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## VISITING EXPERTS' PAPERS

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### THE IMPLEMENTATION OF PROGRAMMES FOR OFFENDERS OF INTIMATE PARTNER VIOLENCE IN BRITISH COLUMBIA\*

By Jane Katz<sup>1</sup> and Harry Stefanakis<sup>2</sup>



#### I. INTRODUCTION

*Recent reports (World Health Organization, 1997; Garcia-Moreno, 2000) estimate that one of every three women around the globe has experienced violence in an intimate relationship at some point in her life. (Nayak, Byrne, Martin & Abraham, 2003).*

It has been almost thirty years since domestic violence entered public and political awareness as a pervasive social problem in Canada. Prior to 1970, violence against women in relationships was hidden and usually managed through medical interventions with the women. This frequently involved the prescription of tranquilizers and a return to the relationship (DeKeseredy & MacLeod, 1997). Domestic violence started becoming a public issue through the efforts of a grassroots women's movement that viewed violence against women as abuse of power in a patriarchal society. These women's groups set about building shelters and supportive counselling for women who wanted to escape abusive relationships. Mental health issues for women in abusive relationships began to be seen as normal reactions to abnormal events.

In addition to shelters for women, by the late 1970's "batterer's" programmes were beginning to emerge in Canada. Originally programmes for men were created to meet the demands of women who wanted help for their partners. A parallel process was occurring in the United States. Over the subsequent 25 years in Canada, a combination of public awareness, an increasingly aggressive response by the criminal justice system, coordinated community responses, and attention to intervention needs for both women victims and male perpetrators has helped create a more sophisticated response to domestic violence. Our strategy for responding to male offenders has involved changes to criminal justice policy and legislation, research into

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\* Editors note: This paper was presented at the 130<sup>th</sup> International Training Course by Harry Stefanakis in his role as a visiting expert; however, the paper was written with Jane Katz.

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understanding men's violence against their intimate partners and identifying whether or not there is a "profile" of the man who assaults his partner, all is an effort to provide effective treatment programmes for offenders. We still have much work to do, but our path to date, with all the pitfalls and successes, may provide helpful information for other Nations who are looking for ways to stop violence against women in relationships.

## II. THE PREVALENCE AND SEVERITY OF DOMESTIC ABUSE

Domestic violence is a pervasive social problem causing significant physical, psychological and economic impact in Canadian society. Many sources of statistics are available that demonstrate the prevalence, and a few are cited here.

### A. Incidence in Canada

The Canadian Centre for Justice Statistics (2004) cited the following information taken from a representative sample of 94 police departments in Canada:

- In 2002 27% of all victims of violent crimes were victims of family violence, and 62% of these cases involved spousal violence (population 31,361,311). Over 34,000 cases were reported in this sample (this represents 56% of the national volume).
- Females accounted for 85% of all victims of spousal violence reported to the police.
- Young females aged 25-34 were most likely to be victims.
- 80% of incidents resulted in a charge being laid by police; 82% of incidents involving female victims and 17% of incidents involving male victims.
- In 2002 there were 67 females and 16 males killed by an intimate partner (based on reports from the entire country, not a representative sample.) Over half of the homicide victims had a reported history of domestic violence, and the majority (58%) had a previous conviction for a violent offence.

### B. Incidence in British Columbia

According to the report *Violent Crime in British Columbia* (Ministry of Public Safety and Attorney General, 2004), the following are statistics for 2003 (population 4,130,759):

- The lifetime prevalence rates for spousal abuse are 25% in Canada and 32% in BC.
- Fourteen victims of homicide were killed by a spouse or ex-spouse.
- There were 9,186 incidents of spousal assault reported in British Columbia. 81% of offenders were male, 11% were female. The remainder involved cases where both were charged.
- More than two thirds of those charged have a prior criminal record, and half of those are for a previous violent offence.
- Over 40% were alcohol related.

## III. FACTORS AFFECTING INCIDENCE OF ABUSE

The following are taken from The Canadian Centre for Justice Statistics (2004):

- Rates of violence were higher when the spouse was looking for work.
- Rates were higher among those who are heavy drinkers.
- Spouses in step-families are more likely to experience violence.
- Spouses with children under the age of 15 living in the home are more likely to experience violence.
- 80% of victims of criminal harassment had some form of relationship with their stalkers. Females were most likely to be harassed by a partner.
- Rates of spousal homicide have continued to decline over the past three decades; however data continue to indicate women are more at risk than men. (Eight women per million couples as opposed to two men per million couples.) The risk is higher for younger and common law couples.
- In 2002 there were 67 females and 16 males killed by an intimate partner (based on reports from the entire country, not a representative sample.)
- Over half of the homicide victims had a reported history of domestic violence, and the majority (58%) had a previous conviction for a violent offence.
- The motivations for spousal homicide vary, but reportedly since 1993 44% resulted from the escalation of an argument, jealousy accounted for 22%, frustration, anger or despair was cited as 16%, revenge 3% and financial gain 3%.
- Between 1993 and 2002, murder-suicides were involved in one third of spousal homicides against women and 3% of spousal homicides against men.
- From 1997 to 2001 35% of convicted violent offenders were spouses. 19% of these convictions resulted in prison sentences. 72% resulted in probation. Those under the age of 25 and those estranged from their spouses were more likely to receive jail sentences.

- Sexual assault against a spouse is more likely to result in a conditional sentence than sexual assault against someone other than a spouse.

In general the rate of reporting has increased since 1993 as a result of policies, however, in 1993 12% of women in relationships reported violence and in 2000 this had declined to 8% of women.

The number of reported assaults is staggering and reflects only a portion of what is actually occurring. It is even more alarming to consider what this represents with respect to other forms of abusive behaviour in relationships. We know that prior to and concurrent with incidents of domestic violence there are many other forms of controlling and abusive behaviour (verbal and psychological) occurring that cause tremendous emotional damage to individuals in families. Studies have indicated that while not all men who are abusive as adults have experienced or witnessed physical violence as children, almost all report experiencing emotional abuse and/or neglect (Widom, 1989). The consequences of abuse are far reaching and must be addressed at the non-physical level in order to avoid escalation to physical violence.

#### **IV. THE IMPACT OF VIOLENCE IN RELATIONSHIPS**

Many studies have reported on the social impact of domestic violence. The Centre for Research on Violence Against Women and Children estimated annual costs of domestic violence in Canada to be at least \$4.2 billion in 1995. These costs take into account findings that 45% of all women who had experienced violence had suffered an injury, 43% of those injured required medical attention and 53% had taken time off work. (Statistics Canada, 1993). In 2000 there were 96,359 admissions to 448 women's shelters in Canada (57,182 women and 39,177 children). More than 71% of these shelters turned women away on one or more occasion.

One of the most significant impacts of domestic violence involves children. Many studies have identified the high co-occurrence of domestic violence against women and abuse of children in the home. In 28% of child homicides there was also a known history of domestic violence (Statistics Canada, 1999). In addition, the impact on children who witness violence is profound. It is estimated that children see or hear over 80% of the violence between their parents. Many studies have suggested children have the same reactions to witnessing violence as children who are the victims of direct violence (Suderman and Jaffe, 1997; Groves, 2002; Jaffe, P. Baker, L. & Cunningham, 2004). These studies report the following: reduced academic success, aggressiveness, non-compliance, irritability, being easily angered, anxiety, depression, withdrawal, low self esteem and an increase in somatic complaints. Suderman and Jaffe (1997) also found that 56% of children of women in shelters met the criteria for PTSD. In addition, they reported "subtle" symptoms in children, such as inappropriate attitudes regarding conflict and violence against women, condoning relationship violence, and hypersensitivity about problems at home, and self-blame. These symptoms are more likely to lead to victimization and/or aggression in relationships as an adult, as well as other socialization problems. Robinson and Taylor (1994) found that 50% of federal Canadian offenders had witnessed or been victims of abuse in their families of origin.

#### **V. REDUCTION IN VIOLENCE**

Five year prevalence rates suggest a decrease in intimate partner violence in Canada (Statistics Canada, 2002).<sup>3</sup> The following reductions were reported:

- Severe types of assault (beating, choking, sexual assault) dropped from 50% to 43% of all victims.
- Proportion of victims reporting injury dropped from 47% to 40%.
- Proportion of victims reporting injury requiring medical attention dropped from 21% to 15%.
- Fewer women experiencing chronic (10 or more) assaults.
- The rate of spousal homicide decreased by 26% between 1993-1999.

#### **VI. WOMEN'S USE OF VIOLENCE IN RELATIONSHIPS**

Police reports suggest that male on female spousal assault is much more prevalent than female on male. Some research studies have suggested that women's use of violence in relationships can be as prevalent as men's (Kwong, Bartholemew & Dutton, 1999; Statistics Canada General Social Survey, 2000). These

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<sup>3</sup> It is important to note that the same study showed the number of women who are afraid has gone up 3%.

findings have been criticized because the survey questions did not explore the emotional context in which the violence occurred. In addition, the surveys did not explore sexual abuse in the relationship, other controlling behaviours or power imbalances. Furthermore, there is much evidence to suggest the severity of violence and the resulting emotional and physical injury is much greater for women (Jiwani, 2000; Dasgupta, 2001; DeKeseredy & Martin, 2003). Critics of the view that abuse is equal between men and women refer to evidence that women are more likely to experience injury, to require medical attention, to be victims of multiple assaults in the same relationship, to be assaulted after separation and to be victims of domestic homicide (Report to the Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002).

In programmes in B.C. for men who have assaulted their wives or girlfriends it is common to ask the participants if they have also been physically assaulted by their partners (Katz, 2002). At least 70% will say they have been. This is then followed by these questions:

- Were you injured?
- Did you require medical attention?
- Were you afraid for your life?

While occasionally there are men who say they were injured or afraid for their lives, the majority said they were not injured or afraid. Most state the emotion they experienced was frustration or anger.

It is often suggested that embarrassment prevents men from calling the police. This may be a contributing factor, however it is also likely most men don't call police because they are not afraid of injury. The emotional context of a violent argument is different for men and women. If a woman starts the physical conflict by hitting her partner she may be angry at the time (or afraid.) If the man responds with physical violence it doesn't take long before the woman's anger will turn to fear (or existing fear will escalate) while his anger likely escalates, and of course people are more likely to call the police when they are afraid. One finding suggested that 38% of women feared for their lives compared to 6% of men (Report to the Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002).

Of course women can be violent and cause injury. In B.C. police are becoming increasingly responsive to women's use of violence in relationships and increasingly women are being charged. Men are still more likely to be charged for less severe incidents of violence which may reflect a tendency for men not to call the police unless the violence perpetrated by the women is severe. Programmes for women who use violence are currently only funded in institutional settings and are not available in the community.<sup>4</sup>

## **VII. THE DEVELOPMENT OF POLICY AND PROCEDURES FOR RESPONDING TO DOMESTIC VIOLENCE**

In Canada, prior to 1983 domestic violence was considered to be primarily a social issue as opposed to a criminal justice issue; charges and convictions were rare, other than in the most extreme cases of violence or in the case of homicide. In fact, it was not until a report on the prevalence, nature and social/economic impact of violence against women in relationships was presented to the House of Commons in 1982 that it was even considered to be a severe social issue. As a result of this report, in 1983 Solicitor General Robert Kaplan directed police chiefs across Canada to engage in more aggressive arrest and charge policies for those who engaged in violence in intimate relationships. This resulted in intimate partner assault becoming recognized in Canada as a serious criminal act, and increased awareness of the pervasiveness of domestic violence.

In British Columbia, the Ministry of Attorney General responded to the federal directive by creating the 1984 Wife Assault Policy. This policy emphasized arrest whenever sufficient evidence was found. A significant factor in this policy removed the responsibility from the victim to lay the charges against her partner. Unfortunately, legislation does not change attitudes, and it took some time for attitudes and behaviours of arresting officers to change and for police to respond with the laying of criminal charges as

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<sup>4</sup> One of the authors of this paper (Jane Katz) has developed programmes for incarcerated women who use violence in relationships. In addition, both authors have delivered community programmes for partners of men who use violence, and many of those women acknowledge having used some form of physical violence and many forms of emotional/verbal abuse in the relationship, either offensively or defensively. A focus on safety and responsibility is important for both men and women. When either a man or a woman uses violence in a relationship s/he is not only impacting others' safety, but also her/his own.



required. Over time the police and prosecution response became more aligned with the “zero tolerance” approach outlined by the Ministry of Attorney General. Multiple revisions were required to create an effective coordinated response, culminating in the 1996 Violence Against Women in Relationships (VAWIR) Policy which is currently in effect.

The 1996 VAWIR Policy was founded on the principle that society must be given a clear message that violence in relationships is unacceptable. In addition, to be effective coordination of services is essential. To this end the following are cited in the policy as being absolutely necessary for an effective coordinated response:

- victim protection, safety and support through swift police response, shelters, education and advocacy, no contact orders;
- involvement with the court system through strong pro-arrest policies, clear guidelines and procedures for investigation and prosecution to increase convictions, enforcement of protection orders, probation guidelines, interagency flow of information;
- legal sanctions with increasingly harsh penalties for repeat offenders;
- mandatory treatment programmes for offenders, in keeping with Canada’s criminal justice system philosophy regarding the rehabilitation of offenders.

Since domestic violence is a criminal justice issue in Canada, it is helpful to look briefly at Canada’s history of responding to criminal behaviour, particularly with respect to treatment. A watershed moment in Canadian Corrections occurred in 1938 when the Archambault Commission first postulated that treatment and rehabilitation of offenders (as opposed to just punishment) were objectives of the criminal justice system. This was influenced by humanitarian prison reform movements in the United Kingdom; there were also parallel processes occurring in the United States in the 1930’s (Giardini, 1942). A corollary of this increased focus on treatment was the recognition of the differing needs of offenders, leading to the hiring of classification officers post WWII. In the mid 1950’s the Correctional Services of Canada began to employ psychologists and those with psychological training for testing, counselling and psychotherapy.

In the early 1970’s a “nothing works” backlash from US prison reformers resulted in a decline in funding for treatment programmes in many jurisdictions in the United States (Watkins, 1992). Although this had an impact in Canada as well, Canada chose to persevere with the philosophy that treatment is required for rehabilitation. Two processes unfolded to help deal with the backlash: 1) a growing focus on ‘evidence-based’ treatment driven by research, evaluation and accountability and 2) an increased use of clinical and applied social psychologists (either under contract or on staff) as practitioners, consultants and researchers in risk assessment, programme development and programme delivery. The Correctional Services of Canada has developed a full slate of accredited programmes for offenders aimed at addressing all levels of risk and all criminal needs, including domestic violence.

Canada has two correctional systems - provincial and federal. Any offender who is sentenced to over two years of incarceration becomes the responsibility of the Correctional Services of Canada (CSC), which means the vast majority of offenders in the country fall under the jurisdiction of provincial correctional systems. As with all provincial systems, the Corrections Branch of British Columbia is expected to align itself with federal policy, and as such was impacted by the initiatives of the federal system toward rehabilitation. In 1946 the British Columbia Gaol Commission created the foundation for the development of procedures for offender management aimed at rehabilitation, including correctional programmes (Doherty & Ekstedt, 1992). As with CSC, the involvement of clinical, forensic and applied social psychologists in the development of evidence based programmes and risk assessment tools has been a significant focus of offender management and rehabilitation in B.C. Programmes in the past twenty years.

The majority of spousal assault convictions, then and now, do not result in federal sentences unless the assault results in significant injury or death. However, Robinson and Taylor (1994) conducted a file review of federal offenders and found that independent of the crime for which they were convicted, 25% had engaged in acts of violence towards a female partner (physical, sexual or psychological assault). This paralleled an earlier study by Dutton and Hart (1992). It is important to point out these reviews only identified those offenders with reported incidents of violence. In keeping with evidence that all domestic violence is underreported, it is estimated the actual incidence of domestic violence as defined by physical, sexual or

psychological abuse is much higher in federal offenders than this file review suggests. In addition, both studies found that file information suggested almost half of federal offenders had been victimized or had witnessed some form of family violence as children. This is certainly a higher proportion than what is seen in the community, and again reflects only what is on the file. Finally, consistent with the general family violence literature, both studies found that offenders who witnessed or experienced abuse as children were far more likely to be abusive in their adult relationships. These studies clearly indicate that a focus on domestic violence programming is important for male federal offenders. (It is also important for female offenders as the rate of childhood abuse in women offenders has been shown to be equally high, if not higher.)

### **VIII. DEVELOPMENT OF MANDATED PROGRAMMES IN THE CORRECTIONAL SERVICES OF CANADA**

In the early 1990's CSC developed a ten session educational programme called "Living Without Violence" which was delivered by trained correctional officers. In various parts of the country psycho-educational cognitive-behavioural, pro-feminist (i.e. viewing violence against women as grounded in a power imbalance between men and women) treatment programmes were offered by contracted therapists.<sup>5</sup> In the late 1990's CSC pulled together some of these therapists, along with researchers and other experts in the field, to consult on the development of accredited National Moderate and High Intensity Family Violence programmes for male offenders (MIFVP and HIFVP).

The MIFVP and the HIFVP are cognitive-behavioural and 26 and 72 sessions respectively were implemented in 2000 in federal institutions across Canada. Admission to the programmes is based on the Spousal Assault Risk Assessment (SARA), identified incidents of physical violence and an offender risk/needs assessment. Until April of 2005 the CSC Pacific Region in British Columbia also offered a programme called Family Relationships as an alternative to the Moderate Intensity programme. It had a greater focus on meeting the relationship skills needs of all offenders, not just those who with reported incidents of violence, and was more preventive in nature. Unfortunately, a focus on accreditation and working only with reported criminal behaviour has put this programme on hold at this time. This programme, however, had the highest completion rate of any programme in the Correctional Service of Canada and speaks strongly to the need for male offenders to learn more about developing healthy, non-violent relationship skills. Findings that suggest there is a high incidence of domestic violence and abuse in offender intimate relationships, and that stable relationships are a significant factor in preventing recidivism, suggests there is a need to address relationship violence pro-actively, not just when incidents have been reported.

### **IX. DEVELOPMENT OF MANDATED PROGRAMMES IN BRITISH COLUMBIA CORRECTIONS**

The sentences for spousal assault are usually under two years, which means most spousal assault offenders end up supervised in the community by probation officers. After the implementation of the Wife Assault Policy in 1984 the police became more efficient in arrest and charge policies, women were no longer able to drop charges and as a result the incidence of conviction increased. This led to an increased number of men on probation for spousal violence. In the province of B.C. these men have been designated as K-file offenders, and currently K-files account for approximately 22% of sentenced offenders supervised through probation.<sup>6</sup> Over 80% of these clients are considered to be medium or high risk.

By 1989 the B.C. Ministry of Attorney General had provided funding for three programmes for male K-file offenders on probation. These were delivered by The Victoria Family Violence Project, The Vancouver Assaultive Men's Programme and the Fraser Valley Family Violence Programme.<sup>7</sup> In 1992, based on the

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<sup>5</sup> Ms. Katz developed and delivered this programme in the Pacific Region for CSC from 1992-2005. It was called the Family Relationships Programme.

<sup>6</sup> This does not include probation clients who are on conditional sentences, peace bonds or bail.

<sup>7</sup> Ms. Katz was the Director of the Fraser Valley Family Violence Programme from 1990-2003. Research on this programme's effectiveness is included in the study by Kropp & Bodnarchuk, 2001.

ever increasing numbers of K-files, funding for spousal assault programmes was made available through the Ministry of Attorney General to over 50 communities in the province.<sup>8</sup> Most of these programmes were required to include therapist contact with the victims to ensure safety and to become involved in community coordinating committees to help implement and monitor the VAWIR policies. Some programmes had additional funding to provide support groups and/or counselling for the women victims.

In order to make it more likely offenders would comply with mandated orders, significant work was done to ensure the wording of court orders was such that expectations to attend programmes were clear; e.g. *Will attend counselling as directed by the probation officer, and complete to the satisfaction of the probation officer and the counsellor*. Offenders who did not comply were considered to be in breach of their court order, taken back to court and additional sanctions were levied. While there were significant challenges in the early years resulting in relatively low completion rates in some of these programmes, it ultimately began to work well. By 1995 there was a significant turn around in completion rates and many of the programmes were running successfully.

Consistency in the delivery of these programmes was primarily guided by a set of principles developed by the BC Association of Counsellors of Abusive Men (ACAM). This association was founded in 1989 by a group of therapists interested in promoting the development and implementation of high quality interventions for men. A collaborative process between ACAM, representatives of provincial government ministries (Attorney General, Health, Social Services, Women's Equality), and community agencies providing services to women victims of domestic violence resulted in a set of guiding principles for engaging in responsible and effective work with the men. These principles were based on what was considered best practices at the time. They became embedded in programme contracts and provided some consistency for the delivery of the programmes in the province, although programmes were not otherwise standardized.

The guiding principles developed by ACAM have been adopted by many programmes in Canada. The direct goals of treatment as defined by ACAM are: to stop the physical violence, reduce the whole array of abusive and controlling behaviours and provide men with alternatives to abuse which encourage sharing power and decision making in a respectful relationship. The full document containing 31 principles can be found on the ACAM website ([www.bcacam.bc.ca](http://www.bcacam.bc.ca)).<sup>9</sup> They include:

- The safety of women and children is paramount.
- Access to women's safety services and supportive counselling for partners is a prerequisite to the effective implementation of men's treatment.
- Great care should be taken to be conservative in communicating expectations for change in men's behaviour so as not to bias women's self-protective decision-making.
- Ongoing contact with women partners is important for assessment purposes and assurance of her safety. Contact should be based on her willingness to participate.
- A coordinated system of services for women and men ensures a consistency in consequences and response.
- Cooperation among men's treatment programmes, probation, Crown counsel and the judiciary is necessary to allow breach charges to succeed, thereby increasing accountability.
- An approach to each individual man that demonstrates respect and compassion, while holding him accountable, is fundamental to the process of change.
- A treatment philosophy focusing on attitude change and skill development is considered most effective. A cognitive-behavioural approach is recommended.
- Programmes should include strategies to reduce minimization, denial and blame, while raising awareness of the nature of all forms of abuse, the impact of abuse and teaching skills aimed at managing difficult emotions without abusive behaviour. Use of anger management alone is not considered effective treatment.
- Group counselling is the preferred treatment modality.
- Men's groups should be led by a two-person team, preferably male/female.
- Couples counselling is not recommended in early stages of treatment.

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<sup>8</sup> Dr. Stefanakis facilitated programmes for the Vancouver Assaultive Men's Programme and developed and ran the Alternatives to Violence Programme at New Haven Correctional Centre between 1996 and 2001.

<sup>9</sup> ACAM has recently changed its name to the Ending Relationship Abuse Society of B.C. Currently ERA is revising the guiding principles.

- Careful assessment and evaluation techniques are necessary to maintain the effectiveness of the programme.
- Programmes should not advocate for men in legal proceedings.
- Programmes must have a clear policy around responding immediately to situations that suggest someone is at risk
- Alcohol, while often involved, does not cause violence, however might be a barrier to treatment if not addressed.

ACAM invited all counsellors in B.C. working in the field who agreed with the guiding principles to join the organization. While not mandatory, most of the people delivering programmes in the province became involved in the 1990's. An important purpose of ACAM was to provide opportunities for networking and education in a new field; this was done primarily through an annual conference.

In the late 1990's the Ministry of Attorney General felt pressure to develop greater standardization of programme delivery across the province. In 1997 the Corrections Branch embarked on a new model for treatment delivery. Between 1999 and 2002, B.C. Corrections consulted with experts in the field including the authors of this paper, other members of ACAM, researchers from Correctional Services of Canada and victim services in the development of a two phase treatment programme for men. The first phase is a ten session pre-treatment educational group programme called *Respectful Relationships (RR)* that is delivered by trained Correctional and Probation officers. This programme is delivered both in the provincial jails and in the community. The second phase is a standardized 17 session psycho-educational, cognitive-behavioural group programme called the *Relationship Violence Treatment Programme (RVTP)* which is delivered by contracted therapists. This programme is primarily offered in the community since provincial jail sentences tend not to be long enough to complete both RR and RVT. This restructuring of programme delivery was done in the service of achieving greater accountability and more accurate evaluation.

It is early days yet for these two programmes. Both have undergone revisions as the Corrections Branch appears to be committed to finding a process that is effective.<sup>10</sup> A benefit of the RR programme is that all community and many custody corrections staff are being trained to deliver it and therefore are learning to model skills and respond to clients both one-on-one and in groups in ways that promote non-violent relationships. The RVTP programme is currently being managed by one contractor who is required to find, train and supervise over 60 counsellors delivering programmes throughout the province. As a result, availability of programmes and coordination of services have suffered somewhat in the early stages of this new initiative. In addition, there is now limited funding for voluntary clients as programmes are being strictly held to a "corrections clients only" policy. There is also a concern that standardization of programmes in such a new field will limit innovative efforts to meet the varied treatment needs of all offenders and improve treatment outcomes. The very positive note in this, however, is that B.C. continues to see domestic violence as a criminal justice issue and is committed to finding solutions.

Currently in B.C. the criminal justice response to violence against women in relationships continues to follow the 1996 VAWIR policy. This includes the following procedures:

- Police are required to respond quickly and arrest and charge if there is any sign of violence.
- Charges are not laid or dropped at the request of the victim.
- No-contact orders are put in place and not dropped solely at the request of the victim, but rather through recommendation by the probation officer.
- Violations of no-contact orders can lead to a breach of probation charge.
- Victim services and probation officers contact the women and make appropriate referrals to shelters and counselling services.
- Men are court-mandated to attend programmes and are breached for non-compliance.

Four of the possible outcomes of sentencing include:

- Jail sentence and condition to attend counselling as directed.
- Jail sentence, probation and condition to attend counselling as directed.
- Peace-bond and requirement to attend counselling as directed.
- Conditional sentence and requirement to attend counselling as directed.

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<sup>10</sup> Ms. Katz provides training for facilitators of both RR and RVT, is the author of the current version of RR and significant portions of the revised RVT.



The last two sentencing outcomes do not result in a criminal record if the offender meets the conditions of his sentence. If alcohol was involved in the charge there is also often a requirement to abstain from drinking.

The challenge for domestic violence, as with many criminal behaviours, is that without prompting through the criminal justice system it is unlikely offenders will seek out intervention on their own volition. The Criminal Code of Canada has made provision for court mandated treatment through the following sections:

- Section 732.1 (1) Optional Conditions of probation order: (3) (g) if the offender agrees, and subject to the programme director's acceptance of the offender, participate actively in a treatment programme approved by the province.
- Section 742.1 (a) Where the court imposes a sentence of imprisonment of less than two years, and (b) is satisfied that serving the sentence in the community would not endanger the safety of the community . . . . the court may, for the purpose of supervising the offender's behaviour in the community, order that the offender serve the sentence in the community subject to the offender's complying with the conditions.
- 742.3 (1) The court shall prescribe, as conditions of a conditional sentence order, that the offender do all of the following: (e) attend a treatment programme approved by the province, and (f) comply with such other reasonable conditions as the court considers desirable, subject to any regulations . . .

While the first section clearly states that the offender must agree, the following sections encourage compliance with conditions that include counselling. In the federal correctional system an inmate is awarded early release or parole based on the risk he poses to society. Offenders are considered to be more likely to be able to manage their risk if they have completed a treatment programme. In the provincial system programmes are often a condition of probation.

Mandating of programmes has frequently led to questions about programme effectiveness. This of course has led to the importance of developing programmes that engage offenders in learning and change, and this will be discussed later in this paper. There are limited studies examining the differences between voluntary and court-mandated referrals; however, there is some evidence to suggest voluntary convicted offenders are less likely to complete treatment, or be successful with treatment. Certainly in the many years of programme delivery conducted by the authors of this paper this has been confirmed. With respect to domestic violence, it is frequently the case that even those who are "voluntary" are externally motivated to seek out treatment because their partner has left and refuses to come home, their children have been apprehended or they are seeking custody. If these external factors are resolved early in the programme it is not unusual for voluntary clients to drop out. A court mandate is more likely to result in completion of treatment.

## **X. PRO-ARREST AND PRO-CHARGE**

The pro-arrest, pro-charge guidelines that are part of the VAWIR policy in B.C. reflect a desire to emphasize the criminality of violence against women in intimate relationships. The literature about the impact of arrest alone on recidivism has provided mixed findings. Studies seem to suggest it has an impact that is short-lived and most significant with men who are married or employed and have "something to lose" (Sherman & Berk, 1984; Berk, Campbell, Klap & Western, 1992; Gelles, 1993). Studies do suggest, however, that pro-arrest, pro-charge policies have a significant impact on the safety of women because they promote the following: immediate protection, time to consider options, access to support services, information about abuse and time to make alternative living arrangements (Buel, 1988; Jaffe, Hastings, Reitzel and Austin, 1993; Stark, 1996; Tolman, 1996; Varco, Jaffer & Kelln, 2002). Russell (2002) researched criminal justice responses in B.C. and found that arrest is the most effective strategy for ensuring safety of victims and decreasing the rate of abuse. These policies give a strong message to society about the seriousness and inappropriateness of the behaviour.

In Canada, police make the arrest and the Crown Counsel (prosecution) lays the charges. Pro-arrest, pro-charge policies have been shown to improve police and crown practice by minimizing the impact of individual bias. A review of the literature conducted by the B.C. Institute Against Family Violence (MacRae, 2003) cited many research findings that supported the use of a standardized response for the following reasons:

- The personal domestic situation of police officers made them more or less likely to arrest.

- Opinions of fellow officers influenced arrest.
- If police believed victims were uncooperative they were less likely to arrest. (Research suggests that most victims will cooperate with appropriate support.)
- Inadequate or inaccurate information in police reports led to failure of prosecution.
- Severity of injury, weapon use, property damage, violation of court orders and/or involvement of alcohol made it more likely arrest would occur and charges would proceed. In the absence of these obvious factors, police are less likely to arrest, putting the victim at risk by suggesting “call us when it gets worse”.
- Presence of witnesses impacted arrest and charge.
- Prosecutors were less likely to charge, and police are less likely to arrest, when the victim’s attributes lead to questions about her victimization.

Hanna (1996) found these policies have been responsible for a reduction in homicides, and suggests they have created huge societal gains with respect to changing attitudes and behaviours.

These policies have not existed without criticism. These are typically based on the following factors:

- Women feel disempowered by the process and feel their wishes are not being considered. Many women don’t want a lengthy no contact order or for their partner to have a criminal record (which could impact employment and travel outside the country). They simply want the abuse to stop.
- The policy has led to more cases coming in to the system than were ever expected (which reflects the pervasiveness of the behaviour), and there is often not enough time or resources to do it properly.
- Women (as well as offenders) sometimes complain the information gathered by police is limited and inaccurate in order to facilitate convictions. Victim (and offender) statements, although they may be similar to one another and different from the police statement, are not seen to have more credibility than the police statement.
- Overzealous compliance with the policy has resulted in some men being charged and convicted when they were actually victims of assault themselves and were seeking help.
- Family problems are often multi-levelled. There is no room in the system to treat people as individuals with varying needs; no room for discretion.
- Rigid policies result in some women not using the system.

These challenges speak to the need to have a coordinated response that takes into account the needs of both victim and offender.

## **XI. A COORDINATED RESPONSE**

In a drive to ensure domestic violence is viewed as a criminal justice issue it is important to not lose sight of the fact that it is also a social issue that involves individuals and families who care about each other and who may have multiple needs. There have been many studies that demonstrate a coordinated response which includes arrest, support for the victim and mandated treatment for the offender is more effective than arrest alone (Pence, 1989; Steinman, 1990; Dutton & McGregor, 1991; Syers & Edleson, 1992). A study by Steinman (1990) found that police interventions that were not coordinated with other criminal justice sanctions actually led to increased violence. Dobash, Dobash, Cavanagh & Lewis (2000) have reported evaluation research that suggests arrest and treatment is more effective in reducing men’s physical and emotional abuse than criminal justice sanctions alone. This result is consistent with the general criminology literature that has pointed out the important role of well developed and implemented programmes on reducing criminal recidivism when compared to punitive measures alone (McGuire, 1995).

Effective responses depend on a philosophy that domestic violence is both a crime and a social issue. Comprehensive programmes that engage in a coordinated treatment-criminal justice-victim advocacy response have a greater impact at reducing recidivism (Gondolf, 1999; Dobash et al., 2000). MacRae (2003) writes,

The literature indicates that while arrest alone may have some positive consequences on the incidence of relationship violence, the best results occur when arrest is part of a multi-level, multi-faceted, coordinated criminal justice response in which prosecution is a key component (Russell, 2002; Wooldredge & Thistlewaite, 2002; Gelles, 1993).

## **XII. PROTECTION ORDERS**

Emergency intervention is available 24 hours a day through a Justice of the Peace and allows police to restrain communication or contact, remove the abuser from the home and give the victim exclusive occupation of the home. As soon as the respondent is served this order it must be ratified by the Court of the Queens Bench.

In B.C. protection or no-contact orders are routinely implemented in cases of domestic violence. While some studies show there is a positive benefit, there is also research that suggests they have little impact on extremely high risk offenders (Finn, 1991). The effectiveness of protection orders seems to be entirely related to how they are enforced by the police.

It is not uncommon for victims to willingly violate no-contact orders for a variety of reasons: a desire to allow contact with children, strained finances, the problem of avoiding contact when living in a small community, wanting to include the spouse in family events. In addition, sometimes as stated above the no-contact order goes beyond the time frame that is helpful for the woman and her wishes to have it removed are not considered. If a victim willingly violates a no-contact order the police are less likely to act on it if she requests help. Education for police is critical in this case. A system that understands the difficult dynamics of relationships and responds appropriately to any or all incidents of threat or fear is required. An effective response would include a standing no-contact order that indicates to the police the man can be dangerous, and that could be invoked during times of threat.

## **XIII. DIVERSION**

In some communities in the United States and Canada diversion has been used to respond to domestic violence. Diversion means the offender stays out of the court process (i.e., is not officially charged) and is given the opportunity to either attend counselling and/or keep the peace. There have been criticisms that diversion is more likely to be used with those who are better educated and middle to upper-middle class, that it sends the wrong message about the criminal nature of the offence and puts pressure on the victim to agree to diversion. These issues might reinforce existing power imbalances in the relationship and diversion is difficult to monitor. Suggested benefits to diversion include: greater flexibility for individual response, quicker response time, possibly greater compliance with programmes and possibly more women will use the system. In B.C. at this time neither diversion nor any other alternate measures are being used to respond to domestic violence. An effective diversion programme requires many levels of coordinated, fully funded resources which are currently not in place.

## **XIV. FAMILY VIOLENCE COURTS**

The large numbers of domestic violence cases in Canada has led some provinces to set up specialized court systems; this helps prevent lengthy delays in court proceedings and referral to programmes. Those working in these systems have specialized training to raise sensitivity to all of the issues relating to domestic violence. Manitoba, Ontario, Alberta and the Northwest Territories have implemented these systems which include involvement of court, probation, victim services and programmes for offenders and victims. These courts place a strong emphasis on victim safety, thorough investigation of the facts, successful prosecution, appropriate sentencing, monitoring of orders and treatment. They are successful because everyone working in the system has a knowledge of the issues. These courts are founded on a belief in the need to address this as both a crime and a social problem. Accountability and opportunity for change are promoted. At this time B.C. does not have a Family Violence Court, however, evaluation results from these other jurisdictions are promising.

## **XV. CHARGE AND SENTENCE**

In B.C., as in all jurisdictions in Canada, the Crown counsel will decide if there is sufficient evidence to proceed with a charge based on police findings. While victim testimony might be necessary for conviction, if there is sufficient evidence the Crown will proceed regardless of the victim's willingness to testify. The maximum sentence for assault is a \$2,000 fine or imprisonment for six months or both. Assault with a Weapon or Assault Causing Bodily Harm can lead to imprisonment not exceeding ten years. Aggravated Assault can lead to imprisonment not exceeding fourteen years. Manslaughter and Attempted Murder can result in imprisonment for life. Murder results in an automatic life sentence. These are the maximum

sentences and offenders are infrequently sentenced to these maximums. For assault the usual sentence is probation including an order to attend treatment. Occasionally offenders receive a suspended sentence with a requirement to attend treatment - this means if they complete all requirements they will not have a criminal record. This is more likely to happen for first time offenders who offer a guilty plea and who agree to attend treatment.

## **XVI. MEN'S VIOLENCE AGAINST WOMEN IN RELATIONSHIPS: FACTORS FOR TREATMENT**

Since violence against women in relationships became a focus in public consciousness there has been a great deal of effort made trying to understand the men who engage in this behaviour in order to develop effective programmes. Most studies suggest there are similarities in some behaviours and attitudes, but there is not a "profile" as such. Domestic violence occurs in all socio-economic groups; however those with lower educations and less income are more likely to find their way into the criminal justice system. Holtzworth-Munroe and Stuart (1994) conducted a meta-analysis of studies and concluded there are three distinct groups of men who use violence in relationships: family only (which has the lowest levels of physical, psychological and sexual violence, dysphoric-borderline (which may or may not include some extra-familial violence and is more likely to involve substance abuse and moderate to severe violence), and generally violent-antisocial (moderate to severe violence, likelihood of substance abuse and criminal problems). Saunders (1996) found that 50% are men who assault their partners have problems dealing with intimacy but are not violent outside intimate relationships, 25% are emotionally volatile and dependent and 25% are generally lacking in empathy. In one study higher levels of narcissistic personality disorder and obsessive-compulsive personality disorder related to increased severity of violence (Bodnarchuck, 2000). The review of the typology literature by Cavanaugh and Gelles (2005) suggests that these types of batterers are consistent with low<sup>11</sup>, moderate and high risk offenders and that it is unlikely for most offenders (low and moderate categories) to escalate over time or move from one category type to another. Thus, these authors caution against matching offenders to wrong treatment (e.g., impulse control for anti-social men).

A number of factors are considered to be related in some way to men's violence against their intimate partners. These include: childhood and adolescent experiences including childhood trauma, attachment disorders, patriarchal attitudes and beliefs, unrealistic expectations in relationships, substance abuse, inability to manage anger and other difficult emotions, head injuries, depression, marital distress, jealousy and insecurity, dependency, personality disorders and biological and genetic variables.<sup>12</sup>

The perceived causes or theories for violence have an impact on the treatment that is provided. Theories of biology, psychopathology, social learning, family systems and feminism have all informed programme development. Biological theories include brain injury leading to violent impulses and genetic programming around safeguarding the sexual mate (jealousy and control). These theories lead to treatment primarily based on pharmacology. Theories of Psychopathology focus on psychodynamic rather than organic variables; the focus is often on childhood and other experiential events. Violence is seen to co-exist in a constellation of other interpersonal problems and functional deficits. Psychiatric diagnoses, specifically borderline and anti-social personality disorders, are inherent in a focus on psychopathology. Violent reactions and patterns are long standing and firmly entrenched, and treatment takes many forms (cognitive-behavioural, psychotherapy, pharmacology) with a strong focus on risk management.

Social Learning Theory suggests domestic violence is a product of learning and early modelling of behaviours that achieve a desired result. Proponents of this theory state it is supported by research on trans-generational violence. Interventions prescribed from this theory are usually cognitive-behavioural in nature. Critics say that it does not explain why intergenerational transmission is not universal.

Feminist Theory explains violence against women as being influenced by a patriarchal societal structure that reinforces men's superior role and therefore their sense of entitlement to exert power and control over

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<sup>11</sup> This categorization of low risk is used as a relative reference in comparison to the other two categories in the typology and should not replace a risk assessment by professionals to ascertain treatment needs.

<sup>12</sup> These factors, along with many others, are regularly seen in group participants in varying degrees, and this speaks to the challenges of providing effective treatment.



women. Imbalances at a societal level are then reproduced within the family. Interventions are based on advocacy, the provision of services for women and sensitization aimed at changing attitudes, beliefs and social structures that support violence against women.

Family Systems Theory suggests the family is a dynamic organization made up of interdependent components; action and reaction leads to probability of reoccurrence. Treatment involves exploration of the attitudes, beliefs and behaviours in relation to the many systems in which the offender lives – family, culture, religion, community standards. Intervention includes individual work as well as couple or family counselling to improve communication and problem solving skills within the family.

Dutton (1995) used the term “nested model” to also explore the belief that violence as multi-determined. This model takes into account both the psychological features of the offender as well as the interpersonal context, i.e. influences of family, couple and social systems. Dutton suggests there are four levels that influence each other:

- Macrosystem: Broad societal attitudes and beliefs regarding spousal violence.
- Exosystem: Social structures that influence the immediate context where the assault occurs.
- Microsystem: Immediate environment within which the abuse takes place; the home, the couple's relationship pattern.
- Ontogenic Level: Perpetrators individual histories and characteristics.

No one theory emerged as having unequivocal support. Human behaviour is complex and there are no easy ways to explain it. Integrated approaches that incorporate all aspects of these theories seem to be most beneficial.

## **XVII. DOMESTIC VIOLENCE AND ALCOHOL ABUSE**

The involvement of substance abuse, particularly alcohol, in domestic violence has been well documented. Estimates of concurrent use of violence and alcohol range from 25% to 60%, and “use” does not imply a drunken state. Abuse of alcohol and drugs contributes to risk and can be a significant barrier to treatment effectiveness, however, it is currently a generally supported view that alcohol does not cause violence. Some studies found that substance abuse only increased the risk for woman abuse for men who already approved of situational violence against women, were under socioeconomic hardship, had high levels of hostility and low levels of marital satisfaction (Kantor & Straus, 1987; Leonard & Blane, 1992).<sup>13</sup> Perneran (1991) found the average amount of alcohol consumed prior to the violent episode was only a few drinks, which suggests the alcohol is an excuse.

Gondolf (1995) suggests there may be common psychosocial factors which overlap, e.g. substance abuse and violence may share common origins in a need to achieve personal power and control. He cautions that treatment approaches may have a very different focus in that alcohol and drug treatment is very self-focused.<sup>14</sup> He suggests that treating one may have an impact on the effectiveness of treatment for the other. Katz (1998) suggests that if men become motivated to act in ways that keep themselves and others safe this should have an impact on stopping violence in relationships as well as other self-destructive behaviours like substance misuse.

Some important factors about the link between violence and substance abuse include:

- Being drunk may provide a justification - or alibi - for behaviours normally proscribed by society.

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<sup>13</sup> Both authors have had many participants who claim alcohol as a reason for the violence. When challenged they will frequently admit to having thoughts about assaulting their partner when they are sober and angry with her, but state they are more able to control their behaviour more effectively at those times. Even under the influence of alcohol men control where, when and how much violence they use. It has been both authors experience that when asked about particular behaviours many men say “no matter how drunk I got, I would never....” which suggests limits have been set that will not be crossed drunk or sober. It is very unlikely that a person who never thinks about sex offending or robbing a bank will suddenly do it because they are drinking.

<sup>14</sup> It has been both authors experience that men in alcohol treatment who have not addressed the issues underlying their abuse of their partners will use their need to maintain sobriety as an excuse for controlling behaviours. “It will be your fault if I continue to drink.” Some men who have stopped drinking and continue to be abusive also blame the behaviour on being a “dry drunk”.

- Alcohol may contribute to the misreading of signals by both the offender and the victim.
- By reducing inhibitions, alcohol may impair attention to internal behavioural cues and the consideration of consequences.
- Alcohol may decrease frontal lobe functioning, affecting ability to handle new or threatening situations and to develop alternative strategies to solve problems. Alcohol may affect neuro-chemical systems that mediate aggressive behaviour (Boles & Motto, 2003).
- Risk of serious violence increases with alcohol.
- Cocaine and methamphetamines can increase violent behaviour.
- Women with substance abuse problems have an increased risk of being victims of violence.
- Completion rate is lower for those with addiction problems.
- Addiction leads to increased conflict in the relationships.
- Sobriety does not necessarily lead to non-violence or change the nature of the abuse in the relationship.

### **XVIII. THE NATURE OF DOMESTIC VIOLENCE**

Violence against women in relationships includes verbal, emotional, psychological, physical and sexual abuse. Most programmes have lengthy lists of behaviours that describe these forms of abuse. Various types of abuse inventories and scales have been developed to help those working with both victims and offenders to identify the nature and severity of the abusive behaviour (Tolman, 1989; Marshal, 1992; Shephard & Campbell, 1992; Saunders, 1995; Strauss, 1995). The most commonly used document in programmes to date is the Power and Control Wheel produced by a programme in Duluth, Minnesota (Pence & Paymar, 1993). This wheel describes many types of behaviours that are designed to intimidate and control. These include: threats of physical harm to others or to self; verbal abuse that degrades or humiliates; economic abuse through attempts to control finances; use of the children to control or threats to hurt the children; minimization, denial and blame for the abuse; property damage, in particular selective property that has meaning for the victim; acts of sexual coercion; acts based on beliefs about male privilege and men's and women's roles in society; acts intended to isolate the victim from others; harassment and stalking behaviours. Although the violent acts that are sanctioned by the criminal justice system are physical violence, sexual violence and threats of physical violence, these other non-physical forms of violence are equally damaging to individuals and relationships and are always precursors to physical violence. Programmes must address these behaviours in order to stop physical violence.

The nature of sexual abuse in relationships has not been well researched or addressed in many programmes. It is not uncommon for women who feel controlled in relationships to lose sexual desire for their partner (this is also true for men). The loss of desire by a woman who is being abused may lead to an increase in feelings of powerlessness or rejection in the man, and result in more abusive behaviour. Cycles of interacting in abusive relationships are often as follows (Katz, 1999):

1. Abuse occurs.
2. Emotional distance between partners increases.
3. Feelings of rejection by the offender increase.
4. Abuse escalates.

### **IXX. TREATMENT OPTIONS**

There are three principles for treatment: risk, needs and responsivity. The risk principle suggests that higher-risk cases benefit from more intervention; lower-risk cases benefit most from low (or no) levels of service. The needs principle suggests the greatest reductions in recidivism can be achieved by targeting criminogenic needs for treatment and supervision. The responsivity principle suggests treatment programmes and supervision approaches will be most effective when geared to the offender's own abilities and learning style. Currently much has been done on risk and needs; however, responsivity is an area requiring more attention and speaks to the process of delivery of programmes as opposed to the content.

The current state of knowledge about domestic violence is not sufficient to promote any specific treatment modality or programme (Cooper, 1995; Hanson & Wallace-Capretta, 2000). Indeed, the question of how and why cessation of violence occurs remains unclear and has not been directly examined in most evaluation studies where the focus has been on the more general questions of whether treatment with spousal abusers is at all effective. Much of the focus has been on programme content, while for those

working in the field the process of therapeutic alliance and engagement with the offenders is considered critical for improving responsiveness and programme completion. Recent research suggests the highest risk of recidivism occurs in those who drop out of programmes (higher than those who never take programmes.) This suggests keeping men in the room is critically important.

Healey, Smith, and O'Sullivan (1998), in their National Institute of Justice sponsored paper *Batterer Intervention: Program Approaches and Criminal Justice Strategies*, conducted a very comprehensive review of spousal assault treatment. This study and other literature cited earlier in this paper and below point to some common principles:

- A cognitive-behavioural focus is most frequently used in correctional programmes based on meta-analytic and theoretical reviews that have identified a cognitive – behavioural approach as the most effective treatment orientation to date in reducing criminal recidivism (Losel, 1996; Andrews & Bonta, 1998).
- No treatment approach (cognitive-behavioural, psychodynamic or family systems) has been shown to be significantly better than any other in stopping domestic violence; however the most common approach is a psycho-educational cognitive-behavioural model that encourages pro-feminist attitude change while building interpersonal skills (Hanson & Wallace-Capretta, 2000).
- Research by Hanson & Wallace-Capretta (2000) highlight the importance of well trained and supervised staff with a commitment to programme integrity. Modelling of skills and use of motivational skills are paramount to inviting change. This point is consistent with the general criminology literature (Andrews, 1995) and highlights the importance of the facilitators' skill in engaging men into the change process (Stefanakis, 1998a).
- Rondeau, Brodeur, Brochu & Lemire (2001) have noted that, among treatment variables, therapeutic alliance was the most significant factor in promoting programme completion.
- Group processes that do not restrict men's identities to offender status alone can facilitate therapeutic engagement (Augusta-Scott, 1999; Stefanakis, 1998b, 2000; Trimble 2000).
- Treatment effectiveness depends on matching treatment (intensity and type) and therapists to risk/need of offenders. (Gendreau & Andrews, 1990; Serin & Kennedy, 1997).
- Therapists' attitudes and competence that do not match the aims and content of a programme may lower treatment integrity and reduce its effectiveness. (Serin & Kennedy, 1997).
- Pre-group preparation programmes or treatment readiness programmes (such as the RR programme in B.C.) may be effective in reducing attrition in treatment (Cooper, 1995; Rondeau, Brodeur, Brochu & Lemire, 2001).
- Well managed programmes delivering structured intervention focusing on the offender and offending behaviours are more likely to be effective (Dobash et al., 2000; Gondolf, 1999).
- A coordinated treatment/criminal justice system response has a much greater impact on reducing recidivism than treatment alone or a criminal justice response alone. Programmes embedded within the criminal justice system, with immediate and strong sanctions for non-compliance had relatively low attrition rates in Great Britain (Dobash et al., 2000).

Treatment should acknowledge the complexity of the origins of the problem by addressing multiple targets that are empirically shown to contribute to abusive behaviour. In 1990, B.C. ACAM introduced the term "The Common Hybrid Model" to describe multi-model programmes that attend to all these theories and emphasize safety, personal responsibility, self-awareness, compassion, skill development and the promotion of attitudes of equality and respect that support the maintenance of non-violent relationships. All programmes tend to have the following: a cognitive-behavioural foundation; pro-feminist based (view violence as tactics of power and control and promote equality); hold offenders accountable for the behaviour; confront rationalizations and excuses; challenge beliefs, attitudes and expectations that support violence and inequality; help offenders identify high risk situations; teach skills which include emotions management, conflict resolution, problem solving, assertiveness and respectful communication (Pence & Paymar, 1992; Cooper, 1995; Gondolf, 1997; Healey, Smith & Sullivan, 1998; Katz, 2005). Some programmes also incorporate family systems strategies, trauma work, couple work, a focus on attachment theories and psychodynamic approaches to meet some of the individual needs of the men in the programmes, but all within the framework of promoting personal responsibility and motivation to behave non-abusively toward others. Modelling of respectful relationships in interactions with the participants and between co-therapists is a foundation of the ACAM model. The emotional and physical safety of women, children and men is the primary goal of programme delivery and is reflected not only in the treatment programme itself but also in pro-active participation in a coordinated community response.

The Correctional Services of Canada programmes for moderate and high intensity family violence offenders are accredited based on the following eight criteria that have shown to be effective:

- An explicit empirically based model of change.
- Targeting of criminogenic needs.
- Use of proven effective methods of facilitating.
- A skills development orientation.
- Attention to responsivity issues (e.g. culture).
- Continuity of care or relapse prevention.
- Sufficient intensity or dosage.
- Ongoing monitoring of the integrity of programme delivery and programme evaluation.

## XX. EVALUATION OF PROGRAMMES

Although programme evaluation of intervention for men who assault their partners is still at a relatively early stage of development, there is a body of methodologically sound research that supports the overall effectiveness of treatment (Edelson and Syers, 1990; Edelson, 1995; Dutton, 1995; Gondolf, 1997; Gondolf & Jones, 2001; Healey et al., 1998; Dobash and Dobash, 1999; Kropp & Bodnarchuk, 2001; Gondolf, 2004). While results from different studies vary in the size of the effect, there is significant evidence to suggest there is an effect. There remains much to do in identifying the most effective approaches.

Research on programmes report varying levels of effectiveness. In large part this is likely due to the variability in programmes being measured. Some studies report that as many as 53% – 85% of abusers stop violence after treatment in follow-up periods ranging up to 54 months (Dobash and Dobash, 1999; Edelson and Syers, 1990). Jones, D’Agostino, Gondolf and Hekert (2004) found that treatment reduces probability of assault by 26 – 34%. Dutton (1995) reported strong treatment effects for court-mandate programmes in B.C.; after six months 16% of untreated and 4% of treated re-offended and after 30 months 40% of untreated and 4% of treated re-offended. Self-reports from men and women supported this reduction and demonstrated that levels of verbal aggression dropped as well as violence. A more recent review by Gondolf (2004) suggests variability in results in previous studies, including previous meta-analyses, has to do with problems with methodological shortcomings. He found that programmes lead to a de-escalation of re-assault and other forms of abuse, the majority of men do not re-assault but approximately 20% of offenders continuously re-assault.<sup>15</sup> Gondolf points out that the cognitive-behavioural approach appears to be appropriate, but needs to include more intensive programmes for high risk offenders, on-going monitoring of risk and a “swift and certain response” to violations.

It is important to note that given the large number of incidents of domestic violence “even a small or modest statistically significant result can have large clinical and social significance in reducing violence in the community” Gondolf (1999). It is also important to highlight that intervention should be considered and evaluated as part of a larger community response to end violence against women (Edleson, 1995; Healey et al, 1998; Dobash & Dobash, 1999; Dobash, et al. 2000).

The authors of this paper strongly support research that suggests effectiveness of programmes has a great deal to do with the ability of the therapist to build therapeutic alliance (Stefanakis, 2000, 2001; Katz, 2005). This involves acceptance of the individual with a focus on maintaining dignity, while at the same time inviting and encouraging change in behaviours that are not helpful in keeping themselves or others safe and in maintaining healthy relationships. Of primary importance is the modelling of skills that help build compassion (Stefanakis, 1999; Katz, 2001). Corvo and Johnson (2003) have written about the “vilification of the batterer” shaping some policies around domestic violence interventions that simply serve to reinforce the problem. This is consistent with research on barriers to desistence from violence (Stefanakis, 1998a). In B.C. a training focus for those delivering the RR and RVT programmes is understanding the principles of motivation and change, learning skills to facilitate motivation and change and understanding the importance of modelling the skills taught in the programme in order to facilitate offenders’ learning and motivation to

<sup>15</sup> This is consistent with the authors’ findings in their own programmes - 20% stop all forms of violence, 20% continue to be physically violent, and the remaining 60% stop physical violence but continue to engage in some non-physical abusive behaviour that might escalate over time to a re-offence. In these cases the re-offence tends to be less severe and re-focuses the offender on managing behaviour.



change. Katz (2002) suggests viewing clients as “reluctant” to engage in change as opposed to “resistant” leads to more effective motivational strategies and greater therapeutic alliance.

As stated earlier, offenders are individuals with varying treatment needs. Programme effectiveness is often based on “one-time” attendance in a “one size fits all” programme, and focuses on a quantitative measure of violent recidivism. Models of change suggest that offenders enter and leave programmes at different stages of awareness, personal responsibility and motivation to change. It follows that evaluation of programmes would be more meaningful if there was a greater focus on shifts in these factors as opposed to just recidivism. Programmes must be able to take offenders through the stages from pre-contemplation (denial) of the need for change to maintenance of the change. One example of a process oriented model of change was developed from research on men’s desistance from violence (Stefanakis, 1998). A summary of this framework is presented below.

## XXI. FRAMEWORK FOR CHANGE

Based on research and clinical experience with men who have desisted from violence and the current literature on desistance, a framework for change was developed (Stefanakis, 1998ab, 2000). This framework is useful because it makes visible specific obstacles to change and highlights certain interventions that may facilitate change by attending to the particular needs of offenders at particular stages in their change process.

Stefanakis (1998a) identified the following transitional processes in men who desist from violence in relationships: Acknowledging the Abuse, Creating Commitment, Stopping the Violence, and Sustaining Change. These transitions are consistent with the stages of change identified by Prochaska, DiClemente and Norcross (1992) in their Transtheoretical Model of Change (TMC). The five stages of change in the TMC are referred to as the *Precontemplation* (lack of awareness or acknowledgement of the problem, feel coerced into changing, no intention to change), *Contemplation* (some awareness/acknowledgement of the problem but no commitment to change, not accepting responsibility), *Preparation* (accepting responsibility, intention to change), *Action* (accepting full responsibility, taking consistent steps to change) and *Maintenance* (relapse prevention) stages.

Men entering services for assaulting their partners usually enter in the precontemplation or contemplation stages. This is evident in the vast repertoire of denial, excuses and justification strategies they offer when accounting for their violence against their partners. An examination of the cultural context highlights that these responses reflect the common social myths and excuses present in society in general (Davidson, 1998; Stefanakis, 1998b). Men in the preparation stage may still offer some excuses and justifications but they are also beginning to claim agency and responsibility for their actions. In addition, they are beginning to talk about the need to change their lives in some way. In the action stage men are taking full responsibility for their actions and actively using non-violent strategies (e.g., time-outs, appropriate listening and assertiveness skills, respecting boundaries). Their dialogue about violence begins to centralize around the idea of having choices across most contexts and situations. Finally, the maintenance stage is characterized by men’s active involvement in relapse prevention efforts. These efforts may include ongoing involvement in men’s treatment groups or finding other ways of becoming part of the solution instead of the problem.

Understanding where each man is at in the stages of change helps identify issues that need to be addressed in order to facilitate and invite change. Movement past the precontemplation stage involves *Acknowledging the Abuse*. Here the men need to accept the notion that they are responsible for their acts of violence, while maintaining a belief that they remain redeemable as people. Helpers can engage men in the process of change by recognizing this dilemma. This involves naming the abuse explicitly and educating the men around the various forms of abuse without judging the character of the men. It is important to speak about actions rather than identities (Stefanakis, 1997). For example, it is possible to explicitly label a man’s actions as abusive without labelling him as an abuser. The difference in emphasis may seem minor but the authors believe it is an essential component to engaging men in the early stages of treatment and overcoming reluctance to change. It increases the men’s willingness to be accountable. Another useful strategy involves helping the men to identify how they have resisted the use of abusive and controlling behaviours in some difficult situations in the past. This exercise helps the men identify that they are not

simply seen as abusive men and it challenges the common excuse of “losing it” since, by their own accounts, they have demonstrated control in difficult situations and reinforced the notion that violence is a choice.

Movement to the preparation stage involves *Creating Commitment* to change by the men. One way to help this process is to document the effects of the violence and abuse across all aspects of the man’s life. The men are often surprised by the extent of the harm and the amount of people affected by their acts of violence and abuse. In addition, they often do not recognize the harm they are causing themselves. Katz (1998) suggests that commitment comes primarily from recognition of how their abusive behaviour is affecting their own lives and preventing their own safety, security and sense of self-worth. In addition, the authors have both witnessed strong motivation in men who suddenly recognize the impact of their behaviour on their children. A need to have a “good father” as part of their identity helps to build commitment. All of these factors create a reasonable justification to change; it is easy for participants to recognize that any reasonable person would move towards change. The decision to change, in the context of this new knowledge, has the positive effect of supporting a positive identity for the man while allowing him to accept responsibility for his past violence.

Another barrier to commitment involves the search for the causes of violence, a barrier that is often supported by well-meaning professionals. Thus, the men identify many theories that explain their violent behaviours. These may include anger management problems (e.g., impulse control disorder), substance abuse or family upbringing. Although an identification of these issues is important, treating them as causes tends to excuse the men from taking full responsibility for their actions (Jenkins, 1990). It is useful to deconstruct many of these misconceptions in a way that helps men recognize that these explanations are unacceptable and argue for their own change (Jenkins, 1990). Consequently, violence, as an inevitable response to certain circumstances or experiences, cannot be as easily justified or excused and, therefore, becomes less likely.

Another way to help the men take a stand against violence and abuse involves helping them identify their own personal values and then contrasting these values with the abusive behaviour in which they have engaged (Stefanakis, 2000). Similarly the men can be invited to identify with valued identities that are incompatible with abuse (e.g., a caring father). These strategies serve several goals. First, they move the men away from feeling coerced into changing by the system because they are invited to live up to their own values. Thus, the men begin to argue for their own change rather than having others argue for them to change. Second, the explicit recognition that their actions are incompatible with their values creates a personal crisis in meaning that acts as a catalyst for change. Third, the process of identifying positive values helps the men claim a positive identity even as they accept responsibility for their abusive behaviours. Thus, they can distance themselves from pathological labels. Finally, a discussion of personal values brings forth, in a secular way, aspects of spirituality into the discussion of change. This spiritual dimension can be a powerful resource for the men, for ourselves and for the change process (Trimble, 2000; Kiyoshk, 2003).

Movement to the action stage and *Stopping the Violence* involves helping men make non-violent choices and helping them claim non-violent identities. Skill development is most appropriate at this stage (e.g., communication skills, stress management techniques, etc.) with an emphasis on the meaning of the skills taught. For example, the men can be guided to recognize that having/learning these skills means that they have choices and, therefore, excuses for using violent or abusive behaviours become untenable. In addition, it is useful to have the men bring forth situations when they have not acted abusively. This is useful in terms of identifying and reinforcing skills and also in terms of reinforcing the claims of a new non-violent self identity.

As the men begin to demonstrate changes peer pressure to maintain the status quo may begin to act as an obstacle to ongoing change. The men may also be dealing with personal barriers such as the belief that their changes will have an immediate positive effect on their relationships. Thus, helping the men form new supportive relationships that sustain non-violent norms and supporting them in dealing with daily challenges and unrealistic expectations can be very beneficial.

Finally, *Sustaining Change* involves helping the men stay active in the process of change. Setbacks need to be talked about, not as failures of character, but as opportunities to learn. This needs to be done without

minimizing the impact of an act of abuse on another person. The men will also face ongoing challenges in dealing with contradictory cultural expectations (requirements to be aggressive at work or in sports) and personal difficulties that may have been hidden through the use of violence and controlling behaviours (e.g., personal experiences of victimization). Current and future issues need to be identified and discussed. If necessary, other resources need to be made available to the men. Strategies that help the men become part of the solution instead of the problem are also useful. These can include helping other men stop violence or volunteering in other domains of life. Helping others becomes a wonderful reinvestment in self and society. Teaching others is a way of reinforcing learning in ourselves. In essence, sustaining change requires the ability to argue for non-violent solutions to problems.

The strategies discussed here are not meant to be an exhaustive list of effective intervention strategies for change. This framework of change is most useful as a tool that helps the therapist explore and identify potential barriers to change and potential interventions to facilitate change. In addition, the framework highlights that the responsibility for ending violence in our culture lies with everyone. Individual responsibility by perpetrators of violence does not excuse social or community responsibility from creating and reinforcing beliefs and institutions that support, legitimize and sustain non-violence in relationships. Therefore, although the men in these programmes must be held accountable for their actions, it is incumbent on society to create change by challenging notions that sustain violence (e.g., anger causes violence, male-to-male violence is normal) and ensuring all violence is seen as a criminal justice issue.

Finally, any programme is only as good as the manner in which it is facilitated. While content is important, the process of interaction between the facilitator and the participant is of critical importance. A process built on compassion for the individual along with invitations to change behaviour needs to be the framework in which this work is done.

## XXII. PROGRAMME CONTENT

Regardless of treatment model, court-mandated programmes have common procedures that include intake, assessment, participation agreements, victim contact, orientation, group treatment and follow-up (Healey, Smith, and O'Sullivan, 1998). Typically programmes for male domestic violence offenders include the following content areas:

- identifying abusive behaviours
- identifying the elements of respectful relationships
- identifying individual factors that get in the way of having stable relationships and high risk situations
- confronting minimization, denial and blame
- changing beliefs that lead to violence
- teaching skills for managing difficult emotions
- conflict resolution skills and assertiveness skills
- understanding the impact of abuse on self, partner and children
- empathy and compassion building
- communication skills; problem solving skills
- self-care
- managing jealousy
- family of origin work
- parenting skills
- financial management
- healthy intimacy and sexual interactions

There is a strong focus on stopping all forms of abusive behaviour in programmes since violence in relationships usually starts with and exists in concert with other forms of controlling and abusive behaviours. Katz (1998) has suggested that a focus on building the Emotional Intelligence Competencies of self-awareness, self-regulation, motivation, empathy and compassion and social skills is a useful framework for programmes for both men and women who use violence in relationships. The ability to take responsibility for the emotional and physical safety of self and others is required.

### **XXIII. VICTIM SAFETY**

This work with men has as its primary goal the safety of women and children in relationships. This doesn't suggest that the man's needs are second. In fact, it is easily argued that the programmes are also about keeping the men safe. It takes time for change to occur, however, and programmes need to provide external structures for safety while the men are building internal structures. These need to include:

- Contact with women partners before and during the programme.
- Referral to resources such as counselling, shelters and legal aid.
- Notification if the man stops attending the programme or if there is any indication she may be at risk.
- A clear message that simply because a man is attending treatment does not ensure her safety. (Programmes must not be used as part of her safety plan.)
- Safety takes priority over confidentiality.
- Programme facilitators do not advocate for custody, removal of no-contact orders or reconciliation.
- While the men are often very likeable in the group programmes it is important to remember the potential for violence that exists in the primary relationship.
- The development of clear standards of practice regarding safety.

### **XXIV. COMMUNITY COORDINATION**

As this paper has stressed in various ways, one of the key features in effective programmes is integration of services. One of the strengths of the response to domestic violence in B.C. in the early years was the strong focus on community coordination. Many communities had committees comprised of representatives from victim services, women's shelters, police, crown counsel, probation, hospitals, mental health services, child welfare services, clergy and other family services. A key component of these committees was to recognize their shared vision of stopping violence and to work in their own agencies and together to develop policies which would be more likely to lead to reduction of violence against women in relationships. The following are recommendations that will help make coordination effective:

- Get the right people on board. Include people with power to make change in their organizations.
- Make a commitment to collaboration and hold regular meetings.
- Work together on mission, vision and values.
- Have the courage to speak up about personal experiences and problems in the system. Address territoriality, confidentiality and inequality in status and power of those at the table.
- Honour each other's work.
- Coordinate activities within and between organizations and initiate multi-disciplinary and inter-agency education and training.
- Establish protocols for interdisciplinary collaboration and service delivery.
- Collaborate on projects.
- Build trust by undertaking concrete, achievable tasks.
- Work together to educate and engage the public.

The benefits of coordination are many for those involved. They include: reduction in duplication of services and gaps in service, reduction in competition for resources, reduction of time it takes to get through the system, increase in innovative methods of preventing abuse, increased awareness of resources, and reduction in feelings of isolation.

### **XXV. FUTURE DIRECTIONS**

Clearly there remains a great deal of work to do in stopping violence in relationships. In Canada, the economy and shifting political agendas has an impact on the funding and availability of programmes. Some significant issues we continue to find include the fact that funding for prevention remains limited in scope and standardization of programmes has the potential to stop innovation and lead to a belief that the job is done. Despite this, the work in British Columbia and Canada as a whole has done much to inform knowledge and practice with respect to intervention and treatment.



REFERENCES

- Andrews, D. A. (1995). The psychology of criminal conduct and effective treatment. In J Maguire (Ed.) *What Works: Reducing Offending*. Chichester: Wiley.
- Andrews, D. A. and Bonta, J. (1998) *The Psychology of Criminal Conduct (Second Edition)*. Cincinnati: Anderson Publishing Co.
- Augusta-Scott, T. (1999). *Reinventing the wheel. Finding new stories for men who batter*. Thesis submitted in partial fulfilment of the Master of Social Work, Halifax, N.S.: Dalhousie University.
- Berk, R. Campbell, A., Klap, R. & Western, B. (1992). The deterrent effect of arrest in incidents of domestic violence: A Bayesian Analysis of four field experiments. *American Sociological Review*. 57. 698-708.
- Bodnarchuk, M. (2002). *Psychological and behavioural typologies of men who assault their female partners*. Vancouver: British Columbia Institute Against Family Violence.
- Buel, S.M. (1988). Mandatory arrest for domestic violence. *Harvard Women's Law Journal*, 11, 213-246.
- Boles, S.M. & Motto, K (2003). Substance abuse and violence. A review of the literature. *Aggression and Violent Behaviour*. 8, 155-174.
- Canadian Centre for Justice Statistics (2004). *Family Violence in Canada: A Statistical Profile*. Retrieved May 2005 from: <http://ivt.crepuq.qc.ca/english/justice/2004/>.
- Cavanaugh, M & Gelles, R. (2005). The utility of male domestic violence offender typologies. *Journal of Interpersonal Violence*, (20), 155-166.
- Cooper, M. (1995). *Challenges in programming for wife batterers*. Vancouver: B.C. Institute Against Family Violence.
- Corvo, K, Johnson, P. (2003). Vilification of the "batterer": How blame shapes domestic violence policy and interventions. *Aggression and Violent Behaviour* 8(3), 259-281.
- Dasgupta, S. (2001). Towards an understanding of women's use of non-lethal violence in intimate heterosexual relationships. *Violence against women online resources*. Available: <http://www.vaw.umn.edu/documents/vawnet/towards/towards.html>.
- Davidson, A. (1998). The transtheoretical model of change – Working with women. In H. Stefanakis & A. Hamilton (Eds.), *BCACAM 1998 Proceedings* (pp. 10-17). Victoria: BCACAM.
- DeKeseredy, W. & MacLeod, L. (1997) *Woman abuse: A sociological story*. Toronto: Harcourt Brace.
- DeKeseredy, W. & Schwartz, M. (2003). Backlash and Whiplash: A Critique of Statistics Canada's 1999 General Social Survey on Victimization. *Online Journal of Justice Studies* 1(1).
- Dobash, R. and Dobash, R. 1999. *Rethinking Violence Against Women*. Thousand Oaks, CA: Sage.
- Dobash, R.E, Dobash, R.P., Cavanagh, K. and Lewis, R. (2000), *Changing Violent Men*, Thousand Oaks, Calif: Sage.
- Doherty, D. & Ekstedt, J. (1992). *Conflict, care and control: The history of the corrections branch in British Columbia*. Vancouver: The Simon Fraser Institute for Studies in Criminal Justice Policies.
- Dutton, D. (1995). *The batterer: A psychological profile*. New York: Basic Books.
- Dutton, D. (1995). *The domestic assault of women*. Vancouver, Canada: University of British Columbia.
- Dutton, D. & Hart, S. (1992b). Risk markers for family violence in a federally incarcerated population. *International Journal of Law and Psychiatry*, 15, 101-112.

- Edelson, J. (1995). *Do batterer's programs work?* Minnesota Centre Against Violence and Abuse. Available: <http://www.mincava.umn.edu/documents/battererprogram/battererprogram.html>.
- Edelson, J., & Syers, M. (1991). The effects of group treatment for men who batter: An 18-month follow-up study. *Research on Social Work Practice, 1*(3), 227-243.
- Gelles, R.J. (1993). Constraints against family violence: How well do they work? *American Behavioural Scientist, 36*. 575-585.
- Gendreau P. & Andrews D. A. (1990). What the meta-analyses of the offender treatment literature tells us about "what works". *Canadian Journal of Criminology, 32*, 173-184.
- Giardini, G.I. (1942). The place of psychology in penal and correctional institutions. *Federal Probation, 6*(2), 29-33.
- Gondolf, E.W. (1995). Alcohol abuse, wife assault, and power needs. *Social Service Review, 69*, 275-283.
- Gondolf, E. (1997). Batterer Programs: What We Know and Need to Know. *Journal of Interpersonal Violence, 12*(1), 83-98.
- Gondolf E., (1999). A comparison of four batterer intervention systems: Do court referral, program length, and services matter? *Journal of Interpersonal Violence, 14*(1). 41-61.
- Gondolf, E. (2004). Evaluating batterer counselling programs: A difficult task showing some effects and implications. *Aggression and Violent Behaviour, 9* (2004). 605-631.
- Gondolf, E. & Jones, A. (2001). The program effect of batterer programs in three cities. *Violence and Victims 16* (6). 693-704.
- Groves, B. McAlister (2002). *Children who see too much: lessons from the Child Witness to Violence project*. Boston: Beacon Press.
- Hanna, C. (1996). No right to choose: Mandated victim participation in domestic violence prosecutions. *Harvard Law Review, 109*. 1850-1910.
- Hanson, R. K., & Wallace-Capretta, S. (2000). Predicting recidivism among male batterers. User Report 2000-06. Ottawa: Department of the Solicitor General of Canada.
- Healey, K., Smith, C., & O'Sullivan, C. (1998). *Batterer intervention: Program approaches and criminal justice strategies*. Washington, DC: National Institute of Justice.
- Holtzworth-Munroe, A. & Stuart, G.L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin, 116*. 476-487.
- Jaffe, P. Baker, L. & Cunningham. A. *Protecting Children from Domestic Violence: Strategies from Domestic Violence: strategies for community intervention*. New York: Guilford Press, 2004.
- Jaffe, P. G., Hastings, E., Reitzel, D., & Austin, G. W. (1993). The impact of police laying charges. In N. Z. Hilton (Ed.), *Legal responses to wife assault* (pp. 62-94). Newbury Park, CA: Sage.
- Jenkins, A. (1990). *Invitations to responsibility*. Adelaide: Dulwich Centre Publications.
- Jenkins, A. (1991). Intervention with violence and abuse in families: The inadvertent perpetuation of irresponsible behaviour. *Australia and New Zealand Journal of Family Therapy, 12*, 186-195.
- Jennings, J. L. (1990). Preventing relapse versus 'stopping' domestic violence: Do we expect too much too soon from battering men? *Journal of family Violence, 5*, 43-60.
- Jiwani, J. (2000). The 1999 General Social Survey on spousal violence: An analysis. [Online]. Available: <http://www.casac.ca/survey99.htm>.

130th INTERNATIONAL TRAINING COURSE  
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- Jones, A. S., D'Agostino, R. B., Gondolf, E., & Heckert, A. (2004). Assessing the effect of batterer program completion on reassault using propensity scores. *Journal of Interpersonal Violence, 19*(9), 1002-1020.
- Kantor, G., & Straus, M.A. (1987). The drunken bum theory of wife beating. *Social Problems, 34*, 213-230.
- Katz, J. (1998). Power replacement and maintaining dignity: Leading male offenders to non-violence. In A. Hamilton (Ed.), *BCACAM 1998 Proceedings Victoria*: BCACAM.
- Katz, J. (1999). *Family Relationships Program for Federally Incarcerated Males*. Chilliwack: J & Z Consulting Ltd.
- Katz, J. (2001). Be nice, be curious, be committed: Moving beyond empathy to compassion. In H. Stefanakis (Ed.), *BCACAM 2001 Proceedings*. Vancouver: BCACAM.
- Katz, J. (2002). *Respectful Relationships Program*. British Columbia: Ministry of Attorney General.
- Katz, J. (2005). Introduction to program delivery. *Relationship Violence Treatment Program*. British Columbia: Ministry of Attorney General.
- Kiyoshk, R. (2003). Integrating spirituality and domestic violent treatment: Treatment of Aboriginal men. In D. Dutton & D. Sonkin (Eds.) *Intimate violence: Contemporary treatment innovations*. New York: Haworth Press.
- Kropp, P.R. & Bodnarchuk, M. (2001). *Evaluation of three assaultive men's treatment programs: A summary report*. Vancouver: BC Institute Against Family Violence.  
Available: <http://www.bcifv.org/pubs/Evaluation%20of%20Three%20Programs.pdf>.
- Kwong, M., Bartholemew, K. & Dutton. (1999). Gender Differences in Patterns of Relationship Violence in Alberta. *Canadian Journal of Behavioural Science, 31*(3). 150-160.
- Leonard, K.E. & Blane, H.T. (1992). Alcohol and marital aggression in a national sample of young men. *Journal of Interpersonal Violence, 7*, 19-30.
- Losel, F. (1996) The efficacy of correctional treatment: a review and synthesis of meta evaluations. *Criminal Justice and Behavior, 22*, 91-105.
- MacRae, J. (2003). *Relationship violence and diversion: A literature review on pro-charge policies and Crown discretion*. Vancouver: B.C. Institute Against Family Violence.
- Marshall, L. (1992). Development of the severity of violence against women scales. *Journal of Family Violence, 7*(2), 103-121.
- McGuire, J. (1995). *What Works: Reducing Reoffending*, Chichester: John Wiley & Sons.
- Ministry of Public Safety and Attorney General (2004). *Violent Crime in British Columbia*. Available: [http://www.pssg.gov.bc.ca/police\\_services/publications/summary\\_statistics/Chapter\\_2.pdf](http://www.pssg.gov.bc.ca/police_services/publications/summary_statistics/Chapter_2.pdf).
- Nayak, M.B., Byrne, C.A., Martin, M.K. & Abraham, A.G. (2003). Attitudes toward violence against women: a cross-nation study. *Sex Roles, 49*, 333-342.
- Pence, E. (1989). Batterer programs: Shifting from community collusion to community confrontation. In P.L. Caesar & L.K.Hamberger (Eds.), *Treating men who batter*. Duluth, MN: Minnesota Program Development, Inc.
- Pence, E. & M. Paymar (1993). *Education Groups for Men who Batter: The Duluth Model*, New York: Springer.
- Pernanen, K. (1991). *Alcohol in human violence*. NY: Guilford.

- Prochaska, J.O., DiClemente, C.C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviours. *American Psychologist*, 47, 1102-1114.
- Report to the Federal-Provincial-Territorial Ministers Responsible for the Status of Women (2002). *Assessing violence against women: A statistical profile*. Electronic resource: [http://www.swc-cfc.gc.ca/pubs/0662331664/index\\_e.html](http://www.swc-cfc.gc.ca/pubs/0662331664/index_e.html).
- Robinson, D. & Taylor, J. (1994). *The Incidence of Family Violence Perpetrated by Federal Offenders: A File Review Study*. Correctional Service of Canada, Ottawa.
- Rondeau, G., Brodeur, N., Brochu, S. & Lemire, G. (2001). Dropout and Completion of Treatment Among Spouse Abusers. *Violence and Victims*, 16 (2), 127-142.
- Saunders, D.G. (1995). Prediction of Wife Assault. In J.C. Campbell (Ed.) *Assessing Dangerousness: Violence by Sexual Offenders, Batterers and Child Abusers*. (pp. 192-221). Thousand Oaks: Sage.
- Saunders, D.G. (1996). Feminist cognitive-behavioural and process-dynamic treatments for men who batter: Interaction of abuser traits and treatment models. *Violence and Victims*. 11. 393-413.
- Serin, R. & Kennedy, S. (1997) *Treatment Readiness and Responsivity: Contributing to Effective Correctional Programming*, Research Report R-54. Ottawa, ON: Correctional Service of Canada.
- Shepard, M.F. & Campbell, J.A. (1992). The abusive behaviour inventory: A measure of psychological and physical abuse. *Journal of Interpersonal Violence*, 7(3) p.291-305.
- Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review*, 49 (2), 261-272.
- Stark, E. (1996). Mandatory arrest of batterers: A reply to its critics. In E.S. Buzawa & C.G. Buzawa (Eds.) *Do arrests and restraining orders work?* Thousand Oaks, CA: Sage. 115-149.
- Steinman, M. (1990). Lowering recidivism among men who batter women. *Journal of Police Science and Administration*, 7, 124-132.
- Stefanakis, H. (1997). Using metaphors, symbols and stories in interventions with men who abuse their partners. In A. Hamilton (Ed.), *BCACAM 1997 Proceedings* (pp. 107-114). Victoria: BCACAM.
- Stefanakis, H. (1998a). *Desistence from violence: Men's stories of identity transformation*. Unpublished Doctoral Dissertation, University of Guelph, Guelph, Ontario.
- Stefanakis, H. (1998b). The trantheoretical model of change as a heuristic for exploring how to end men's violence against women-Part I: Working with men. In H. Stefanakis & A. Hamilton (Eds.), *The proceeding of the BC Association of Counsellors of Abusive Men Conference: 1998* (pp.1-7). Victoria: BCACAM.
- Stefanakis, H. (1999). Caring and compassion when working with offenders of crime and violence. Paper presented at the Articulating a Space for Love and Compassion in the Teaching and Healing Arts, Vancouver, B.C.
- Stefanakis, H. (2000). Understanding and Facilitating Change for men who are violent. In H. Stefanakis (Ed.), *The proceedings of the BC Association of Counsellors of Abusive Men Conference: 2000*. Victoria: BCACAM.
- Stefanakis, H. (2001). Engaging offenders in the processes of change. Paper presentation for the founding conference of the International Association of Forensic mental Health Services, Vancouver, B.C.
- Straus, M. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) scales. *Journal of Marriage and the Family*, 41, 75-88.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17: 283.



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- Suderman, M., & Jaffe, P. (1997). Children and youth who witness violence: New directions in intervention and prevention. In *Child abuse*. D.A. Wolfe, R.J. McMahon, and R. Peters, eds. Thousand Oaks, CA: Sage Publications.
- Syers, M., & Edleson, J. L. (1992). The combined effects of coordinated criminal justice intervention in woman abuse. *Journal of Interpersonal Violence*, 7, 490-502.
- Tolman, R.M. (1989). The development of a measure of psychological maltreatment of women by their male partners. *Violence and Victims*, 4(3), 159-177.
- Tolman, R.M. (1996). Expanding sanctions for batterers: What can we do besides jailing and counseling them? In J.L. Edelson & Z.C. Eisikovovitz (eds). *Future interventions with battered women and their families*. Thousand Oaks, CA: Sage. 170-185.
- Trimble, D. (2000) Working with assaultive men: A deeper meaning. In H. Stefanakis (Ed.), *The proceedings of the BC Association of Counsellors of Abusive Men Conference: 2000*. Victoria: BCACAM.
- Varcoe, C., Jaffer, F. & Kelln, P. (2002). *Protection women: Women's experiences of seeking protection from abuse by intimate partners*.
- Watkins, R. (1992). An historical review of the role and practice of psychology in the field of corrections. Correctional Services of Canada.  
Available: [http://www.csc-scc.gc.ca/text/rsrch/reports/r28/r28e\\_e.shtml](http://www.csc-scc.gc.ca/text/rsrch/reports/r28/r28e_e.shtml).
- Woolredge, J. & Thistlewaite, A. (2002). Reconsidering domestic violence recidivism: Conditioned effects of legal controls by individual and aggregate levels of stake in conformity. *Journal of Quantitative Criminology*, 18(1), 45-70.
- Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin*, 106(1), Jul, 3-28.