general, it is possible that the program developers and funders may not be reviewing the literature and making amendments on an ongoing basis, especially as it relates to the treatment needs of women.

Research Question 2: Do Current IPV Treatment Programs Recognize Various Intersecting Oppressions that Impact Women and their Use of Violence?

Even though the current study is heavily concentrated on the resulting experiences of female IPV offenders in treatment programs, the fact that male programs were also under review reveals findings applicable to this demographic also. The

presence of intersecting categories and a frequent inability for IPV treatment programs to address these not only results in vast challenges for women, but a portion of male offenders as well.

Common Intersectional Barriers

As previously identified, topics of discussion on ethnic, racial and cultural differences, the impact of living conditions, and socioeconomic impacts of violence and abuse were rarely incorporated into both male and female IPV treatment programs. While living conditions and socioeconomic disadvantages may impact women on a larger scale, ethnic, racial, and cultural differences are indeed relevant for male IPV offenders as well as women. Criticisms of IPV programming have included considerations that immigrant populations and other ethnic groups hold different perspectives and attitudes, and that they likely require an alternative approach (Gondolf, 2004; Messing et al., 2015). However, IPV treatment programs in the United States are still found to operate from a “colour-blind” style, choosing not to address the unique needs of men of colour (Bennett & Williams, 2001; Saunders, 2008). Similar findings are located here. Facilitators stressed that their programs were often ultimately designed to be culturally and gender neutral in order to allow participation from as many offenders as possible, regardless of their gender, background or heritage. As resources and the availability of facilitators and participating agencies is limited, it is understandable that the aim is to reach as many individuals as possible, especially as the courts receive persons from a wide range of demographics and must be able to offer services to everyone. As Shawn described, attempting to tailor each group to a specific set of needs would be challenging if not impossible. Instead, James’ program omits

cultural diversity from their materials, and Gary's program recognizes that most of their clients are Caucasian, so caters to the majority demographic. While Shawn recognizes that there may be some differences, he advised that a method to delivering the program is to consider what common elements may exist amongst all of the offenders and concentrate education around those. An example he provided was the "role of men" as having overlapping beliefs and values. However, this researcher considers this generalization could be problematic. While it is often true that traditionally in many cultures, males are considered to be the heads of household, are responsible for providing for the family, and have authority in decision-making, it is false to assume such simplification especially in a Canadian context. For example, Indigenous communities are traditionally very matrilineal, only changing as a result of colonization. The matrilineal make-up of Indigenous groups saw women as heads of the household, held authority and decision-making abilities, and had control over resources and distribution (Halseth, 2013). Colonization resulted in a shift to a patriarchal system, not only dismissing Indigenous communities as inferior, but also reducing the status of Indigenous women to lesser than that of their men (Halseth, 2013). This serves as an example that operating with blanket assumptions regarding culture and ethnicity can essentialize the offenders and dismiss their unique needs and experiences that may contribute to their actions.

Program content therefore, clearly does not consider intersecting needs as all information is distributed the same between genders, identities, social class, and culture. Where allowances are made is through the transition into one-on-one treatment instead of within a group if these intersecting categories pose barriers for clients; however, the

materials presented remain exactly the same. Within the current study, offenders were more likely to be reallocated into individual sessions if they did not fit the mold of a white heterosexual male. If language barriers prevent an offender from comprehending information, they will instead receive one-on-one sessions with the assistance of an interpreter, as advised by Riley and Sarah. However, this may still pose a challenge as English words and phrases may not translate in a meaningful way and there may remain a possibility that, in the context of their native language, they may still not understand that the behaviours they are challenged to change were in fact abusive. Additionally, on the surface, if all materials are designed to be used with a neutral lens, it appears strange that offenders will be potentially removed from group if their gender or sexual identity differs from the status quo. Upon review, it appears that this in fact is not dependent on the content, but instead due to personal safety concerns and beliefs that others in the group may be uncomfortable. What this suggests is that even though program content is designed to be neutral, societal beliefs about gender roles for example, are still highly prevalent. Gender is known to play an additional role in intersectional barriers; therefore, women in this study continue to be at a greater disadvantage and increased likelihood of being referred to one-on-one treatment. Men may be transferred out of group if their cultural or sexual identity differs from the norm; however, women, even if they present as white and heterosexual, are not able to be offered the same amount of group treatment options as men. This is further exacerbated if they also fall into other marginalized categories.

Facilitators recognized the challenges that accompany participation in individual sessions as opposed to within a group. Offenders often do not learn as much or are not

as engaged with the materials as they would be in a larger group setting with their peers and other like-minded individuals. Therefore, women and members of other minority populations are at a further disadvantage if it is already recognized that they are less likely to learn as much from one-on-one sessions but faced with no other alternative since the group format does not, or cannot, accommodate their needs.

Gender and Intersectionality

Further challenges are noted relative to the impact that gender has on IPV treatment attendance, specifically for women. As Michael emphasized, in addition to being culturally-neutral, programs are also intended to be gender-neutral, with the information presented aimed to be applicable to everyone. As a result, just like attributing the same cultural assumptions to each person can dismiss their unique needs, presenting the same information to women also equates their experiences to that of men. Treating male and female IPV offenders the same could imply a support of the family conflict perspective that implies that abuse is committed equally by men and women, and for the same reasons (Bair-Merritt et al., 2010; Dobash & Dobash, 2004; Swan & Snow, 2006). Some facilitators sided with this perspective, although only the ones who solely worked with men. James, one such facilitator, felt as though the materials he has are too gender-specific, especially in their use of language that presents the male as the only one to have used problematic behaviours, thereby dismissing their beliefs that they have also been wronged. Alternatively, none of the remaining facilitators who either worked with both male and female, or solely female, offenders suggested that gender-neutral language would be more appropriate. This may be due to the understanding that when women explain their reasons for using violence, it largely centers around self-

defence and retaliation. While male offenders may attribute their abusive behaviours to something their partner has done to encourage it, they have not reported to these facilitators that it was due to experiencing victimization. Facilitators who solely work with men therefore do not hear all the various explanations for violence that those who also work with women are exposed to. Program developers who concentrate on evidence provided by men or follow suggestions of the family conflict perspective which does not gather data from institutional reports, results in materials suggestive that violence is mutual when anyone working with women are more likely to suggest otherwise.

Women arrested for IPV and encouraged to attend an IPV treatment program, especially if this also results in a criminal record, can lead to additional barriers to accessing supports and resources. The presence of a criminal record or pending conviction can leave women with reduced employment opportunities; even less than they were already experiencing. In addition to continued financial hardships or instability, this can also lead to rejection of public housing allowances, immigration rights, and child custody concerns (Larance et al., 2019; Miller, 2005). If her violence was committed due to no other recourse, she is plunged into further social marginalization by being placed into a treatment program that labels and treats her as an offender. Furthermore, there are even less opportunities to leave an abusive relationship and access supports for herself and her children.

Like the initial research question pertaining to gender-neutrality or gender-specificity within treatment, it is clear that program materials continue to be objective and do not readily include considerations regarding intersectional challenges that may

impact both men and women and their use of violence. All considered, however, facilitators once again appeared to recognize the problems in treating everyone the same and discussed ways in which they deviated from program policies and content that otherwise ignored these intersectional considerations. Alex and Laura both acknowledged that Indigenous populations have their own ways of knowing and make efforts to actively include discussions about their cultural practices regardless of whether an Indigenous client is present in the group or not. Michael also discussed inviting offenders who may have migrated from another country to share information with others about their belief systems and ways of living. These inclusions are intended to recognize the variation of members in the group, as well as teaching about other people who share the same social spaces. While minor, it demonstrates that facilitators are actively trying to bring elements into the conversation where possible, even though it often goes beyond the requirements and mandates of the IPV treatment program curriculum.

Research Question 3: Do Women Face Greater Systemic Barriers than Men in Accessing and Attending IPV Treatment Programs?

While there is evidence to support that there are systemic barriers for women in accessing and attending IPV treatment, this section must first begin with acknowledging the continued systemic issues that begin at the point of arrest and judicial system involvement. As facilitators who worked with women frequently acknowledged, they often attend IPV treatment programs citing self-defence and retaliation as reasons for their violence. Limited legal definitions of self-defence (as highlighted in Chapter One), and a failure of responding police officers to correctly identify the primary aggressor

and the true context of the situation results in arrests of women and referrals to IPV treatment when in fact they may be victims.

The Criminal Justice System

Riley highlighted that the women he works with have often been victims of numerous abusive incidents at the hands of their partner and are arrested the first time they fight back. It is unclear from interview content if these women reported their previous victimization to the police; however, a primary aggressor contacting the authorities when their partner eventually fights back or retaliates is not a new phenomenon and warrants consideration here. Poon's (2018) study with female participants in IPV treatment concurred that they had not used force previously against their partner until the most recent incident in which they were arrested. Miller (2001) also previously found that men were more likely to contact the police to report violence committed against them by a female partner, possibly in an attempt to control the narrative. If the caller had engaged in abusive behaviours, reporting their partner can manipulate the justice system into believing their female spouse is the violent one and take attention away from themselves. If a call for assistance, whether made by the male or female partner, results in the woman's arrest because of her partner's false or exaggerated statements of abuse, she is punished rather than protected (Ursel, 2001). Sarah corroborated this scenario, advising that her female clients have reported they believed they ended up arrested and referred to treatment because their partner, the true perpetrator, had made the initial call to the police.

One of the concerns, or unanticipated consequences, of the introduction of mandatory charge policies was the arrest of both partners due to an inability to

determine the primary aggressor (Hirschel & Buzawa, 2002; Ursel, 2001). While this may continue to occur, at least one of the facilitators recognized that this is not a common occurrence in their jurisdiction. As few facilitators raised the topic, it was not included in earlier discussions pertaining to the findings of the interviews; however, Michael advised that dual charges happen rarely. He estimated that out of hundreds of reports a year, a dual charge occurs in approximately five or six cases. This information is suggestive that when women are referred to IPV treatment programs, they may be doing so alone, and not necessarily alongside a mutually violent intimate partner who is also attending treatment or appearing in court at the same time.

The question is often raised by members of the general population as to why abused women do not reach out for support or report their victimization. Results of extensive research find that women refrain from contacting the police for help due to fear of repercussions from their partner (Miller, 2001). Evidence has also shown that this fear of repercussion can extend into the court process when they are arrested themselves, with women feeling compelled to enter a guilty plea to avoid challenging their partner's version of events. Additionally, guilty pleas are entered as a result of limited knowledge of the justice system, reduced access to effective legal support, or to avoid incarceration and the risk of losing access to their children (Miller, 2005). All of these additional barriers to women, and factors they must consider in their decision-making, may all stem from an initial failure of the police to recognize their actions as defensive. Both Sarah and Laura confirmed that their women's defensive violence is not viewed as such by the police, and the mere presence of a noticeable injury on the other person is enough to convince officers to arrest, even if it was a scratch or a bite mark.

When police misinterpret the situation, or only notice injury to one person, it can falsely identify the wrong partner as the primary aggressor (Miller & Iovanni, 2007). The fact that police continue to lay charges against women for inflicting injuries that are frequently recognized to be defensive, not offensive, identifies that the context of the situation is not being considered. It is therefore no surprise that women may refrain from calling for help if it either results in repercussions from their partner by attempting to challenge their control, or their own arrest due to police inability to effectively, and correctly, assess the situation.

Facilitators, on the other hand, generally recognized these systemic barriers that women face. During the survey, all facilitators agreed that victims may face many challenges in attempting to leave an abusive relationship. Amanor-Boadu et al. (2012) and Robinson, Ravi, and Schrag (2020) summarize what these barriers may entail, including but not limited to: lack of financial resources to support oneself and children; low self-esteem or lack of personal agency (often due to ongoing exposure to abuse); feelings of a need to maintain commitment to a relationship, especially if cultural or societal expectations command it; lack of childcare or transportation; fear of immigration or other legal red flags; or a lack of awareness of or access to local services. The majority of facilitators in the current study also considered that women were more likely than men to experience victimization, and that men were largely the ones to initiate violence and abuse against their partner. As a result, and noting that within the literature these barriers to leaving a relationship are rarely associated with men, it is women that are more frequently impacted by these challenges. Therefore, if women have limited opportunity to escape a relationship, there is increased likelihood

that inflicting violence against their partner is the only perceivable reprieve to the ongoing abuse and isolation they are experiencing, facing arrest as a result.

Gender-Specific Barriers to Accessing IPV Treatment

While it is true that men have advised that attending treatment programs can be a challenge due to their work schedules, we must recognize that this barrier is vastly different from reasons why women have reported challenges in attending. Men who are employed are likely to have continued access to resources. Adjusting IPV treatment sessions to be more condensed as Amanda is able to provide, and Laura desires to, is identified as a solution to men's problems in scheduling. These men are then not reported to have further challenges in paying fees for the treatment or finding transportation in order to attend their sessions. Alternatively, women face challenges in attending IPV treatment sessions due to a complete lack of resources and support.

Factors such as finding childcare, access to transportation, or an ability to pay for these services are noted as barriers women report in being unable to leave an abusive relationship (Robinson et al., 2020). In this instance, they are also factors that prevent women from attending IPV treatment programs. Information provided by Sarah will be emphasized here as she not only was the only facilitator in the current study who worked solely with female IPV offenders, but also emphasized the existence of these scenarios. No facilitators who worked with men identified these resources, or lack of, as reasons why they are unable to attend their treatment program. Women report to Sarah that finding reliable childcare and transport are difficult, and in many instances are reliant on their intimate partner to provide these services. However, Sarah also detailed that these partners can be manipulative or demanding, suddenly withdrawing their

agreement to supervise children, or expecting the woman to be ready to leave group at a specified time. This researcher considers this extremely suggestive that even though the woman is the one attending IPV treatment as an offender, her partner is in fact the one with control and authority in the relationship. As detailed previously, it is not uncommon for men to report their partner's violence to police to control the narrative, and for police to fail to recognize problematic behaviours and attempts at manipulation on behalf of the male caller. Failure to attend court-mandated IPV treatment can result in dismissals from the program and further sanction from the justice system as a result. A manipulative partner may be aware of this, cancelling childcare at the last minute in order to prevent her from attending treatment and continuing to encourage the judicial system and other professionals involved to view her as a problematic client for failing to attend and participate consistently. What must also be considered here is that, since these women are naming their partners as the only individual that provides these resources for them, they clearly have no other social supports or close contacts to rely on, indicative of isolation within the relationship.

As noted previously, the same attendance rates are required for both men and women. Considering that the length of many programs is often limited to a maximum of 12 weeks, missing multiple sessions would severely impact the ability to complete treatment, especially since facilitators also noted that one or two absences only are allowed. However, as described, women's attendance can be impacted by their social position and negative influence of their partner, as Sarah highlighted. In such scenarios, if there is an inability to amend the time required or alternative ways in which to share materials outside of the scheduled group time, this could lead to multiple absences and

higher probabilities that women fail to meet court-ordered conditions. Fortunately, Sarah makes efforts to find alternate ways to present information to her clients or makes allowances for their personal situations. If facilitators like Sarah do not recognize this, or are not willing to accommodate in these ways, it is possible that more women would be identified as failing to successfully complete IPV treatment programs. On the contrary, programs for men are in existence which are specifically designed to accommodate their needs if they are likely to have to travel long distances or make arrangements around an irregular work schedule. While this may be a result of the geographical location of the program and its population that are more likely to require these considerations compared with other jurisdictions, none of the programs in the current study that worked with women had been recognized as requiring a unique format. Once again, it is down to the client-centered approaches of the facilitators and not the pre-determined objectives of the programs that allows more individuals to successfully complete their IPV treatment program.

Additional Finding 1: Completion Criteria and Re-Offending Rates

Upon review of the data, additional findings were discovered that reached beyond the original research questions and hypotheses and must be discussed. The first of these subsequent topics centers around information provided pertaining to IPV treatment program completion criteria and the reality of potential re-offending rates. Even though facilitators reported in the survey that removals from their program rarely occur and that more than 75% of offenders successfully complete treatment, this researcher uncovered that “successful completion” may not necessarily result in a

cessation of violence and often does not mean that the individual will not return to the attention of the justice system.

Violence Reduction Expectations

It became clear that most, if not all, of the programs participating in the current study will readily accept offender's numerous times if they continue to reoffend. Facilitators like Alex and Michael reported that they may see someone two or three times, whereas Shawn and Gary have worked with a small number of people up to eight times. As previously identified, there are varying definitions of treatment "success", with some evaluations suggesting that there should be a complete elimination of abuse, whereas others will accept reductions in overall severity or frequency (Gondolf, 2002). Within the current sample, it appears a reduction in violence is the outcome most desired, or at least most accepted. Michael and Gary suggested that it may take more than one attempt to fully understand and absorb the materials, and that the offenders can continue to build on things they learned in previous gatherings. However, the fact that it is commonly anticipated that offenders will return raises questions regarding the efficacy of IPV treatment, especially considering that one of the purposes of the specialized DVCs in the first place was to reduce recidivism rates (Bennett, 2012).

The discrepancy between facilitator reports that offenders frequently complete treatment successfully, yet the reality that they may also return at a later date, may be explained by the emphasis programs place on attendance as opposed to the exhibition of changed behaviours. While James and Gary advised that facilitators such as themselves may submit reports to the court that include additional details regarding the offender's level of engagement and other relevant factors, this was not common amongst all

programs. Others were more likely to note that the offenders' presence for the number of mandatory sessions, and otherwise not being disruptive to the group was enough to fulfill the requirements of the program. Michael and Kollin even went so far as to confirm that they really do not know if the offender continues to be, or has potential in the future to continue to be abusive, and that additional professionals may be needed to do their own evaluations to determine this. It can be a difficult task to change a person's behaviour or belief systems, or at least encourage them to recognize why their actions are problematic, in just a few short months, especially if that individual has been exposed to or learned unhealthy and abusive tactics over the course of a lifetime. However, we must also continue to consider the impact this approach may have on current or future intimate partners. Victims of IPV are recorded to be more willing to reconcile a relationship if their abusive partner has participated in an IPV treatment program (Feder & Dugan, 2002; Garcia & McManimon, 2011). If an individual continues to inflict violence and abuse following intervention, victims are at continued risk, possibly even to a higher degree if they are reconciling with the expectation that danger has been eliminated. This also raises contemplations about the appropriateness of sanctions. If offenders continue to be assessed as low to medium risk and given permission to re-enter a community-based IPV treatment program, victims may not feel as though their experiences have been taken seriously and that their abuse is considered as severe as it would be if it were otherwise committed by a stranger.

Program Length

Upon realization that many of the programs affiliated with specialized DVCs are fairly short in length, this researcher considers that this may also have an impact on

completion rates and subsequent recidivism. Considering that there are few expectations for offenders to attend a large quantity of group sessions, or demonstrate changed behaviours in the process, it is possible that they are merely presenting themselves in a socially desirable manner during treatment sessions (Davis et al., 2014). While facilitators did not specifically identify this possibility, the fact that both Michael and Kollin claimed they genuinely do not know how well the offenders retain and internalize the information indicates that they may be able to disguise their true attitudes and behaviours for short periods of time.

Alternatively, the short duration alone may prevent the offenders from spending adequate time with the materials. Even though it is understandable why some facilitators such as Amanda consider that condensed programming is more convenient, especially for offenders who work out of town or have more challenging schedules to maintain, it provides far less opportunity in which those individuals can reflect on and practice the information outside of the group. The same could be suggested for IPV treatment programs that only meet for a maximum of 12 weeks. Previous research on program lengths have summarized that longer durations are generally considered to be more influential. Scott et al. (2017) confirmed that Canadian programs are shorter than those conducted across the United States and the United Kingdom. Australian counterparts were found to have timelines on a similar level with that of Canada; however, they do not consider their sessions to be as effective due to the limited length. What the current study is also displaying is that Canadian IPV treatment programs associated with specialized DVCs may be even shorter than the national average. Heslop et al.'s (2016) report determined that the median length of a male IPV treatment program fell between

16-20 weeks in length; however, this contained data from agencies that conduct programming for a wide range of referrals, not just limited to those appointed from a specialized court.

Even though it is not the only method of treatment used, the Duluth model must once again be reviewed. According to Pence and Paymar (1993), the original developers of this model, treatment should last for up to six months which equates to approximately 24 weeks in length. Michael advised that his program was initially set at this length; however, over the past few years has ultimately been reduced to twelve weeks. Riley also noted a decrease in the duration of his treatment program since beginning as a facilitator, originally running for 16 weeks and now on par with Michael's. What this suggests is that, especially if these are programs operating from a Duluth perspective, they are only operating for half of the intended length. Aside from the general concern about this style of treatment being offered to female IPV offenders as described above, questions are also raised regarding the suitability and efficacy of these programs if clients are no longer receiving as much content as was originally planned. Riley indicated that when his program was reduced, rather than developing a new model or adopting a method that was designed to be implemented at a shorter length, they simply had to condense existing materials or eliminate sections completely. As a result, it is suspected by this researcher that offenders may be reoffending not only due to short program lengths but because they have also, in some jurisdictions at least, only received a partial intervention program.

Additional Finding 2: Coercive Control and Non-Physical Tactics of Abuse

An additional theme resulting from the survey and interview data was the prevalence and knowledge regarding coercive control and non-physical tactics of abuse occurring within IPV situations. During IPV treatment sessions facilitators are recognizing additional tactics of abuse that offenders, especially men, have been displaying in their relationship prior to their arrest. In addition, in describing the context of their relationship and the challenges they face, female offenders detail experiencing control and manipulation from their partner that remains undetected prior to the time of their disclosure.

Evidence of Coercive Control Tactics

While coercive control is not yet a criminal offence in Canada at the time of writing this dissertation, there is evidence that this type of abuse is being used by male offenders who participate in the IPV treatment programs currently under review. As this study only concentrates on programs associated with specialized DVCs, it is to be expected that coercive control is not the principal reason why offenders are being referred into treatment; however, facilitators are recognizing the presence of these tactics and that men are also more likely to be the ones exhibiting these behaviours.

At least some facilitators appear to have current knowledge regarding the concept of coercive control, as Michael actively referred to male offenders as more likely to exhibit “coercive and controlling” behaviours, and Laura highlighted that she discusses the existence of “male intimate terrorists”. While criminal harassment certainly begins to cover some of the tactics of non-physical violence aimed at stalking and intimidating victims, it does not capture all behaviours that comprise coercive

control. Facilitators have noted that controlling and other surveillance-type behaviours may be underway long before there is enough evidence compiled to warrant laying a charge of criminal harassment. James characterized that his male clients have been known to monitor phone calls and social media accounts, as well as demanding to know who was contacting their partner long before they were arrested. At this time, these behaviours on their own are not enough to warrant a charge but monitoring a partner's activities is indeed a tactic of coercive control (Sharp-Jeffs, 2017; Stark, 2007).

Whether instated at the point of arrest and release with a promise to appear in court, while IPV treatment programming is underway pre-sentence, or as a result of court disposition and conclusion of a case, offenders are frequently bound by conditions. In IPV scenarios, one of these conditions is often a stipulation that the offenders have no contact with the victim. Facilitators identified that their male offenders also often violate these conditions, whereas no staff working with female offenders identified their clients doing the same. This continues to demonstrate gender asymmetry in the tactics of abuse selected by male and female offenders, and evidence that male perpetrators of IPV are more likely to participate in activities intended to control and monitor their partner, either before or after separation, and at far higher rates than women do.

As the literature and evidence provided within the current sample show, men's violence often takes place over longer periods of time whereas women are more likely to elicit violence as a response to an immediate situation and fear of harm to themselves (Dobash & Dobash, 2004; Enander, 2011). The condition in which men continue to monitor and harass their partner, either in person or via the use of technology following termination of the relationship concludes that their efforts are intended to elicit or

maintain some degree of control. Shawn and James identified that their male offenders were often charged with criminal harassment as a result of behaviours that took place post-separation. If coercive control becomes criminalized, this researcher considers it possible that these tactics of abuse may be captured and brought to the attention of the justice system far sooner, and that specialized DVCs will likely see an uptake in offenders facing this offence. As a result, unless revisions are made to existing IPV treatment programs or the particular agencies with curricula that specialized courts endorse, intervention programs will be expected to also address these kinds of behaviours. Building on concerns that Duluth-based treatment is being applied equally to female IPV offenders, it becomes even more problematic if women continue to be referred to similar programs as men when coercive control research largely finds that men are more likely to inflict it (Stark, 2007).

Female Experiences of Control

Referring to a previous finding, there is further evidence that coercive control is occurring but often going undetected during Sarah's descriptions of childcare and transportation challenges faced by women in her program. Men have been reported to methodically withdraw their availability to supervise children at the last minute, forcing the female client to forego attending treatment. Additionally, women have arrived late or are unable to remain beyond the conclusion of the meeting to continue engaging in any conversation because their partner is waiting for them or expecting them to exit at a particular time. These behaviours on behalf of the male partner who is *not* the one under scrutiny by the judicial system are indicative of coercive control in that he is closely monitoring his partner's whereabouts or intentionally preventing their attendance in an

educational program (Sharp-Jeffs, 2017; Stark, 2007). Once again, the fact that these women also do not appear to have any other social supports to assist them in transportation back and forth from the treatment program or supervising their children while they do so and are instead dependent solely on their intimate partner, is an indication that they are experiencing isolation, yet another tactic of coercive control (Stark, 2007).

This evidence provides continued support for the idea that even though the female partner is the one mandated to attend treatment, it is the male spouse that may in fact be the primary aggressor and exerting their dominance and control in the relationship. Previous research with women who have been classified as IPV perpetrators reported continued feelings of fear of their partner (Gabora et al., 2007), and their violence often does not result in a shift in the dynamic of the relationship in which the female gains control (Miller & Meloy, 2006). The adjustments that the COVID-19 pandemic introduced towards the delivery of treatment programs raises the possibility of additional safety concerns. An abused woman participating in an IPV treatment course from home, if remote access and distance learning is the only possibility, should be done so with careful consideration. As Sarah identified, there is uncertainty in how their partner may respond to their participation or if they are also reviewing their materials or listening in on any conversations. Just as couples therapy is considered inappropriate for IPV situations due to the expectation that both parties display honest feelings about the relationship, putting a woman at further risk if she discloses her partner's abuse towards her (Aldarondo & Mederos, 2002; Gondolf, 2002),

video-conferencing discussions or homework detailing experiences of abuse and violence could pose similar risks to safety.

Lastly, as there are fewer women's programs available, and fewer referrals compared to men, it could be suggested that police are better recognizing or are receiving improved training regarding the contexts of IPV and are no longer arresting women at the same rate as men. This is a specific topic best suited for additional research as police were not involved in the current study; however, this researcher suggests that there still remains a gap in education and training as facilitators confirmed that many women in IPV treatment programs have been, or currently are, victims of IPV at the hands of their partner and their criminal charges are a result of defensive violence that has gone unrecognized. A possibility for the reason why IPV treatment programs are seeing fewer referrals for women overall, however, could be due to women taking their situation into their own hands and avoiding the criminal justice system's involvement altogether. When questioned about why she thinks women are less likely to return to treatment numerous times, as we have seen occurs much more frequently amongst male offenders, Sarah suggested that women are more likely to refrain from retaliating again in the future and instead take on a position of tolerance. If they have previously reached out for help of their own or retaliated against their partner resulting in their spouse contacting the police, this has often led to a mandate to attend an IPV treatment program and potentially a criminal record. As a result, deciding to contact the police again in the future poses risk of this outcome reoccurring, especially if they are responding to non-physical tactics of abuse and coercive control that is not yet criminalized.

This chapter has concluded the presentation and discussion of both the survey and interview results. The following chapter will highlight the limitations to conducting the current study, questions that still remain that would benefit from future research, and this researcher's recommendations moving forward in the utility and implementation of IPV treatment programs.

Chapter 8 – Limitations, Future Research, and Recommendations

This chapter will conclude with a presentation of the various limitations that occurred in conducting the current study, followed by areas of possible continued and future research that have been uncovered. Lastly, based on the expansive literature and information provided by facilitators, this researcher presents recommendations that should be considered in the continued utility and implementation of IPV treatment programs associated with specialized DVCs in Canada.

Limitations and COVID-19

It is necessary to highlight the various limitations to the study. While vast, they ultimately did not result in a diminishment of the research and were largely brought upon by the COVID-19 pandemic and the unprecedented challenges that the world was forced to face. Challenges to the research therefore included unexpected participant attrition, a necessary change to the methodological design, limitations in statistical analysis of survey data, and the requirement to seek approval from funders and upper management of involved agencies. Nevertheless, there also arose some benefit to the pandemic in reduced work loads which allowed participants additional time to contribute their knowledge through interviews, which will be discussed in further detail.

Participant Attrition

First and foremost, the swift entrance of COVID-19 and resulting restrictions and lockdowns initiated across the country ultimately impacted the number of facilitators that were available to respond to the survey and subsequent interviews. Initial consultations with agency staff and facilitators prior to the arrival of the pandemic were positive, and it appeared there was strong interest in considering and contributing

to the research when study information was ready to be shared. However, final Research Ethics Board approval was not granted until April 2020, meaning that survey information was only beginning to be distributed at the height of the first wave of COVID-19 when many services were ceasing to operate.

Considering the results and that only 22 facilitators were in a position to respond to the survey indicates that there was a significant decrease in participants than initially anticipated based on earlier conversations. While it is entirely possible that facilitators chose not to respond for a variety of personal reasons, it is considered that the pandemic ultimately played a large role. During initial consultations, this researcher learned that in many jurisdictions the facilitators of IPV treatment programs are employed on a contractual basis by the affiliated agency and are not necessarily full-time staff. As the pandemic resulted in an immediate halting of many programs, as face-to-face sessions with multiple individuals could no longer be accommodated, it is understood that some of these facilitators may have no longer been employed or at the very least on a temporary hiatus and therefore unavailable to receive study information.

Additionally, many individuals were then faced with an array of upheaval, whether it be unstable employment, transitioning to working from home or an alternate location, or finding creative ways to complete treatment groups that were already underway. It needs to be considered that accounting for the precariousness of the situation, participation in a doctoral research study may no longer have been a high priority. This was attempted to be mitigated by extending the time that the survey was available, which did capture additional participants as the year progressed; however, may have continued to be a limitation as all provinces and territories had vastly different

re-opening rates and responses to containing and preventing the spread of COVID-19 in their jurisdictions.

Methodological Design

As indicated previously, it was initially designed that data collection would follow a sequential mixed methods model in which the interviews would be conducted following the completion of the survey. However, as the rate of expected participation diminished and availability was uncertain, this method had to be adapted and the survey and interviews were conducted simultaneously at the facilitator's convenience. A limitation then exists that interview questions were no longer able to be modified or adjusted to reflect or investigate any unexpected survey findings. For example, when reviewing the topics of education that are included in treatment sessions, there are notable discrepancies in the percentages between male and female programs that include discussions regarding socialization or gender roles. Due to the fact that interviews were already nearing completion when this finding was uncovered, this researcher was unable to ask facilitators more in-depth questions about this subject. It remains unknown as to why these differences exist in this sample and continues to be a matter for future consideration.

Statistical Analysis Restrictions

Statistical analysis was unable to be conducted beyond bivariate analysis due to the small number of responses. Considering that the outcome variable of interest was dichotomous, concentrating on only male or female programs, it was initially anticipated that a logistic regression analysis could be performed. However, this test requires a higher sample size and also does not respond well to missing data; therefore, could not

be considered. Due to the selection of a non-probability sampling method, there is less necessity that any results must be generalizable to the larger population in order to be considered valid. Many of the results in the bivariate analyses were extremely non-significant, leading this researcher to believe that even in the event that more facilitators from this population had been able to contribute to the study, their responses would have had to be drastically different to the existing responses in order to change the results. Therefore, it is still considered reliable information to report that many IPV treatment programs are operating with gender-neutral procedures.

Participation Approvals

Even though initial consultations were had with many staff within agencies who could serve as potential participants, it was not until the data collection process was underway that it was brought to this researchers' attention that further approvals may be required from provincial/territorial departments who provide funding, or those serving in upper management positions, in order for individuals to feel comfortable in participating. There are different procedures across provinces and territories regarding who provides IPV treatment programs and where their funding originates. Some jurisdictions are funded solely by provincial governments, whereas others have a mix of governmental funding alongside additional contributions from non-profit agencies, charitable organizations, or the offenders themselves. A small number of individuals indicated a reluctance to proceed with the study without consent of their funder or management in the event they disapproved and the facilitator's participation was later realized, even though participant anonymity and confidentiality were protected to the utmost ability. Fortunately, this researcher was provided with contact information for

such personnel to follow up and attempt to obtain support for the study which was generally received without further issue; however, in a few instances did not receive either confirmation or denial. It is possible that a small minority of individuals either did not receive approval or the status remained uncertain and therefore, they may have declined to proceed.

Promising Outcomes

Even though the COVID-19 pandemic resulted in numerous limitations to the research that could not have been predicted, it also appears to have positively aided in the ability of some facilitators to participate in the phase two telephone interviews. Under regular circumstances, and especially considering that some facilitators are contracted to conduct treatment and may not necessarily have designated office space at their affiliated agency, it may have been a large expectation that an hour-long telephone interview would have been an easy task to achieve. It could also have been difficult for full-time staff who may be busy navigating their regular duties within the agency as well as running treatment sessions and supervising offenders. Almost half of the facilitators who responded to the survey were available and interested in participating in an interview, a ratio that was not initially expected considering the increased demands on time for this second phase of the study. It appeared that the halting of treatment and transitions to alternate workspaces caused by the pandemic resulted in increased availability and willingness to take part in an interview. As highlighted in previous chapters reporting the results, the scope and depth of the narrative accounts of facilitators contributed immensely to the understanding of the current implementation of

IPV programs; details that may not have been revealed if fewer interviews were able to be conducted.

Future Research

Considering the limitations and the available scope of the current study, there are a number of avenues remaining for future research regarding the implementation of IPV treatment programs. First of all, future research could continue to assess the gender-neutrality of IPV programs that are not connected to a specialized DVC, comparing additional programs that accept clientele from other referral sources and do not necessarily have to have been criminally charged. Heslop et al.'s (2016) report begins to identify where additional programs exist; however, as indicated previously, they do not include programs for women which would be necessary to compile. It is also recognized that specialized DVCs are generally located in larger urban centers. Rural court circuits and other cities that do not yet have a specialized court in their jurisdiction continue to handle IPV cases and refer to programs in their area; in this scenario, often as a condition on a probation order. Continued research into the types of programming offered to offenders in locations where there is not a specialized DVC and those that do not require a criminal offence will continue to shed light on the true nature and prevalence of gender-specific or gender-neutral IPV programming offered to men and women.

While it may be premature at the time of writing this dissertation, there is potential for future research surrounding the use of distance learning and other online formats to deliver IPV treatment programs remotely. With the shift that the pandemic brought and the increased use of online technology, some agencies began to conduct and

complete their groups via Zoom, other online platforms, or through remote/distance learning strategies. The use of video conferencing has been largely, and quickly, incorporated into many areas, such as replacing the everyday face-to-face meeting, administering counselling sessions, and even medical appointments. While facilitators of IPV treatment programs often identified that this is not the preferred method of conducting sessions, given the widespread use of such platforms, this researcher believes this is an area to watch. While remote learning and treatment may assist in accessing individuals who otherwise may not have the time or means to travel to program sessions, there are potential risks and barriers also. Online learning requires stable internet connections and access to a reliable computer, which may not be readily available to all clientele, especially those in remote or rural areas. Additionally, IPV treatment sessions have been considered a useful way to break barriers of isolation. Especially for women who are mandated to attend treatment but who are also being victimized by their partner, home may not be a safe and secure place to participate in IPV treatment.

It is also suggested that further research could be implemented on the assessment of risk and coercive control. Many community-based treatment programs and specialized DVCs only consider offenders eligible for these options if they are determined to be low or medium risk to re-offend. Within the current criminal code, and the reason for many of the arrests in the current study, physical violence is emphasized. Comparably, risk factors on common assessment tools are also highly concentrated on the current or historical use of physical violence. Facilitators indicated that they are aware of the offenders they work with also using tactics of non-physical abuse towards

their partner. Therefore, further research is needed to inquire if the use of coercive control and other non-physical tactics of abuse are also considered or questioned when assessing an offender's level of risk to determine their eligibility for an IPV treatment program. Facilitators recommended that a differentiated approach to treatment would be more suitable, catering the program and its content to the level of risk that the offender displays as opposed to a one-size-fits-all approach. It is possible that many offenders are re-offending and returning to treatment multiple times because the program content does not meet their needs, possibly because they are in actuality at a higher risk that is not being recognized due to a lack of content regarding coercive control and non-physical tactics of abuse on their assessments. Further research is warranted on the assessment tools and criteria that specialized DVCs and IPV treatment programs are using in order to make this determination.

Recommendations

The findings of the study and detailed insights from facilitators who participated lead to a number of recommendations regarding the utility of IPV treatment programs for male and female offenders who appear in a specialized DVC. First, it is recommended that federal and provincial governments allocate more funding to the development of IPV treatment programs as well to the training and education required by those who conduct the treatment. As facilitators advised, these positions are often undertaken by contract staff, training and education for employees is minimal and difficult to access, and offenders often must contribute financially for the program to be provided. Increased resources will allow for more programs to be developed, more treatment sessions to be available at participating agencies, and more staff to conduct the

sessions. As a result, this will reduce waitlists or the need to condense or cut-back on program length in order to make room for new offenders to enter.

Secondly, as facilitators identified when suggesting changes to programs moving forward, and supported by previous research, IPV treatment programs need to be more readily prepared to address the frequent compounding issues that accompany many individuals charged for IPV offences, such as substance abuse and mental health issues. Even though these factors do not directly cause IPV to occur, they are considered to be challenges that many individuals face and may impact their ability to successfully adjust their behaviours and perspectives to refrain from using violence and abuse in the future. Additionally, there should be an emphasis on utilizing trauma-informed and client-centered approaches. This is necessary not only to be able to handle disclosures of childhood abuse and trauma, as facilitators advised does frequently arise, but also other experiences of victimization especially considering the marginalization of cultural minorities and members of the LGBTQ2S+ communities, as well as the presence of female offenders who are actually victims. As facilitators indicated, due to strict schedules and regulation of program content, additional concerns or questions raised by offenders participating in treatment are unable to be given much attention. If the IPV treatment program is unable to incorporate these services and address these contributing concerns, it is recommended that collaboration with additional services that can provide simultaneous support be undertaken.

Third, while ideally women who used violence for defensive or retaliatory reasons and are experiencing abuse at the hands of their partner would not be arrested in the first place, we must consider that until there are changes in legislation, risk

assessment, and education and training for police officers and other front-line responders in understanding the various contexts of IPV, this is likely to continue to occur. Therefore, it is recommended that IPV treatment programs for female offenders review current content and update materials to reflect recommendations in the literature. While minimal, the United States, United Kingdom, and Canada have a few programs that conduct IPV treatment for women specifically recognizing their increased risk of victimization and experiences of abuse (Damant et al., 2014; Larance, 2006; Larance et al., 2019; Ohio Domestic Violence Network, 2011; Walker, 2013). From a Canadian perspective, it is recommended that the intersectional feminist mutual aid group model in Quebec be reviewed, as well as literature compiled since the mid-2000's on suggestions regarding useful content when working with women (Bair-Merritt et al., 2010; Goldenson et al., 2009; Larance, 2007; Larance et al., 2019; Miller, 2005). Program content should not be symmetrical with that presented to men.

Fourth, Duluth-based treatment is a feminist-based approach that recognizes the gender asymmetry and patriarchal nature of IPV, supporting the results of the current study; however, the fact that it is persistently used with all demographics is highly problematic. Following a feminist-based approach that considers male and female offenders should be treated differently, Duluth methods should only continue to be used with white heterosexual male clients, the population it was initially designed for, and should not be implemented as a one-size-fits-all approach for a variety of offender demographics. It is recommended that a shift towards an RNR approach, or similarly situated method, would be more appropriate. An RNR approach considers more thoroughly the needs and level of risk of the offender before assigning to a particular

IPV treatment program. A shift away from the Duluth model as the “ideal” form of treatment or other methods such as CBT and narrative therapy that are often undertaken as a one-size-fits-all approach will likely aid in reducing the number of times that individuals will re-offend and return to the same treatment program multiple times.

Fifth, as some facilitators recognized, offenders may require lengthier programs than others depending on their perceived level of risk. Therefore, it is recommended that IPV treatment programs reconsider the often-brief nature of their timeline and extend their length. Other countries require longer participation, and in some instances programming in the United States can last a full year (Cuevas & Bui, 2016; Scott et al., 2017). As identified previously, original Duluth programs are recommended to be 24 weeks, a timeline that is not frequently honoured in the current sample, even though some of their content is adopted for use. While this researcher appreciates that scheduling can be a challenge for offenders and that shorter or more condensed treatment may result in higher likelihoods of completion, the necessity to combat the use of violence and protect victim safety should take precedence over convenience of sessions. If resources were heightened (as identified in recommendation #1), groups will be able to be offered at varying times or locations. Offenders should be enrolled in IPV treatment programs that not only include the full syllabus of required and recommended content but should also be long enough to determine if social desirability plays a role in offender participation levels.

Sixth, the presence of an RNR, or similar, model as well as treatment that is directed towards individuals who experience more frequent intersectional realities and require different content is recognized to be a challenge to provide group treatment due

to lower populations and less availability of community resources. It is for these reasons why many programs currently reallocate these offenders into individual sessions instead. It is therefore recommended that further attention and research be directed towards the possibility of a hybrid approach to treatment. Offenders may begin, or end, treatment with one-on-one sessions in order to satisfy the goal of the specialized DVC to begin treatment quickly, with group sessions held periodically when referrals are high enough to meet as a group. Poon's (2018) dissertation research also identified that a blend of group treatment and individual sessions would be useful when working with women. As a result, these populations would be allowed opportunity to benefit from meeting with their peers and sharing similar experiences, a factor that facilitators considered one of the best aspects of their programs, as well as having options to address sensitive issues or needs that are unique to that individual in one-on-one sessions. If program length was extended, especially in regions where the timeline is fairly short, this would allow time for this hybrid approach to take place.

Seventh, it is recommended that maintenance and follow-up be a mandatory component of IPV treatment programs, especially if overall length is unable to be extended. While this requirement is likely to extend the time an offender is bound by release conditions or a probation order for example, it will provide further ability to monitor their progress for a longer period of time. As a result, this would hopefully enhance victim safety and prevent recidivism as offenders would still be connected to support services beyond the official completion of their IPV treatment program curriculum. Many experiences and beliefs that contribute to IPV have been learned over a lifetime and as a result, often cannot be fixed quickly.

Lastly, ongoing research is required regarding the criminal justice systems' recognition and understanding of coercive control. Work in this area is underway in Canada, but if police and the judicial system can be more alert and better trained to recognize reasons why many women commit violence, this has potential to deplete the number of women who find themselves charged with a criminal offence for retaliatory or defensive violence and increase scrutiny towards perpetrators of these non-physical and more discrete forms of abuse.

Conclusion

This research has aimed to provide additional knowledge on the use of IPV treatment programs affiliated with specialized DVCs as they are applied to both male and female offenders. Utilizing the voices and expertise of the facilitators who conduct these programs provides further clarity on the applicability of IPV treatment for the offenders they serve. They are also in a unique position in which to provide feedback, recommendations, and avenues for further exploration based on their own experiences in working with diverse clientele.

The findings lead to overwhelming support of the feminist theory approach to IPV, in that men and women continue to commit acts of violence against their intimate partners at different rates, using different tactics, and as a result of diverse reasons. Facilitators frequently recognize these gendered distinctions in the realities of IPV situations; however, must deliver IPV treatment programs that follow a universal approach analogous to the criminal justice system's neutral method in treating male and female offenders in the same manner. As a result, policies and curricula of IPV treatment programs are frequently found to evade gender-specific or gender-responsive needs and content and fail to consider intersectional and systemic barriers that may contribute to an individual's use of abuse and violence. Without the client-centered and subjective adjustments that facilitators actively make, sometimes risking a violation of the standards determined by their management or funders, it is highly suspected that fewer offenders would complete treatment and programs pursuing this one-size-fits-all approach would not be considered as successful as they are often presented to be.

The results of this study draw attention to the gendered inequalities present in the judicial system's treatment of IPV and the specialized DVCs selection of programs used to treat offenders, the lack of consideration of appropriate strategies for minority populations, a limited ability to support the needs of arrested women, and the resulting increased marginalization of these demographics. If these reflections are placed at the forefront, we can be more confident that the criminal justice system will be able to respond more effectively to allegations of IPV, reduce continued events of recidivism and the unnecessary criminalization of women for defensive violence, and increase victim safety.

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Appendix A: Survey Questionnaire

- 1) In which province/territory do you work?
 - ☐ British Columbia
 - ☐ Alberta
 - ☐ Saskatchewan
 - ☐ Manitoba
 - ☐ Ontario
 - ☐ New Brunswick
 - ☐ Nova Scotia
 - ☐ Yukon
 - ☐ NWT
- 2) What is your age (in years)?
- 3) What is your gender?
 - ☐ Male
 - ☐ Female
 - ☐ Other
- 4) How long have you been a facilitator of your current spousal abuse treatment program?
 - ☐ Less than 1 year
 - ☐ Between 1-3 years
 - ☐ Between 4-6 years
 - ☐ Between 7-9 years
 - ☐ 10 years or more
- 5) What is the gender of the offenders in the spousal abuse treatment program you facilitate?
 - ☐ Male
 - ☐ Female
 - ☐ I conduct groups for both male and female participants **(if this response is selected, the online survey will direct them to respond to the following questions 6-18 twice – once for their male program and once for their female program)**
 - ☐ Other

- 6) How long has the spousal abuse treatment program that you facilitate been in operation?
- Less than 1 year
 - Between 1-3 years
 - Between 4-6 years
 - Between 7-9 years
 - 10 years or more
- 7) What is the **primary** approach that your spousal abuse treatment program uses to treat offenders?
- Narrative therapy
 - Cognitive-behavioural therapy
 - Duluth-based (power/control, psychoeducation)
 - Strength-based
 - Life skills approaches
 - Risk, needs and responsivity
 - Other
- 8) What is the average duration of each of your spousal abuse treatment program sessions?
- One hour or less
 - 2 hours
 - 3 hours
 - More than 3 hours
- 9) How often do your spousal abuse treatment program sessions meet?
- Multiple times a week
 - Once a week
 - Once every two weeks
 - Once a month

10) What is the total duration of your spousal abuse treatment program?

- ☐ 8 weeks or less
- ☐ 9-12 weeks
- ☐ 13-16 weeks
- ☐ 17-20 weeks
- ☐ More than 20 weeks

11) How many unexcused absences are offenders allowed, to remain in the spousal abuse treatment program?

- ☐ None
- ☐ 1-2
- ☐ 3-4
- ☐ More than 4

12) Are offenders attending your spousal abuse treatment program required to pay a fee in order to participate?

- ☐ Yes
- ☐ No

13) Approximately what percentage of offenders in your spousal abuse treatment program successfully complete treatment?

- ☐ Less than 25%
- ☐ 25-50%
- ☐ 51-75%
- ☐ More than 75%

14) Approximately what percentage of offenders in your spousal abuse treatment program choose to withdraw from the program?

- ☐ Less than 25%
- ☐ 25-50%
- ☐ 51-75%
- ☐ More than 75%

15) Approximately what percentage of offenders in your spousal abuse treatment program are removed from the program?

- ☐ Less than 25%
- ☐ 25-50%
- ☐ 51-75%
- ☐ More than 75%

16) While enrolled in the spousal abuse treatment program, how frequently are offenders required to attend court for a judicial review?

- ☐ Once every two weeks
- ☐ Once a month
- ☐ Once every two months
- ☐ Once every three months
- ☐ Not applicable

17) What categories of information are included in your spousal abuse treatment program? Please check all that apply.

- ☐ Types of abuse
- ☐ Communication skills
- ☐ Understanding the cycle of abuse
- ☐ Developing a safety/violence prevention plan
- ☐ Effects of violence on children
- ☐ Identifying warning signs
- ☐ Responsibility and accountability
- ☐ Emotional regulation
- ☐ Substance abuse and addiction
- ☐ Parenting
- ☐ Time-outs
- ☐ Gender roles
- ☐ Values and beliefs about violence/abuse
- ☐ Healthy relationships
- ☐ Victim empathy
- ☐ Impact of living conditions on violence
- ☐ Empowerment
- ☐ Socialization and violence/abuse
- ☐ Self-talk
- ☐ Increasing self-esteem
- ☐ Other. Please specify _____

18) Thinking about the spousal abuse treatment program that you currently facilitate, please respond to the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	I don't know
1. The spousal abuse treatment program provides effective intervention for offenders.						
2. The content of the spousal abuse treatment program is suitable for both male and female offenders.						
3. The spousal abuse treatment program primarily focuses on solutions to combat the use of physical violence.						
4. The spousal abuse treatment program recognizes the use of non-physical tactics of abuse (i.e. threats, intimidation, isolation...)						
5. Offenders frequently enter the spousal abuse treatment program with lengthy histories of their own						

victimization in a relationship.						
6. Socialization plays a role in many offenders use of intimate partner violence						
7. The spousal abuse treatment program effectively addresses the offender's reasons for using abuse/violence						
8. The spousal abuse treatment program is effective for offenders who claim to have used self-defence or retaliatory violence in their relationship.						
9. The spousal abuse treatment program is considerate of gender-specific needs						

19) Based on your understanding of intimate partner violence issues, please respond to the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	I Don't Know
1. Males most often initiate violence/abuse against their intimate partners.						

2. Females most often initiate violence/abuse against their intimate partners.						
3. Males and females perpetrate intimate partner violence at equal rates.						
4. Relationships can be considered abusive/violent even if there is no physical injury.						
5. Intimate partner violence incidents stem from the offender's need for power and control.						
6. Intimate partner violence is prevalent everywhere, regardless of socioeconomic status, race, ethnicity, age, etc.						
7. Victims may be faced with many barriers that prevent them from leaving an abusive relationship.						

20) Are you interested in being contacted for a follow-up telephone interview to continue discussion on the implementation and effectiveness of spousal abuse treatment programs in Canada?

- Yes (**if selected, directed to Q#21**)
- No (**if selected, survey will conclude**)

21) Please identify the name of your agency and an email address that you can be contacted at to schedule a follow-up interview. Please note that this information will only be used for the purpose of identifying the participant for an interview and will not be used in the analysis of any of the previous survey responses.

Agency: _____

Email Address: _____

Appendix B: Interview Guide

Context

- What is the primary gender of the offenders in the spousal abuse treatment program that you facilitate? (i.e. male, female, facilitate programs for both)
- What training/education is required to be a facilitator of your spousal abuse treatment program?
- Can you describe some of the “typical” violence/abuse incidents that result in offenders being referred to your group?
- Thinking about the offenders who participate in your group – what reasons do they give for resorting to abuse/violence? (i.e. to control their partner/situation, to retaliate, to defend themselves, etc.)

Offenders perceived benefits and/or challenges of the program

- Thinking about feedback that you have received from offenders in your group, what do they consider to be the most rewarding elements of the program?
- Thinking about feedback that you have received from offenders in your group, what do they consider to be the most challenging aspects of the program?
- What treatment modalities are used in your spousal abuse treatment program (i.e. role-play, lecture, group feedback)?
- What elements of the program content do offenders describe as being the most useful in addressing the reasons why they use abuse/violence?
- What elements of the program content do offenders describe as the least useful in addressing the reasons why they used abuse/violence?

Facilitator perceptions of the benefits and/or challenges of the program

- In your role as a facilitator, what elements of the program do you perceive to be the most rewarding for offenders?

- In your role as a facilitator, what elements of the program do you perceive to be the most challenging for offenders?

Effectiveness of the treatment program

- How does your spousal abuse treatment program respond to offenders if they minimize the incident or claim their actions were defensive/retaliatory?
- How does your spousal abuse treatment program address offenders' who are of a minority group (e.g. race/ethnicity, immigrant, disabled, LGBTQIA2S+)?
- How does your spousal abuse treatment program address gender inequality in today's society?
- What do you think is most effective about your spousal abuse treatment program for male/female offenders?
- What do you think is least effective about the spousal abuse treatment program for male/female offenders?
- What measurements are used to determine an offender's success in your spousal abuse treatment program?
- If you had the ability to make any changes you wished to the program you facilitate, what changes would you make to best serve the offenders who participate? Please explain.

Appendix C: Survey Letter of Invitation

I, Mary Aspinall, am conducting research on the implementation and effectiveness of spousal abuse treatment programs in Canada. This project is a component of my doctoral studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

You have been identified as a person who facilitates a spousal abuse treatment program that is affiliated with a specialized domestic violence court. I am inviting you to participate in my dissertation research regarding the utilization of these programs. The purpose of this letter is to provide you with some preliminary information for you to make an informed decision regarding participation in the research.

The specialized domestic violence courts have been operating throughout Canada since the early 1990's and frequently utilize community-based spousal abuse programs as their mode of treatment for both male and female intimate partner violence offenders. While individual evaluations may be in place, there are currently no Canadian studies that compare the implementation of these programs. The purpose of this research is to identify the similarities, differences, successes, and challenges of the programs by utilizing the valuable knowledge of facilitators who have information on the policies as well as direct contact with the offenders and knowledge of their experiences that brought them to treatment.

If you are interested in participating, you will be asked to complete an online survey that will not take more than 20 minutes of your time. Only I, and Dr. Carmen Gill (supervisor) will have access to your individual responses and a code number will be assigned to your survey that will not be linked to your name or other personal information. Results of the survey will be presented in a way that readers cannot identify individuals or agencies from the information. You may refuse to participate for any reason, withdraw from the survey at any time, or decline to answer any questions you do not wish to without penalty.

Should you have any questions regarding the research project and your involvement, please contact Mary Aspinall (Principal Investigator) at maspinal@unb.ca. Inquiries may also be made to Dr. Carmen Gill (Supervisor, Professor in the Department of Sociology) at cgill@unb.ca or 506-452-6367. This project has been reviewed by the UNB Research Ethics Board and is on file as REB-2019-166

Thank you for your consideration,

Sincerely,

Mary Aspinall
Graduate Student
Department of Sociology, University of New Brunswick

Appendix D: Survey Consent Form

You are invited to participate in an online survey regarding the implementation and effectiveness of spousal abuse treatment programs in Canada. I, Mary Aspinall, am conducting the research as part of my doctoral studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

The online survey will take approximately 20 minutes to complete and will ask about the policies, procedures, and expectations of the spousal abuse treatment program that you facilitate. The overall aim of this project is to assess the programs affiliated with specialized domestic violence courts, especially as they relate to the treatment of both male and female intimate partner violence offenders. Participation is completely voluntary and you may withdraw from the survey at any time. You may also choose not to answer any question that you do not want to answer. There are no known or anticipated risks associated with participation in this research.

Please feel assured that we are committed to ensuring your anonymity in completing the survey. Only the principal investigator and supervisor will have access to your individual responses. A code number will also be assigned to your survey and will not be linked to your name or other personal information. Analysis of the data gathered for all publications will be reported in the aggregate and results will be presented in a way that readers cannot identify individuals or agencies. Some survey questions do request more personal information; however, this is for the sole purpose of identifying respondents who may be interested in participating in a follow-up interview. This information will not be used for analysis, and like all additional survey questions, responses are voluntary. Employing these techniques will maximize the anonymity of the information that you share, and ensure confidentiality to the best of our ability.

The software program being used to collect this data over the internet is called SurveyMonkey. If you are interested in this software's privacy policies, please see their security statement: <https://www.surveymonkey.com/mp/legal/privacy-policy/> All collected data will be downloaded and stored in a password protected electronic data file, and accessible only to Mary Aspinall (principal investigator) and Dr. Carmen Gill (supervisor) at the University of New Brunswick.

If you wish to receive the final results of the study, the principal investigator may disseminate the findings via mail or email (as per the participants preference). Individual results will not be available, and all information will be summarized in the aggregate to protect participants identity and location. As the study is part of the principal investigators PhD dissertation, results may also be shared with academic journals and conference presentations.

If you have any questions regarding this research, please feel free to contact the principal investigator, Mary Aspinall at maspinal@unb.ca, or Dr. Carmen Gill, Professor in the Department of Sociology at cgill@unb.ca or 506- 452-6367.

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2019-166. Related concerns should be directed towards Dr. Lucia Tramonte (Chair, Department of Sociology) at 506-458-7257.

I have read the above information and have been given the opportunity to ask questions by contacting the principal investigator and/or supervisor. I understand that I can withdraw myself, and my information at any time during this study without penalty.

Do you agree to the above terms? By clicking yes, you consent that you are willing to answer the questions in the survey.

- ☐ Yes
- ☐ No

Appendix E: Interview Letter of Invitation

I, Mary Aspinall, am continuing to conduct research on spousal abuse treatment programs in Canada. This project is a component of my doctoral studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

Upon completion of the online survey, you indicated interest in a follow-up interview regarding the implementation and effectiveness of spousal abuse treatment programs in Canada. This letter serves as preliminary information to assist you in making a decision about your continued participation.

Pertaining to your role as a spousal abuse treatment facilitator, questions will be asked in which you may elaborate on the perceived benefits and/or challenges faced by the program participants, as well as your own opinions on the effectiveness of the treatment program in your jurisdiction.

The interview will be conducted via telephone and will take no more than one hour to complete. With your permission, the interview will be digitally recorded for the purpose of transcription and analysis. You may withdraw from the interview at any time or decline to answer any questions you do not wish to without penalty.

Only I, and Dr. Carmen Gill (supervisor) will have access to the audio files and transcripts and all data will be saved under a pseudonym to protect your identity. No information or excerpts from the interview will be presented that might allow readers to deduce your identity or agency in which you are employed.

Should you have any questions regarding this research and your involvement, please contact Mary Aspinall (Principal Investigator) at maspinal@unb.ca. Inquiries may also be made to Dr. Carmen Gill (Supervisor, Professor in the Department of Sociology) at cgill@unb.ca or 506-452-6367. This project has been reviewed by the UNB Research Ethics Board and is on file as REB-2019-166.

Thank you for your consideration,

Sincerely,

Mary Aspinall
Graduate Student
Department of Sociology, University of New Brunswick

Appendix F: Interview Consent Form

You are invited to participate in a telephone interview regarding the implementation and effectiveness of spousal abuse treatment programs in Canada. I, Mary Aspinall, am conducting the research as part of my doctoral studies in the Department of Sociology at the University of New Brunswick under the supervision of Dr. Carmen Gill.

The telephone interview will take no more than one hour to complete and audio will be digitally recorded for the purpose of transcription. In the event that you do not wish to be audio-recorded, a signed electronic consent form will be requested, and the principal investigator will take handwritten notes and transfer the information to a password-protected computer following the interview.

Pertaining to your role as spousal abuse treatment facilitator, questions will be asked in which you may elaborate on the perceived benefits and/or challenges faced by program participants, as well as your own opinions on the effectiveness of the treatment program. There are no known or anticipated risks associated with participation in this research.

Participation is completely voluntary and you may withdraw from the interview at any time. You may also choose not to answer any question that you do not want to answer. If you wish to withdraw, all audio information that has been collected will be deleted and will not be used in the analysis.

All collected data will be securely stored. Digital files and electronic transcripts will be stored on a password protected computer and accessible only to Mary Aspinall (principal investigator) and Dr. Carmen Gill (supervisor) at the University of New Brunswick. All digital files and interview transcripts will be saved under a pseudonym. No identifying information or direct narratives from the interviews will be included in the dissemination of findings that might allow others to deduce a participant's identity or agency in which they are employed. Employing these techniques will maximize the anonymity of information and ensure confidentiality to the best of our ability.

If you wish to receive the final results of the study, the principal investigator may disseminate the findings via mail or email (as per the participants preference). Individual results will not be available and all information will be summarized in the aggregate to protect participants identity and location. As the study is part of the principal investigators PhD dissertation, results may also be shared with academic journals and conference presentations.

If you have any questions regarding this research, please feel free to contact the principal investigator, Mary Aspinall at maspinal@unb.ca, or Dr. Carmen Gill, Professor in the Department of Sociology at cgill@unb.ca or 506- 452-6367.

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2019-166. Related concerns should be directed towards Dr. Lucia Tramonte (Chair, Department of Sociology) at 506-458-7257.

Name: _____

Date: _____

Curriculum Vitae

Candidate's full name: Mary Elizabeth Aspinall

Universities attended:

2016 - Master of Arts (Justice Studies) – University of Regina

2012 – Bachelor of Human Justice – University of Regina

2012 – Bachelor of Arts (Hons) Psychology – University of Regina

Publications:

Gill, C., & Aspinall, M. (2021). What we know is not enough! Police response to intimate partner violence (a literature review). Report submitted to the Community Safety Knowledge Alliance.

Gill, C., & Aspinall, M. (2021). Domestic homicide in New Brunswick: When the inconceivable happens! Report submitted to the Chief Coroner of New Brunswick.

Gill, C., & Aspinall, M. (2021). Submission to the House of Commons Standing Committee on Justice and Human Rights: Study on Bill C-247, an Act to Amend the Criminal Code (controlling or coercive conduct). Research Brief.

Aspinall, M. (2020 – in peer review). Cultural considerations of intimate partner violence offender treatment in Canada: An exploratory study. *Ending Gender Based Violence: Harnessing Research and Action for Social Change*.

Gill, C., & Aspinall, M. (2020). Understanding coercive control in the context of intimate partner violence in Canada: How to address the issue through the criminal justice system? Department of Justice Canada: Office of the Federal Ombudsman for Victims of Crime.

Aspinall, M., O'Donnell, S., Glynn, T., & Beckley, T. (2019). Manufacturing consent for an extractive regime in rural New Brunswick, Canada. *Journal of Rural and Community Development*, 14(4), 27-49.

Aspinall, M., & Gupta, N. (2018). Self-perceived mental health and its gendered and immigration associations. Diabetes Population Health and Health Services Research Working Paper, No. 2018-02. Fredericton. University of New Brunswick Scholar.

Greenberg, H., & Aspinall, M. (2017). A review of Saskatchewan specialized (therapeutic) courts. Regina, Saskatchewan: Saskatchewan Ministry of Justice, Collaborative Centre for Justice & Safety.

Aspinall, M., & Jones, N. A. (2016). Factors contributing to support for reparation following mass violence: The case of Serbia. *Dialogue*, 5(1), 4-6. Restorative and Community Justice Section – Academy of Criminal Justice Sciences.

Jones, N. A., & Aspinall, M. (2014). Research note: Perceptions of justice mechanisms in a transitional context from the perspective of the affected population – The case of Serbia. *Dialogue*, 4(1), 13-15. Restorative and Community Justice Section – Academy of Criminal Justice Sciences.

Conference Presentations:

Aspinall, M. (2021). *Gendered practices in specialized domestic violence courts: A study of facilitators perspectives on spousal abuse treatment programs in Canada*. Paper presented at Trajetvi's online conference "Domestic Violence and Violence Against Women", Oct 20, 2021.

Aspinall, M. (2021). *Cultural considerations of intimate partner violence offender treatment in Canada: An exploratory study*. Paper presented at the Canadian Domestic Homicide Prevention Initiative's online conference "Preventing Domestic Homicide: From Research and Lived Experience to Practice", May 11-14, 2021.

Aspinall, M. (2019). *Cultural considerations in the treatment of intimate partner violence in Canada: A preliminary analysis*. Paper presented at the Muriel McQueen Fergusson Centre for Family Violence Research – 2019 Conference, Fredericton, New Brunswick, October 9, 2019.

Aspinall, M., O'Donnell, S., Glynn, T., & Beckley, T. (2019). *Manufacturing consent for rural compliance with corporate development*. Paper presented at the Canadian Sociological Association Annual Conference, Vancouver, British Columbia, June 3, 2019.

Aspinall, M., O'Donnell, S., Glynn, T., & Beckley, T. (2019). *Editorials, rural invisibility and resource extraction in a monopoly news media environment*. Paper presented at the Canadian Communication Association Annual Conference, Vancouver, British Columbia, June 5, 2019.

Aspinall, M., O'Donnell, S., Glynn, T., & Beckley, T. (2019). *Looking for the invisible: Analyzing latent content in the news media*. Paper presented at the 36th annual Qualitative Analysis Conference, Fredericton, New Brunswick, May 10, 2019.

Aspinall, M., & Jones, N. A. (2016). *Factors affecting support for reparation following mass violence: The case of Serbia*. Paper presented at the 53rd Annual Meeting of the Academy of Criminal Justice Sciences, Denver, Colorado, April 1, 2016.

Jones, N. A., Parmentier, S., Weitekamp, E., & Aspinall, M. (2015). *Transitional justice in Serbia: Factors affecting victim's expressed desire to meet with offenders*. Paper presented at the 52nd Annual Meeting of the Academy of Criminal Justice Sciences, Orlando, Florida, March 4, 2015.