THE EXPERIENCES OF MEN WHO ATTENDED DOMESTIC VIOLENCE TREATMENT PROGRAMS AND MADE CHANGES TO END VIOLENCE IN THEIR INTIMATE RELATIONSHIPS

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Crystal Joy Giesbrecht, candidate for the degree of Master of Social Work, has presented a thesis titled, *The Experiences of Men Who Attended Domestic Violence Treatment Programs and Made Changes to End Violence in Their Intimate Relationships*, in an oral examination held on July 24, 2014. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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*via Tele-conference*
Abstract

The present study sought to gain an understanding of the experiences of men who have been violent in their intimate relationships, attended domestic violence treatment programs, and successfully made changes toward ending their violent behaviour. This project adds to the existing literature on intimate partner violence (IPV) and further informs practice in the area of treatment and support for men who perpetrate IPV.

The study used phenomenological research methodology. In-depth qualitative interviews were conducted with four participants. Following completion of the interviews, all statements made by participants during the interviews were coded into fifteen themes, and these fifteen themes were divided into three categories: men’s experiences before entering Domestic Abuse/Violence Treatment Programs (DAVTPs), experiences attending DAVTPs, and experiences after attending DAVTPs. As well as the fifteen central themes, there were also seventeen subthemes, which further describe the experiences of the participants and the context of those experiences.

In terms of their experiences with violence before entering DAVTPs, the participants talked about the violence that had existed in their relationships, relationships with their children, their families of origin, and masculinity. When discussing their experiences in treatment programs, men spoke about engaging initially, accepting responsibility, bonds with other participants and facilitators, and things that they learned. In describing their lives after completing the programs, the participants discussed improved relationships, improved self-esteem, healthy masculinity, and the continued work that they are engaging in.
Overall, participants were initially motivated to change because of relationships and of the effect that their violence had on their family, as well as negative self-esteem stemming from their violence, more so than justice system repercussions. For the participants, making change began with accepting responsibility for their violence, as well as responsibility for making changes in their lives. While participating in treatment programs, the men increased their emotional awareness and self-awareness, which was a catalyst for making change.

The most important things that the participants learned during their time in the programs that were intrinsic to their process of ending violence in their relationships and remaining violence-free included: increased self-awareness, improved communication skills, and the realization that they need to continue working on themselves. The features of the treatment programs that the participants found the most helpful were the bonds that they formed with co-participants and the safety of the group environment.

This research contributes to the body of knowledge regarding what helps abusive men to change their behaviour, for the purpose of helping to increase women’s safety and improve men’s lived realities. Information on what makes it possible for men to develop and maintain non-violent behaviours can assist service providers and community members help men to achieve these goals, and the present study contains several findings and recommendations provided by the participants that speak to this goal.
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First and foremost, I would like to thank the four men who participated in this research. This project was only possible because they so generously shared their experiences of overcoming the violence in their lives. I am truly grateful to have had the opportunity to hear their stories and to be able to share their knowledge in this thesis. This project is dedicated to them, and to all helping professionals who are working to create non-violent communities.

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List of Acronyms

AA- Alcoholics Anonymous
DAVTPs- Domestic Abuse/Violence Treatment Programs
DVC- Domestic Violence Court
DVCTO - Domestic Violence Court Treatment Option
GA- Gamblers Anonymous
IPV- Intimate Partner Violence
SCV- Situational Couple Violence
1.0 Introduction

Working toward ending violence requires a deeper understanding of the lived realities of those who experience it. To gain insight into the experience of intimate partner violence (IPV), it is necessary to speak to those who have perpetrated violence as well as those who have been victimized (Reitz, 1999). I intend to contribute to knowledge in this area by sharing the stories of four men who had been violent in their intimate relationships, attended violence treatment programs, and subsequently maintained non-violent behaviour. This data was gathered through qualitative interviews, using phenomenological research methods.

It is the mandate of domestic violence treatment programs for men to “enhance victim safety by assisting individuals to be accountable for and change their abusive behaviour patterns” (Saskatchewan Law Courts, 2012), and this thesis aims to be part of the work to increase victims’ safety by sharing information on what helps abusive men to change their behaviour. As Sheehan et al. (2012) stated, “Understanding why and how perpetrators of intimate partner violence (IPV) change their behavior is an important goal for both policy development and clinical practice” (p. 30). While not all men who attend Domestic Abuse/Violence Treatment Programs (DVATPs) will make changes, a change among even a few participants makes a substantial effect on the lives of women and children—therefore, this work is worth doing. Once men who have perpetrated violence accept responsibility, the supports must be in place to help them make changes to their behaviour and maintain these changes.

In this study, I sought to gain an understanding of the experiences of men who have been violent in their intimate relationships, attended domestic violence treatment
programs, and successfully made changes toward ending their violent behaviour. This project adds to the existing literature on IPV and further informs practice in the area of treatment and support for men who perpetrate IPV. The purpose of the present study is not to discuss the etiology of why men abuse their partners, program attrition rates, or rates of recidivism in IPV perpetrators, but rather to add to our understanding of men’s experiences of changing their violent behaviour.

The present study focuses on heterosexual men as perpetrators of violence against women that they are engaged in intimate relationships with. While there is no doubt that men can be abused in intimate relationships, evidence shows that women suffer abuse more frequently and are at a greater risk of severe abuse, physical injury, and death (Sinha, 2013). For this reason, I sought to examine men’s violence toward women in an effort to add to the range of research aimed toward ending violence against women.

For the purpose of this study, the term Domestic Abuse/Violence Treatment Programs (DAVTPs) (Saskatchewan Ministry of Justice, 2010) is used for consistency when describing the different programs attended by participants in the present study. Some of the participants attended Alternatives to Violence (ATV) programs and therefore refer to “Alternatives” in their narratives. While the literature on this topic refers to treatment programs for violent men as Batterer Intervention Programs (BIPs) or Batterer’s Educations Programs (BEPs), I have chosen to use terminology that is consistent with the setting in Saskatchewan. Additionally, in keeping with the study’s purpose of understanding change from violent to non-violent behaviour, I felt that referring to DAVTP program participants as men who perpetrate/ have perpetrated
violence was a more productive use of language than “batterers,” as it focuses on what men have *done*, not what they *are*.

Throughout the reporting of the study results, the terms intimate partner violence (IPV) and domestic violence are used interchangeably. In both instances, I am referring to violence inflicted by an individual toward their intimate partner.

2.0 Background

2.1 Definition of Intimate Partner Violence

IPV “is a pattern of verbal, emotional, physical, or sexual behaviours used by one person in order to gain power and control over” another person, with whom they are in an intimate relationship (Provincial Association of Transition Houses and Services of Saskatchewan, 2011). The Saskatchewan Domestic Violence Court (DVC) defines domestic violence as “any use of physical force, actual or threatened, in an intimate relationship. It may include a single act of violence or a number of acts forming a pattern of abuse. Abuse may include and is not limited to: physical abuse, emotional abuse, psychological abuse, criminal harassment (stalking), or threats to harm children, other family members, pets and property” (Saskatchewan Law Courts, 2012).

2.2 Intimate Partner Violence in Canada and Saskatchewan

Violence against women is one of the world’s most egregious forms of discrimination and abuse of human rights. It takes place in every country in the world, across all strata of social and economic classes, and Canada is no exception. Despite decades of effort, particularly from women and women’s organizations, women and girls still experience violence at a staggering and traumatic rate (Minerson, Carolo, Dinner, & Jones, 2011, p. 2).
In their homes and their communities, women around the world are assaulted and murdered every day (Amnesty International Canada, 2012). In Canada, domestic violence is an all too common phenomenon. Each year, over 40,000 arrests result from domestic violence, making up about 12% of arrests from all violent crimes in Canada (Statistics Canada, 2009). Only 22% of victims of domestic violence assaults reported that the incident came to the attention of the police (Statistics Canada, 2011a). As well, in relationships where IPV is present, an incident will likely occur more than once.

While IPV can be perpetrated by individuals of any gender, the majority of IPV is enacted by males toward their female partners (Sinha, 2013; DeKeresedy & Schwartz, 2005). In IPV cases attended by police, 80% of victims were female, totalling 78,000 women victimized by IPV in one year (Sinha, 2013). In a twelve-month period, more than 103,000 women were admitted, along with their children, to the 593 domestic violence shelters in Canada, and 2,349 of these women stayed at shelters in Saskatchewan (Statistics Canada, 2011b). While the police are not involved in all IPV incidents and not all victims choose go to shelters for help, and others are turned away when shelters are full to capacity, these numbers begin to illustrate the scope of the problem in Canada, and in the province.

According to General Social Survey (GSS) data, women and men self-report similar rates of IPV victimization; however women’s experiences of IPV are very different from men’s. Women are much more likely to experience violence that results in physical injuries and repeated incidences of abuse (Sinha, 2013) and they are “twice as likely as male victims to be physically injured, three times as likely to experience disruptions to their daily lives, and almost seven times as likely to fear for their life”
Homicide is a very real threat for women who experience IPV. There were 82 intimate partner homicides in Canada in 2012, with 68 (83%) of those being women (Boyce & Cotter, 2013). This means that, on average, a woman in Canada is murdered by a current or former intimate partner every 5.3 days.

Varcoe et al. (2011) estimated the total annual cost of public- and private-sector costs (crisis line and shelter services, victim’s services, legal aid, hospitalizations, lost days at work, etc.) attributable to IPV at $13,162.39 per woman annually, indicating that IPV costs Canada $6.9 billion per annum. Varcoe’s study demonstrates the scope of the impact the domestic violence in Canada and makes the case for violence prevention efforts as well as additional supports for victims who leave violent relationships. As Varcoe et al.’s (2011) estimate does not include costs accumulated by perpetrators of IPV—court costs, legal aid, DAVTPs, etc.—the cost of IPV in Canada is presumably much higher.

3.0 Literature Review

3.1 Domestic Abuse/Violence Treatment Programs (DAVTPs)

The first treatment program for perpetrators of IPV started in 1975 in England (Jennings, 1987); subsequently, programs for the treatment of male perpetrators of IPV have been created around the world. Today, there are over 150 treatment programs in Canada for men who abuse their partners (Public Health Agency of Canada, 2008) and several exist across Saskatchewan, operated by Mental Health & Addiction Services (Health Regions), the Corrections and Policing Division (Ministry of Justice, Government of Saskatchewan), and Community-Based Organizations.
Three cities in Saskatchewan have specified Domestic Violence Courts (DVCs)—Regina, Saskatoon, and North Battleford. The DVC offers the Domestic Violence Court Treatment Option (DVCTO). This option is available to individuals who are charged with domestic violence and who are referred to the DVCTO by the Crown. According to Saskatchewan Law Courts (2012), approximately two-thirds of people who are charged with domestic violence are referred to the DVC. The Crown does not refer individuals to the DVC in cases where the violence is repetitive and extreme and when the Crown will be seeking a jail term. If a sexual assault has taken place, the perpetrator is ineligible for DVC and would then proceed though the regular court system, without the option for a reduced sentence.

The Domestic Violence Court Treatment Option (DVCTO) is optional, and is only available to individuals who plead guilty—accused parties have the option to plead not guilty and be seen in the regular Criminal Court system. This option allows individuals “who are willing to take responsibility for their actions, who elect to plead guilty, and who will receive a sentence that does not include jail time, to complete a counselling program for domestic violence and address any substance abuse problems they may have” (Saskatchewan Law Courts, 2012). Individuals who are seen in DVC are not sentenced until after completion of their DAVTP, and will receive a lighter sentence if they have met all of the requirements of the DVCTO. According to the Ministry of Justice, DAVTPs “are part of a larger community response to the problem of domestic abuse and violence.” The programs are not a punishment, but “an opportunity to learn new strategies promoting safety, equality and respect while replacing strategies of fear, power over others and disrespect” (Saskatchewan Ministry of Justice, 2010).
Enrollment in DAVTPs differs among programs—in some communities, Health Region programs take all categories of referrals (self-referral, DVC, or probation), whereas other Health Region DAVTPs take individuals with a lower risk to reoffend (based on ODARA\(^1\) score) and those with a higher risk to offend are enrolled in programs run by the Ministry of Justice Corrections and Policing Division. Community-Based programs often take both court-mandated and self-referred participants. All of the men that volunteered for the present study were from Health Region and Community-Based programs.

### 3.2 Perpetrator Subtypes

Research into subtypes of domestically violent men dates back to 1974 (see Holtzworth-Munroe & Stuart, 1994, for a list of several of these studies). Johnson (1995, 2008) categorizes IPV as either Intimate Terrorism, where one partner is violent and controlling, or Situational Couple Violence (SCV), where one of the partners is violent but not motivated by a desire to control the other. He also describes Violent Resistance, where one of the partners is violent in an attempt to resist the other partner who is violent and controlling (an Intimate Terrorist), and Mutual Violent Resistance, where both partners are violent and controlling.

Johnson explains that Intimate Terrorism is the more extreme form of IPV, encompassing the traits seen in Pence and Paymar’s (1993) Power and Control Wheel— isolation, coercion, threats, and other manipulative behaviours. Intimate Terrorists are

\(^1\) The Ontario Domestic Assault Risk Assessment (ODARA) is a 13-item actuarial instrument developed for police to complete after attending to domestic violence incidents, to assess risk of future assaults (Hilton et al., 2004).
the type of abusers who dominate and humiliate their victims to maintain control in the relationship. If a woman experiences physical and/or psychological torture in an intimate relationship, her partner is undoubtedly an Intimate Terrorist.

According to Johnson (2008), Intimate Terrorism is rare and many more people are subject to SCV, which is the much more common type of IPV. In this type of violence, the abuse does not occur in an attempt to gain control over the other person, but is more likely “situationally provoked, as the tensions or emotions of a particular encounter lead someone to react with violence” (Johnson, 2008, p. 11). While it is possible for an incident of SCV to occur only once in the span of a couple’s relationship, it can also be a chronic problem which results in frequent and severe violence. Johnson (2008) cautions that SCV is serious and can also lead to homicide in some cases. He cites literature on IPV over the past four decades to demonstrate that SCV is relatively common and can be highly variable in frequency and severity.

Regarding DAVTPs, Johnson posits that it may be possible that programs may be more effective for men who perpetrate SCV, as opposed to Intimate Terrorists. As well, it is possible that different types of IPV perpetrators may be better suited to different types of DAVTPs, as was suggested in Eckhardt, Holtzworth-Munroe, Norlander, Sibley, and Cahill’s 2008 study which examined readiness to change among different abusive subtypes (using Holtzworth-Munroe & Stuart’s (1994) model). It is likely that because Intimate Terrorists do not accept responsibility for their behaviour, they are not as readily able to change their behaviour as perpetrators of SCV, who accept responsibility more willingly.
3.3 Studies on DAVTPs

Recognizing that a full understanding of the phenomenon of violence against women would need to examine both sides (those of female victims and male perpetrators), scholarly research on male perpetrators and the appropriate interventions began in the late 1970s. Literature reviewed for the present study can be classified into seven categories, including;

1. the effectiveness of DAVTPs (Stuart, Temple, & Moore, 2007; Sartin, Hansen, & Huss, 2006; Babcock, Green, & Robie, 2004),

2. drop-out and attrition rates of DAVTP participants (Olver, Stockdale, & Wormith, 2011; Catlett, Toews, and Walilko, 2010; Eckhardt et al., 2008),

3. recidivism rates and avoiding recidivism (Olver et al., 2011; Eckhardt et al., 2008; Huss & Ralston, 2008; Kingsnorth, 2006; Sartin, Hansen, & Huss, 2006; Gondolf, 2000),

4. men’s perceptions and understandings of their violence (Järvinen, 2011; Flinck & Paavilainen, 2008; Cavanagh, Dobash, Dobash, & Lewis, 2001; Stefanakis, 1999; Dobash, Dobash, Cavanagh & Lewis, 1998; Gondolf & Hanneken, 1987),

5. readiness to change among male perpetrators of IPV (Zalmanowitz, Babins-Wagner, Rodger, Corbett, and Leschied, 2013; Hellman, Johnson, and Dobson, 2010; Eckhardt et al., 2008),

6. change processes and motivating factors to change violent behavior (Farden et al., 2008; Cranwell Schmidt et al., 2007; Silvergleid & Mankowski, 2006; Scott, 2004; Pandya & Gingerich, 2002; Scott & Wolfe, 2000; Wangsgaard, 2000; Stefanakis, 1999; Gondolf & Hanneken, 1987), and

DAVTPs evaluate the effectiveness of their programs on a number of factors; for example, if a man not only stops physically assaulting his partner but also begins to recognize non-physical forms of abuse, accepts responsibility for the violence, attends group sessions regularly, learns to “take a time-out,” etc., the program is considered effective (Laviolette, 2001). The goal of this study was not to evaluate program efficacy or to discuss the etiology of IPV or drop-out, attrition, or recidivism rates, but rather to gain insight into the experiences of men who have perpetrated violence in their intimate relationships and are now successfully maintaining non-violent behaviour. Therefore, the literature that is most relevant for comparison to the present study is that which examines the ways by which men change their violent behaviour and the motivating factors that assist with those changes (Farden et al., 2008; Cranwell Schmidt et al., 2007; Silvergleid & Mankowski, 2006; Scott, 2004; Pandya & Gingerich, 2002; Scott & Wolfe, 2000; Wangsgaard, 2000; Stefanakis, 1999; Gondolf & Hanneken, 1987), as well as those on men’s experiences of and perceptions of their violent behaviour (such as Flinck & Paavilainen, 2008, who examined men’s experiences of violence using phenomenological research methods). Most of the research examining the ways by which men change their violent behaviour and men’s experiences of making those changes is qualitative, as qualitative research can gather an in-depth understanding of individual’s experiences and the context of those experiences (Flinck & Paavilainen,
Some of these studies reviewed results from one program (Catlett et al., 2010; Scott and Wolfe, 2000) while others recruited participants from various programs (Wangsgaard, 2000).

Two studies, Sheehan, Thakor, and Stewart (2012) and Silvergleid and Mankowski (2006), systematically categorized results of existing studies on men who had attended treatment and changed their violent behaviour. Silvergleid and Mankowski (2006) categorized the processes of change identified by the participants in four studies (Scott & Wolfe, 2000; Stefanakis, 1999; Wangsgaard, 2000; and Pandya & Gingerich, 2002) into ten items, eight of which were also found in the present study. In Silvergleid and Mankowski’s own research, they interviewed ten men who were nominated by program staff who identified them as having successfully made changes. They also conducted interviews with program facilitators. They identified change processes at four levels: Community-Level and Extratherapeutic Influences (such as the Justice System), Organizational-Level Influences: the Facilitators, Group-Level Processes (balance of support and confrontation, sharing and hearing stories to build community, modeling and mentoring other members, and “resocialization” into a new manhood), and Individual Psychological Development (new skills and program activities, self-awareness, and deciding to change).

Silvergleid and Mankowski (2006) reported that group factors had the greatest impact on participants’ ability to make changes and that several facets of group participation affected the attendees in a positive way, including hearing stories and mentoring among group members. They also stressed the importance of the “safe zone”
that the group created for men, stating that “listening to other group members share experiences of being abusive reduced each individual man’s sense of isolation and fostered a sense of security in the group. In addition, when men shared their own stories, they received immediate, tangible feedback that enabled them to make better decisions in the future” (p. 156).

Sheehan et al.’s (2012) review of six studies “demonstrated that external events can be used as a trigger for internal motivation to change” (p. 38). In this study, 180 abstracts related to this topic were read and screened for relevance, and six articles specifically pertaining to changing violent behaviour (Gondolf and Hanneken, 1987; Scott and Wolfe, 2000; Pandya and Gingerich, 2002; Silvergleid and Mankowski, 2006; Flinck and Paavilainen, 2008; and Catlett et al., 2010) were included in the review. The studies included spanned a 23 year period, from 1987 to 2010. Sheehan et al. (2012) included two of the same studies as in Silvergleid and Mankowski’s 2006 review (Scott and Wolfe, 2000, and Pandya and Gingerich, 2002), as well as including Silvergleid and Mankowski’s results in their analysis.

A Saskatchewan-based study by Farden et al. (2008) found that that most of all, interventions by those close to them were what helped DAVTP participants to make changes to their behaviour. These men also stated that the safety provided by the group environment was of great importance, as was their initial involvement in the court system as it facilitated access to treatment. The Farden et al. (2008) participants also spoke about the importance of educating youth and breaking down traditional gender stereotypes by telling boys and young men that it is okay to have feelings.
Cranwell Schmidt et al. (2007) reported that participants were “less motivated by short-term, negative consequences relating to themselves, including a loss of their job, financial impact, getting arrested, and how they are perceived by others” and that they were “more motivated to change their behavior because of the effect the abuse has on their partner and children, the quality of relationship with their partner, that it is not right to be abusive, and to not feel bad about them self” (p. 98). Their study also found that building self-esteem is linked to the motivation to change (Cranwell Schmidt et al., 2007) and assists in learning new, non-violent ways of interacting with others (Hellman et al., 2010). Low self-esteem appears to be causally linked to the perpetration of violence (Bushman & Baumeister, 1998; Hellman et al., 2010).

Participants interviewed by Scott and Wolfe (2000) accepted responsibility for their past abuse and their own processes of making changes. These men displayed empathy and spoke of beginning to recognize their triggers, developing listening skills, and becoming comfortable sharing their feelings. Scott and Wolfe (2000) wrote that the men they interviewed “who had successfully changed their abusive behaviour displayed a great deal of honesty and responsibility for their past abuse” (p. 834). Scott and Wolfe stated that, for their participants, recognizing their own abusive behaviours was crucial to their process of changing. In the studies reviewed by Sheehan et al. (2012) and Silvergleid and Mankowski (2006), participants indicated the importance of accepting responsibility, not just for their past violence, but for having the agency to make changes. Similarly, Gondolf and Hanneken’s (1987) research showed that participants accepted responsibility for their violence, learned to recognize their feelings, and redefined their ideas about masculine behaviour.
The study most similar to the present thesis was a doctoral dissertation done by Wangsgaard in 2000, who did qualitative interviews with men who had completed treatment groups for violence at different agencies. Wangsgaard’s participants spoke of the safety of the group environment and the trust and bonds built amongst co-participants in the groups of being of the utmost importance for men who are making changes to their violent behaviour. They also spoke of masculinity and their difficulties sharing their feelings and establishing intimacy, prior to their attendance in the DAVTPs. For example, Wangsgaard demonstrated that when a man who has difficulty opening up and establishing intimacy depends on his female partner to meet his emotional needs, he can end up feeling hurt or angry when she is unable to meet his needs. That research illustrated that the most important element in men’s change processes was the safety of the group environment, “wherein the men could feel emotionally safe to connect with other men through talking and sharing feelings. As they did this, they were able to accept themselves, increase their awareness of their abusive behaviors, and take steps to change these behaviors” (Wangsgaard, 2000, p. 244). Farden et al. (2008) had a similar finding—the men reported that DAVTPs gave them a safe place to talk, with one of the men saying he had never talked about his violence to anyone before attending and that “the shame and embarrassment dissipated” after attending the group (p. 91).

Throughout the course of their lives, men often learn not to show signs of vulnerability; this limits their ability to connect with others, especially other men. Afraid that attempting to establish emotional connections will earn them social rejection, men decide to follow traditional societal norms. Unfortunately, this can lead to greater isolation, rather than connectedness because the stereotypical form of male bonding is a
“counterfeit” form of closeness, which offers “companionship and connection, but only on a superficial level if the content is according to the prescriptions of the role” (Wangsgaard, 2000, p. 143).

Wangsgaard (2000) described how men can meet some of their needs by displaying typically masculine traits, such as being able to tackle challenges without help (“extreme self-reliance”) or being strong and tough. Messerschmidt (2000) describes these traits and behaviours as “masculine resources”—contextually available practices that men engage in to demonstrate masculinity. Some of these resources are negative, such as fighting, and others are positive, such as acting like a gentleman. Resources that are appropriate and/or available change from situation to situation. If men have accepted hegemonic ideals of masculine aggressiveness, they may be more likely to resort to violence to demonstrate (or re-establish) masculinity when confronted with threats (Messerschmidt, 2000; Vandello & Cohen, 2008). These masculine resources do not meet all of men’s needs, however. Human beings also need “the open expression of feelings [and] emotional closeness to others” (Wangsgaard, 2000, p. 41). Men and boys learn, unfortunately, not to show signs of vulnerability, which in turn limits their ability to share their feelings, establish intimacy, and become emotionally closer to others (Wangsgaard, 2000).

DeKeresedy and Schwartz (2005) state that while there are several theories that attempt to describe predictive factors of violence, the most reliable predictor is if the perpetrator is male. They, along with Connell (2005) and others, take a social constructionist perspective, stating that violence is not a result of biology—a Y chromosome does not predispose an individual to violence—but a result of how
“masculinities conducive to violence are shaped by male subcultural dynamics” (DeKeresedy & Schwartz, 2005, p. 362). Kimmel and Messner (2001) wrote that far more important than being born male is the process of becoming a man. The widespread idea that masculinity is innate leads men to believe they do not have a choice about their behaviour and the way they enact masculinity (Augusta-Scott, 2009), when in fact it is possible to learn new ways to behave, as demonstrated by the men who participated in the present study.

While a man is generally viewed as someone of the male sex with a masculine gender role (Nobelius, 2004), it can be difficult to define specifically what “masculinity” means. The American Psychological Association (APA) defines masculinity as “possession of social-role behaviours that are presumed to be characteristic of a man, as contrasted with maleness, which is genetically determined” (2007, p. 555); however, there is no definitive answer to what these behaviours are. The characteristics associated with the “ideal” man vary greatly between cultures and over time, but some qualities are relatively consistently associated with manliness, such as bravery, virility, mental and physical toughness, and the ability to defend oneself and one’s family, as well as a “sufficient distance from characteristics deemed as feminine by the culture” (O’Toole, Schiffman, & Kiter Edwards, 2007, p. 8). In many cultures, the ideal feminine characteristics include nurturance, vulnerability, dependency, and emotionality (O’Toole et al., 2007).

Just as the patterns of interacting with others are formed in complex ways in early life, masculinity is also formed in a complex way. Connell (1996) describes the making of masculinities as a complex process with numerous pathways, far beyond “the simple
learning of norms suggested by ‘sex-role socialization’” (p. 221). The outcomes for each young man vary drastically depending on complex encounters with other individuals, groups, and institutions, as well as race and class. Connell’s (1996) theory of how masculinities vary over time and culture serves to explain how violence differs in different locations and historical contexts. She goes on to say that all patterns of masculinities “may be contested, transformed or replaced” (p. 3). The politics of gender are present in everyday life, and there is always a process of change underway. Sometimes change happens as part of a social movement, other times it happens at the individual level. Likewise, change can occur naturally, over time, or through a deliberate transformation effort, which is what occurs for some men who attend DAVTPs.

Kaufman (2007) describes a triad of masculine violence, which includes violence against women, violence against other men, and violence against oneself. He states that the three types of violence in the triad reinforce each other, making it near impossible to find a solution to gender-based violence without simultaneously working to eradicate all violence against other men and violence against oneself. Kaufman offers details of men’s violence against other men that exists in all areas of society. These include such examples as fighting among adolescent boys, attacks on gay or minority men, violence in sport, and competition in the business world. When examining violence against women in the 1980s, Burstyn (1999) found it necessary to also examine the violence that men inflict on other men, stating that sport demonstrates the construction and glorification of masculinity. Violence done to oneself can manifest in many forms, including suicide and excessive drinking and drug use. The violence that men do to themselves comes
from the denial of emotions and “feelings men associate with passivity. The failure to find safe avenues of emotional expression and discharge means that a whole range of emotions are transformed into anger and hostility” (Kaufman, 2007, p. 49).

3.4 DAVTPs in Saskatchewan

Participants in the present study participated in programs facilitated by Saskatoon Health Region’s Mental Health & Addiction Services and Family Service Saskatoon, a Community-Based Organization. The Mental Health & Addiction Services program contains two groups, one based on the Manalive program developed by Hamish Sinclair and a narrative program, based on the work of Tod Augusta-Scott, Michael White, and others. The program at Family Service Saskatoon uses a narrative approach, guided by the work of Augusta-Scott.

The Manalive program was developed in 1980 in California. The goal of the program is to change men’s beliefs and attitudes in an order to end their violence against female partners. The program is based on a “six-stage re-education process in a peer setting, utilizing an ‘each-one-teach-one’ methodology,” (Sinclair, 1995, p. 87) supervised by a trained facilitator. Participants must agree that they are violent and agree to stop that violence. In the program, they work to support each other to change their own beliefs and behaviours as well as commonly accepted attitudes about male privilege and violence against women. Manalive has three stages, each one with 3 hours per week for 16 weeks. The program is based on four basic principles: abuse and violence comes from an effort to control one’s partner through a continuum of coercive behaviour (including emotional, verbal, and physical violence), violence is supported by
beliefs and attitudes, education is needed to change these beliefs and attitudes and end violent behaviour, and “once men are violence free, they need to learn to express intimacy effectively” (Sinclair, 1995, p. 88).

The Narrative Therapy model originated with the work of Michael White and David Epston (1990). This therapeutic model seeks to make sense of “lives and experiences by ascribing meaning through stories” (Brown & Augusta-Scott, 2007, p. ix). Many programs for men who abuse their partners focus on men’s violence as a tactic for control in the relationship. The narrative model recognizes the role of power and control in abusive relationships, but also recognizes men’s aspirations for healthy relationships (Augusta-Scott & Dankwort, 2002). In narrative therapy with men who have perpetrated violence, program facilitators help clients to “reauthor” their stories and reinforce new patterns of behaviour and thinking to replace unhealthy patterns (Augusta-Scott & Dankwort, 2002; White & Epston, 1990).

### 3.5 Ethics in Qualitative Research

Some researchers propose that doing qualitative research in which participants are asked about difficult or stressful events can exacerbate negative outcomes for participants, while others argue that the effects for participants can be positive. Wincup (2001), who did qualitative research with women awaiting trial in a remand centre, wrote of her fears that she had done the participants more harm than good by causing them to relive painful memories. During the research process, she questioned if her research was intrusive and exploitive. Wincup felt that as the researcher, she sought to gain more from the research than the participants did. Despite the sense of obligation, and often
guilt, that she felt as a researcher for asking questions which caused participants to feel negative emotions, Wincup acknowledged that the participants had a choice to participate (or not) in the research, as well as a choice over how much (or how little) information to share with her during the interviews.

A 1995 study by Brabin and Berah concluded participant interviews about a distressing event (the birth of a stillborn baby) by asking interviewees if participating in the interview had been distressing, helpful, or unhelpful. During the recruitment process, many couples declined to participate, citing that they were worried about bringing up painful memories. Of those who responded, 81.3% of those interviews stated that the interviews were not distressing, 1.2% said that the interview was distressing and unhelpful, and 17.5% reported that participating was distressing but helpful. Another study (Reich and Kaplan, 1994) asked both parents and children about their experience participating in previous research. Of these, 90% of parents and 94% of children said that they enjoyed the interview, and 100% of all participants said that they did not mind being re-interviewed the second time. 90% of parents and 93% of children reported that they had learned something about themselves during the interview process. In 2006, DePrince and Freyd asked undergraduate participants about their experiences of answering questions about child abuse and trauma and if they felt that it was a good idea for researchers to ask such questions. 85% of the 481 participants (410) said that it was a “somewhat good” or “very good” idea, while only 3 people said it was “very bad” or “somewhat bad.”

A summary of research done in which participants were asked about traumatic experiences by Becker-Blease and Freyd (2006) concluded that research on this subject
matter does not increase participants’ stress and may, in fact, be helpful. They go on to say that “To limit research in these areas would be to spare the sensibilities of some at great cost to the well-being of others” (2006, p. 222). Wincup (2001) agrees, saying that despite the concerns she raised, she felt that this research method was appropriate and that retelling the participants’ stories could work toward to improving the lives of others.

4.0 Qualitative Methodology

4.1 Phenomenological Philosophy

The foundation of this research is rooted in phenomenology, as was described by the German philosopher Edmund Husserl (1813-1855). Husserl spoke of the “the rigorous and unbiased study of things as they appear so that one might come to an essential understanding of human consciousness and experience” (Valle, King, & Halling, 1989, p. 6). Modern phenomenological research “tells the meaning for several individuals of their lived experiences of a concept or phenomenon” (Creswell, 2007, p. 57), by “stud[ying] how people… make sense of the social world” (Packer, 2011, p. 155). Phenomenological research wants to know what people experienced and how they experienced it, and achieves this by collecting data from individuals who have experienced a phenomenon and developing a description of the individuals’ lived experiences.

There are several derivatives of phenomenology. The three main phenomenological approaches are: hermeneutic phenomenology (van Manen, 1990), transcendental (also referred to as psychological or empirical) phenomenology (Moustakas, 1994), and existential phenomenology (which is based on the work of
German philosopher Martin Heidegger (1889-1976). In hermeneutic phenomenology, which can be defined as “interpreting the ‘texts’ of life” (Creswell, 2007, p. 59), researchers reflect on fundamental themes and write a description of the lived experience. Transcendental phenomenology focuses less interpretation and attempts to perceive everything “in an open and fresh way” (Moustakas, 1994, p. 34).

Transcendental phenomenology provides a thick description of people’s experiences and the context of those experiences. Existential phenomenology, similarly to other types of phenomenology, “seeks to understand the events of human existence in a way that is free of the presuppositions of our cultural heritage” (Valle and Halling, 1989, p. 6). The difference between existential phenomenology and other types is that people are viewed “as having no existence apart from the world and the world as having no existence apart from persons”—their individual and the world “coconstitute one another” (Valle and Halling, 1989, p. 7). Existential phenomenology seems to be taken up by feminist phenomenologists more frequently than the other types.

I chose to employ the principles of hermeneutic phenomenology as suggested by Van Manen (1990). In hermeneutic phenomenology, it is the researcher’s task to reflect on fundamental themes and write a description of the lived experience. According to van Manen (cited in Creswell, 2007), hermeneutic phenomenology is not only a description of the phenomenon, but involves a process of interpreting meanings. Because the goal of the research was to gather information from men’s experiences that could inform others’ knowledge about this topic, I felt that it was important to perceive everything shared with me in an open way as in Moustakas’ (1994) transcendental phenomenology during the interviews and during the data coding phase, but also to interpret the meaning of this
information during data analysis, so that it might be possible to learn from the themes shared by the men. For that reason, a combination of van Manen’s (1990) and Moustakas’ (1994) approaches composed the methodological framework.

The phenomenological analysis of the data was informed by feminist scholarship on IPV. Feminist principles have been shown to be compatible with phenomenological methodology and both seek to understand individuals’ lived experiences (Garko, 1999). It is necessary to incorporate feminist values when examining issues related to IPV, as feminist activism and scholarship has been at the forefront of social recognition of men’s violence against women and the emergence of women’s shelters and treatment programs for men and continues to inform and influence research and practice in the area of IPV and IPV treatment. Feminist philosophy views IPV as a socially learned behaviour (Cranwell Schmidt et al., 2007; Connell, 2005; DeKeresedy & Schwartz, 2005). Feminist scholars (Pence & Paymar, 1993) have also demonstrated that IPV serves as a functional behaviour for many abusive men, as it allows them to gain and maintain power and control in the relationship.

4.2 Bracketing and Reflexivity in Practice

An important component of the phenomenological process is bracketing, which is a process of setting “aside our prejudgments, biases, and preconceived ideas about things” (Moustakas, 1994, p. 85). The research practice of bracketing is rooted in Husserl’s idea of “epoche,” which calls for the suspension of “all judgments about what is real” (Creswell, 2007, p. 58) so that a phenomenon can be viewed in an open way. My role as the researcher on this project was to listen in an as unbiased way as possible as
the men told their stories and to try to understand their lived experiences as they understood them, not to verify their stories or question facts. I took what they said about their experiences to be true, and looked for the meaning within these experiences.

Ideally, phenomenological researchers should have a transcendental attitude (Valle, King, & Halling, 1989), where our presuppositions are suspended and our baggage is set aside to allow for unbiased viewing of the phenomenon. The intention of bracketing is for the researcher to view the phenomenon as the participants’ truly experienced it, not how the researcher wishes to see it or assumes it was experienced. While this method calls for the researcher to view the participants’ experiences of the phenomenon in an open way, without the interference of our own biases, researchers acknowledge that this is likely impossible to achieve. While researchers may endeavor to engage in bracketing, we can never truly be free of our own experiences and the assumptions that come with those experiences.

Related to bracketing is the practice of reflexivity, which is significant in feminist research. Gilbert defines reflexivity as “a style of research that makes clear the researcher’s own beliefs and objectives [and] considers how the researcher is part of the research process and how he or she contributes to the construction of meaning on the topic under study” (2008, p. 512). It is a practice of self-examination, in which the researcher thinks about their own social location and preconceptions and examines how this might affect the relationship with the participants and the research process and outcomes. As Sankar and Gubrium wrote, “attention to meaning is far more complex than simply asking open-ended questions and allowing participants to speak extemporaneously. It requires a heightened sense of self-awareness about the researcher's
personal understandings, beliefs, prejudices, and world view. Researchers bring to the research encounter considerable social, historical, and cultural baggage” (1994, p. xiv). The practice of reflexivity brings honesty to research practices and “break[s] down the power relationship between researcher and researched” (Cotterill & Letherby, 1993, p. 72).

Feminist phenomenology acknowledges the ideas of both bracketing and reflexivity, by requiring researchers to be aware of their own issues and biases that they bring to the research, while acknowledging that it is not possible to set our own history off to the side. As well, being honest and accountable for personal biases and examining how they may affect the research can strengthen the work, as opposed to detracting from it. Pillow writes that it is not possible, nor is it necessarily desirable, to keep personal experiences out of feminist research (2003, p. 193).

I agree that while it is important to hear the participants’ stories in an unbiased way as possible, it is impossible to forget our own personal context. The lens with which I view the world has undoubtedly been shaped by my gender, culture, upbringing, education, and numerous other factors. My own experiences directed my choice of research topic, as working with women who have experienced IPV led me to become interested in how men can change their violent behaviour. I chose the research topic because I wished to contribute to the body of knowledge regarding what helps abusive men to change their behaviour, with the goal of increasing women’s safety and improving the lived realities of both women and men. As well, I feel that my own knowledge in the area of IPV and responses to IPV aided me in understanding some of the details in the stories that the participants shared with me.
I believe it is important to recognize the tension between bracketing and reflexivity by being as open, honest, and accountable as possible while acknowledging that we cannot truly set aside our biases and personal experiences. For this reason, I felt it was possible to design the research to bracket as much as possible, while also continually examining how my own perceptions and experiences might affect the research. I considered my own biases and assumptions about IPV and the men who perpetrate IPV both when designing the project and throughout the process. I attempted to bracket out assumptions that I might have, or themes that I expected to come up, with the research design by designing the research questions to be very open ended (such as “do you feel like things changed?”). I used these questions during the interviews and asked follow-up questions based on the participants’ comments, so that the subsequent conversation would revolve around what each participant felt were the most salient parts of his experience, not what I might have assumed was important. This method also allowed me to approach each interview in an open and fresh way and not to bring assumptions and ideas from previous participants to subsequent interviews. While conducting the interviews, I tried to keep my opinions and assumptions out of the conversation as much as possible, sticking to open-ended questions that allowed the participants to talk at length.

During the interviews, I attempted to set aside my own experiences and understandings about interpersonal violence and to see the participants’ experiences in an open way. I went into each interview envisioning myself as a blank slate. I assumed that I would not know anything about their experiences. I believe the process of bracketing/reflexivity was more easily achieved because I had never talked to men who
had perpetrated intimate partner violence before, so this was a new experience for me. Perhaps surprisingly, my work in a domestic violence shelter, in fact, assisted me to be less biased—from talking to women who have experienced abuse from their intimate partners, I know that abuse can range significantly in frequency, severity, and type. I know that the way that violence is experienced and the context in which it is experienced differs amongst all abusive relationships. My knowledge of the complex and varying nature of IPV meant that I did not hold a rigid set of assumptions about men who abuse their partners. Going into the interviews, I did not know what type or extent of the violence that the men had perpetrated or the extent of the injuries (physical and emotional) that they may have caused their partners. This knowledge about the multifarious structure of violence, and my lack of knowledge about the violence perpetrated by the participants, assisted me in viewing each interview in a less biased manner.

As part of my bracketing/reflexivity process, I scanned the existing literature before conducting my study, to see if studies on men’s experiences attending DAVTPs and changing their behaviour existed, as well as to see what research methods were used by other researchers when investigating this topic. I did not spend time reviewing the themes that were discovered in the results of other studies, so that I could approach the present research in a fresh way, with no expectations of what information may emerge. After coding the data from the present study and organizing it into themes, I then reviewed the existing literature to see what similarities and differences existed between that literature and my own study.
In my view, the processes of bracketing and reflexivity are important, not just in research, but in Social Work and other helping professions. I attempt to practice reflexivity while working with women who have experienced violence, by making a constant effort not to make assumptions about the clients and their stories and to be aware of personal biases. It is also of utmost importance to be conscious of dynamics that might be affecting the relationship with the client—I believe that the same is true of phenomenological research.

### 4.3 Phenomenological Research Methodology

Phenomenology is a good choice when it is important to gain a deeper understanding of several individuals’ experiences of a phenomenon as well as features of the phenomenon. I considered phenomenology to be the methodology best suited for the present study, in which the intention was to gain a deeper understanding of participants’ complex experiences. Phenomenology puts forth specific research methods for investigating what people experienced and how they experienced it. This is done by collecting data from individuals who have experienced the phenomenon and developing a composite of the essence of the individuals’ lived experiences. This is done by collecting data from individuals who have experienced the phenomena (in this case, men who have perpetrated IPV, attended a DAVTP, and made changes to their behaviour) through interviews, and then analyzing interview data by categorizing the information gathered from participants using significant statements and combining these statements into themes (Creswell, 2007).
I followed the steps for conducting phenomenological research as laid out by Creswell (2007). These four steps include:

1. Identifying a phenomenon.
2. Bracketing one’s experiences.
3. Collecting data from several individuals who have experienced the same phenomenon.
4. Analyzing data by reducing the information gathered from participants into significant statements and combining these statements into themes.

Creswell based these four steps on Moustakas' 1994 approach to conducting transcendental phenomenology. I chose to follow Creswell’s steps in the overall research design, however when analyzing the data, I chose to apply the principles of hermeneutic phenomenology (Van Manen, 1990), as this framework also involves interpreting the meaning of the data collected.

Phenomenological research centres on in-depth interviews with a small number of participants who have experienced the phenomenon. Generally, sample sizes in phenomenological studies range from two to ten participants (Boyd, 2001). Sample size can be a “trade-off between breadth and depth” (Russell & Gregory, 2003, p. 37), as studies with a smaller number of participants typically are able to engage in a deeper exploration of those participants’ experiences, while studies with larger samples often focus on a more narrow range of themes. In phenomenology, the adequacy of the sample size is assessed by how thoroughly the information shared by the participants provides an understanding of the phenomenon experienced by the group (Russell & Gregory, 2003). For a study of this nature, I felt that four participants was an adequate sample size. The data gathered from the four participants was rich, totalling just under ten hours of audio-recorded interviews, in which the men shared a great deal about their
experiences attending DAVTPs and making changes to end violence in their intimate relationships. Following completion of the data collection period, the four interviews were transcribed verbatim and the interviews in their entirety (56 pages of significant statements) were then coded into themes.

Phenomenological analysis starts with “horizontalization” in which the researcher finds and lists significant statements, sentences, or quotations from the interviews about how the individuals are experiencing the phenomenon. I further engaged in bracketing during the horizontalization process, by treating all statements made by the participants as significant statements, therefore attempting to eliminate my own biases regarding what was most significant.

The statements and themes form a textural description of what the participants experienced as well as a structural description of how the experience happened and the context and setting of the experience. While it was important to perceive everything shared with me in an open way during the interviews and during the data coding phase, it was also necessary to interpret the meaning of this information during data analysis, so that it might be possible to learn from the themes shared by the men. The final step was to write a composite description, the essence of the participants’ experiences from both the structural and textural descriptions, which focuses on the common experiences of the participants—what they experienced and how they experienced it.

In the composite description, the statements were coded into themes and the themes were divided into categories. As well as the central themes, there were also subthemes, which further describe the experiences of the participants and the context of those experiences.
4.4 Research Process

This project received approval from the University of Regina Research Ethics Board, the University of Saskatchewan Behavioural Research Ethics Board, and the Regina-Qu’Appelle Health Region Research Ethics Board; as well as consent from Research and Evidence-Based Excellence, Corrections and Policing Division, Ministry of Justice, Government of Saskatchewan.

4.4.1 Recruitment and Interview Questions

Sampling followed the Criterion Sampling method (Creswell, 2007), which requires that all individuals meet some specification. Because this study sought to ask men about their experiences changing their violent behaviour, I sought individuals who met the following criteria: had perpetrated IPV, had attended a treatment program for violence, and identified as having successfully made changes to their behaviour.

After receiving approval from the Research Ethics Boards, an email including the Letter of Initial Contact was sent to staff of DAVTP programs at Mental Health & Addiction Services (Health Regions), the Corrections and Policing Division (Ministry of Justice, Government of Saskatchewan), and Community-Based Organizations who operate DAVTPs across the province. Some programs are co-facilitated by Mental Health & Addictions Services and Corrections staff. I requested that program staff share the letter with clients who may be interested in participating, as well as circulating the request among their colleagues. The Letter of Initial Contact was shared with Health Region, Government, and Community-Based Organization staff via email four times over the ten-month data collection period (January to October 2013).
The Letter of Initial Contact was shared with potential participants by program staff. I also spoke about the research and shared the Letter of Initial Contact at the beginning of three DAVTP group sessions, following invitation by the groups’ facilitators, and shared the letter with all of the men present at those sessions.

Because of the passive recruitment method, I kept the data collection period open for ten months, to allow time for the Letter of Initial Contact to be shared with more groups of DAVTP participants and to allow more time for program participants to consider volunteering. During this ten-month period, four individuals interested in participating contacted me, and all four were interviewed.

Interviews were conducted in locations that were mutually agreed upon by each participant and I, and locations were chosen to protect confidentiality and enhance the comfort of participants. Two of the interviews were conducted in the participants’ homes and two of the interviews were conducted in private meeting rooms. Interviews ranged in length from one hour and 15 minutes to three hours and 15 minutes.

According to Creswell (2007), phenomenological interviews ask two broad, general questions. From Creswell’s template, I developed an interview outline for inquiry about two broad topics: “the experience of attending a DAVTP” and “the experience of making changes to violent behaviour.” Additional questions were asked to gather more details, and therefore a richer understanding, of the men’s stories. The interviews were for the most part unstructured, taking the form of conversations. The questions followed the participants’ story. Prior to conducting the interviews, I developed a limited number of standard questions, such as: “how did you feel going into the program?,” “do you feel like things changed?,” “what changed?,” and “at what point
did things start to change?” These were designed to prompt talk of their experiences in the program and of making changes.

4.4.2 Challenges

The most significant challenge faced during the study was the recruitment of participants. It is possible that, due to stigma around having perpetrated IPV and having attended a DAVTP, many of the clients who received the Letter of Initial Contact were not comfortable volunteering for the research. Payment was not offered for participation, which could have been another barrier to volunteer recruitment.

Program facilitators from both Mental Health & Addiction Services programs and Community-Based programs replied to my emails, stating that they were sharing the letter with their clients. I was not able to engage assistance from any staff members at Corrections and Policing Division programs. While the letter was distributed to staff at programs in communities all over Saskatchewan, the four participants had all participated in programming in Saskatoon, with one participant having attended DAVTPs in both Regina and Saskatoon.

The recruitment method was passive—due to confidentiality of DAVTPs, I relied on program facilitators to make potential participants aware of the study and those who were interested contacted the researcher to be interviewed. Because of this passive method, it can be inferred that self-selection bias² (Lee, McGinnis, Sallis, Castro, Chen, & Hickmann, 1997) and participation bias³ were present in the sample.

² “Self-selection bias is the problem that very often results when survey respondents are allowed to decide entirely for themselves whether or not they want to participate... In most instances, self-selection will lead
Hundreds of individuals appear in DVC in Saskatchewan each year. For example, in one year (April 1, 2011 to March 31, 2012), Regina’s DVC saw 716 men (Saskatchewan Ministry of Justice, 2013), and men were also seen in DVCs in Saskatoon and North Battleford. The DAVTP completion rate is significantly lower, however—Regina’s DVC reported that in the first three years of its operation, the DVC dealt with 2914 individuals accused of domestic violence offenses and that of those, only 150 chose to enter treatment programs. Eighty-three of the 150 individuals from the Regina DVC successfully completed treatment (Saskatchewan Ministry of Justice, 2013).

As the present research specifically sought participants who had successfully made changes to their behaviour, this significantly lowered the pool of possible subjects, even with programs across the province serving a number of both court-mandated and self-referred clients. Many individuals who have completed DAVTPs are unwilling to participate in research. This could be due, in part, to perceived stigma or embarrassment about having perpetrated IPV or concerns about confidentiality (Wangsgaard, 2000). Additionally, recruitment was likely challenged further by requiring the Letter of Initial Contact to be shared with potential participants by program facilitators. This passive recruitment method meant that I did not have control over which, and how many, DAVTP clients received the letter. As well, with the exception of the three DAVTP group sessions that I attended briefly to introduce myself and my research and pass out to biased data, as the respondents who choose to participate will not well represent the entire target population” (Lavrakas, 2008, p. 808).

3 “Participation bias is a potential concern in all studies that actively recruit study subjects. Systematic differences in participants and non-participants may potentially limit the external validity of a study.” (Jacobsen, Mahoney, Redfield, Bailey, Burnett, & Rodeheffer, 2004, p. 579).
the Letter, potential participants had very little information about me and may have been uncomfortable contacting a stranger to share such personal experiences.

The sample who participated is most likely not representative of all DAVTP participants, as the goal of the research was to specifically research those who had made changes to their behaviour. While is it unknown if the sample in this study is representative of DAVTP participants who successfully change their behaviour, their in-depth stories of their experiences provide a richer understanding of the experiences of men who attend DAVTPs and subsequently change their behaviour, which met the research goal.

5.0 Results

The significant statements obtained from the interviews were coded into fifteen themes. These fifteen themes were divided into three categories: men’s experiences before entering DAVTPs, experiences attending DAVTPs, and experiences after attending DAVTPs. As well as the fifteen central themes, there were also seventeen subthemes, which further describe the experiences of the participants and the context of those experiences.

In terms of their experiences with violence before entering DAVTPs, the participants talked about the violence that had existed in their relationships (including current and past relationships and the potential for harm to self or others), relationships with their children, their families of origin, and masculinity. When discussing their experiences in treatment programs, men spoke about engaging initially (their attitudes upon entering the programs, perceived stigma about perpetrating violence and attending DAVTPs), accepting responsibility, bonds with other participants and facilitators, and
things that they learned (such as self-awareness and communication and listening skills). In describing their lives after completing the programs, the participants discussed improved relationships, improved self-esteem, healthy masculinity, and the continued work that they are engaging in. The themes are listed in the chart on Page 38 and are detailed, along with many of the significant statements shared by participants, in the following sections of this thesis.

Overall, the participants were initially motivated to change because of relationships and the impact that their violence had on those that they care about. As well, the men spoke of the necessity for a safe space to share their feelings, both during and after treatment. The men spoke of the positive impacts that the DAVTPs had in their lives. After participating, they were able to avoid enacting violence in their relationships, and also noted improved communication skills and self-esteem and increased self-awareness.

5.1 Participants

The four participants volunteered after being made aware of the study by staff at DAVTPs. The four participants were all of Caucasian/European descent and were between the ages of 50 and 56 with a mean age of 52.5. Education levels ranged from completion of Grade 9 (with completion of General Education Development (GED) Diploma later on) to partial completion of a Doctoral degree. Income varied among the four participants with the mean being $85,750 annually. Two of the participants were separated, one was married to the same partner whom he had perpetrated domestic violence against, and another was co-habiting with a new partner.
Men who volunteered to participate in the research self-identified as having perpetrated violence in their intimate relationships. Any type of violence (verbal, emotional, physical, or sexual) fit the criteria for the study. All of the four participants identified at least one occurrence of physical violence, as well as more frequent incidences of verbal and emotional abuse. None of the participants in the study identified as having perpetrated sexual violence against their partners or former partners.

Two of the participants voluntarily attended programming for their abusive behaviour, and two of the men were court-mandated to attend DAVTPs through the DVC system. One of the men had participated in the program at Family Service Saskatoon, while three had attended Alternatives to Violence through Mental Health & Addictions Services. The extent of one of the men’s involvement had been completing the five week program, while three of the men continued to participate in DAVTP programs. Of the three that were still involved in programming, one participant had been participating for almost 20 years; another for 14 years; and the third had completed the program approximately three years prior to the interview.
## 5.2 Chart: Themes Mentioned in Men’s Narratives

### Men’s Experiences Before Entering DAVTPs

<table>
<thead>
<tr>
<th>Theme</th>
<th># (out of 4 who mentioned)</th>
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5.3 Men’s Experiences Before Entering DAVTPs

5.3.1 How the Men Came to Participate in DAVTPs

Two of the participants were mandated to take DAVTPs after they were arrested and plead guilty in DVC. Another initially requested admission to the program because he was in a new relationship with a woman who had been abused by her former partner and he wanted to learn strategies to support her. At the same time, he “was going through quite an intense divorce and became physically abusive [to his ex-wife].” Once in the program, he soon learned that his past behaviour, too, was abusive. The fourth participant attended relationship counselling with his partner and the counsellor, recognizing signs of abuse, referred him to the DAVTP.

Two of the men reported that there had been only one incident of serious physical violence, which had led to both of their arrests and subsequent attendance in a DAVTP, though other abusive patterns had been present in the relationship. As one described it:

After the program, I looked back and saw verbal, property damage, psychological—game playing, pushing, grab[ing] by the arm… I knew which buttons to push so that she’d get mad at me and then I could leave the house and then eventually she got so that I could say something and it never bothered her anymore, so I had to step it up, increase the level a little bit so that I could get what I wanted.

The others reported ongoing patterns of abuse, both verbal and physical, with the partners that they had been in relationships with at the time of their entry into the DAVTP. Looking back on the violence in his relationship, one participant stated that
before attending the DAVTP he “didn’t have a clue” that this was not a healthy relationship—he “thought it was normal.”

Violence had not been a problem in all of the men’s past relationships—one recollected that there had been no violence or abuse in his dating relationships prior to getting married, another stated that he had been married young and had not been in any other serious relationships prior to the marriage. The third recalled emotional/verbal abuse with one incident of physical violence in his former relationship and the fourth stated that in his relationship prior to the marriage there had been a lot of “yelling and screaming” and fighting in front of their children.

Two of the participants stated that in addition to violence toward their intimate partners, they had been violent to others, such as getting in bar fights with other men. Two of the four men I interviewed recalled that thoughts of homicide and suicide—killing their partner and themselves—had occurred to them.

One participant said:

… at the end it was stuffed so bad inside, there was days I’d drive home from [location] and I’d want to drive my truck into the big bus that goes out there, there was lots of days I thought about that. And when you are carrying that with you, eventually it’s gotta go somewhere, it’s gotta come out somehow, whether it is self-destruction or, in my case, violence against my wife. You know, it just, you can only boil a closed pot for so long, and to me that is exactly what happened it just, I don’t know how else to put it… Me or her. I have no doubt of that, not at all. I either going to drive my truck into that bus or off, there’s a big… ravine there. It’s deep. It’s gotta be 150 feet deep off the edge of the road and it’s only from here to that wall off the edge of the road and there was lots of times I was thinking just how easy it would be to turn and just go through the fence and down the… you know, when things at home… who’s to say something wouldn’t have happened with my wife that I wouldn’t have put her in the hospital or worse, killed her, and I don’t know that, so getting arrested was probably the best thing that had happened.
Another had thoughts of homicide and suicide, as well, but stated that he felt that he could have ended up killing someone, either his wife or someone else, such as in a bar fight. He recalled, “I came to realize that as I get to know myself better that I’d had thoughts of homicide and suicide since I was a teenager,” stating that this violence could have been enacted against “anybody.”

Research demonstrates that while there are warning signs of intimate partner homicide (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Koziol-McLain et al., 2006; Domestic Violence Death Review Committee, 2012), risk to victims cannot always be determined by the severity and type of violence (Nicolaidis et al., 2003). Nicolaidis et al. (2003) interviewed thirty women who had been the victim of attempted murder by their intimate partners. While twenty of the women reported ongoing violence, ten of these women reported that they had been not been victims of physical violence, or had only experienced minor physical violence (such as a shove) leading up to the attempted murder. As demonstrated in the quotations above, there can be a risk of homicide/suicide, regardless of the level of physical violence present in the relationship.

5.3.2 Violence and Masculinity

Although participants were not asked about masculinity during the interviews, the topic of masculinity came up in three of the four men’s narratives. These men told of how they had been raised with the idea that “being a man” equalled not having/not showing emotions, especially emotions that could be construed as weakness:

“If you don’t quit crying, I’ll give you something to cry about” … And I can remember, that was the whole attitude, that describes my whole family, how the male is expected to act and it’s—you didn’t show weakness, you didn’t show fear, it was… so, when you’re hiding that all the time and when you’re
keeping that in, it’s not a good thing. That probably describes how I was raised better than anything else.

You just didn't share your feelings. Because my father never did either, and I had no issues with it, I totally accepted that, I had no issues with that, until my father is 78 and I'm 51, and I start to look back and wonder and go “really, Dad?”

One of the men talked about how the masculine ideal of keeping your feelings to yourself caused him problems in adulthood. He attributed his inability to talk to anyone about his problems as playing a significant role in this violence that occurred in his marriage:

Dump it all in and let it build up and see what happens. I mean that’s what happened with the gambling and my wife. I couldn’t talk to her because it would be admitting weakness and I can’t do that. I’m the man of the family and I can’t do that, I can’t admit that I am weak. I have a problem that I can’t handle, so you keep it all in and it just builds up and builds up and eventually it’s gotta go somewhere. I think that probably describes a lot of what happened with me and my wife and at the beginning it was just a little bit of steam getting out and at the end it was stuffed so bad inside…

Very early, boys are told to “be a man” and are pulled away from expressiveness and connection with others. If they do not successfully cut themselves off emotionally, they risk being informed by others that their behaviour is not “manly” enough. To salvage their masculine standing, and their self-esteem, men must disconnect from their emotions, which, of course, creates challenges for men when they try to engage in intimate relationships with others (hooks, 2004).

The participants in this study shared that they had learned in their youth to keep their emotions to themselves, and as adults, did not have outlets to share their emotions. Indeed, men learn to “hide their emotional awareness from other men for fear of being attacked and shamed” (hooks, 2004, p. 8). As well, men may not feel that they are able
to talk to the women in their life about their feelings because doing so might mean admitting to weakness. As the one participant recalled, when he found himself in trouble with a gambling addiction, he felt that he could not tell his wife what was going on because, as the man of the family, he could not admit to his mistakes, which could be construed as weakness.

Another participant said that in his family’s culture, the woman would be blamed for the abuse. In his case, he wanted to stay in the marriage and not to act violently again, so he was relieved to see that his wife was not treated any differently after the incident—and that his family did find his violence unacceptable—but it is easy to see how for many DV perpetrators, familial/cultural acceptance could be a factor in continuing the violence when the negative rewards of disapproval do not exist.

On the topic of violence and masculinity, one of the participants said that after some time in the program “I recognized that I have fear because I didn’t know I had fear… I never would admit that I had fear and fear was the trigger.” When I inquired what he thought he was afraid of back then, he replied “so many things … being left out, can’t control your woman, you’re weak. Just totally afraid of being seen as being soft or weak.” He went on to say, “The other scary part is this, I could’ve got killed or I have killed somebody else… Because I grew up … How do I put it? My truck always had 3 rifles in it… I cannot lose…”

These sorts of attitudes are not uncommon amongst men who have perpetrated violence—research dating back to the 1970s states that men who abuse their partners hold “rigid sex role stereotypes, or traditional, stereotypic views of masculine and feminine roles and male-female relationships” (Cranwell Schmidt, et al., 2007, p. 92).
Participants in the present study evidenced these rigid sex role stereotypes in their stories, as can be seen in the comment from the participant who felt that he needed to maintain his role as “the man of the family,” and by doing that he had to demonstrate control and not admit that he needed help.

Of the four participants, one recalled that he grew up in a home free from violence. Two others recalled that the violence they witnessed and experienced was verbal and emotional. The fourth, who had perpetrated the most ongoing violence in his adult relationship, recalled that his parents were physically abusive, as well as verbally and emotionally abusive. He recalled that he “grew up in a family full of violence.” The three men recalled accepting the abuse at home to be normal and not realizing until adulthood that there had been dysfunction in their upbringing. One said, “It was normal where I came from, it was the way I was taught to behave by my parents and I just thought it was normal.”

5.4 Men’s Experiences in DAVTPs

5.4.1 Engaging in the Program

It appears that few DAVTP participants are happy to be there at first. Even the participants in this study (two court-mandated and two voluntary participants) who fully engaged in the program and made prominent changes, felt shame and irritation upon attending in the beginning. From the interviewee’s perspectives, it seemed that most men who join a DAVTP feel similarly at first. Consistent with literature on change processes in DAVTP participants, some of the participants recalled a turning point in
their DAVTP participation, where they realized they had to be there for themselves (Sheehan et al., 2012), and not just because of external pressures.

Similarly to Sheehan et al.’s (2012) work demonstrating “that external events can be used as a trigger for internal motivation to change” (p. 37), the present study saw participants utilizing external events as motivation to enter DAVTPs and motivation to change their abusive behaviour, whether they were court-mandated or entered the program voluntarily. While some entered due to the external motivation of wanting to salvage their relationship, internal motivation is what keeps clients attending programs and makes the difference between truly engaging and making changes or “bullshitting their way through the program.” Program participants who do not find a source of motivation, whether it be relationships with their children, relationships with their co-participants, or the desire to behave in a more pro-social way are more likely to drop out of programs before they fully engage and make changes (Zalmanowitz et al., 2013).

Three of the participants stated that they attended the program, at first, to save their marriage and make things right at home, and the fourth (who stayed married throughout the court-process and treatment) stated that he went because he felt that he had to accept responsibility for his actions and also because he was searching for answers and hoped that attending the program would help him to understand why he had acted violently.

The men summed up their feelings upon entering the DAVTPs. These feelings included irritation at having others involved in their personal business, feeling ashamed and embarrassed, feeling like a criminal, feeling like they did not belong in the program and that would not have things in common with the other abusive men, feeling like they
did not belong because they felt that they did not have a problem with violence, and attending to appease their partner or to fix issues in their marriage. The participants recalled:

It's kind of a feeling of “why don’t you stay out of my business and let my wife and I deal with this ourselves and figure it out and just leave me alone” kind of thing. That was kind of the whole attitude. Just kind of pissed off and “leave me alone.”

I didn’t want to be there, that’s for certain. How did I feel being there? I felt embarrassed. I felt ashamed… There is no doubt about it. That went away after a bit, but that first thing…I remember the first night I walked in because the sign says [agency] and you kind of look around to see if anyone is around to watch where you are going…

I have to admit, I felt like a criminal, I felt that I didn’t belong with that group there, cause that wasn’t me, right? …And you know, the interesting thing… I ended up being with a group of people that were exactly no different than me, that felt exactly the same thing.

I didn't think what I was doing was abusive… I just thought I did it because I had to do it to make things right at home.

I thought it will save my marriage but after a couple of years I realized it wasn’t saving my marriage. I had to stay there and save myself.

The participants also commented on the attitudes that they saw other participants presenting when they first entered the program:

There was a few guys in our group who were there voluntarily, who had come because they wanted to work on issues in their relationships. There was the odd one who would come in and who would have that chip on their shoulder and then there would be another one who would come in and not talk… there was a wide range of guys in there, or a wide range about how they felt about being there, I guess. I think most people, though, when they first get there, though, don’t really want to be there, though—it’s that stigma.

From these men’s accounts, they, as well as their co-participants, all felt embarrassment, irritation, and tentativeness when they first entered the programs. They did not fully engage in the programs immediately. The participants spoke of the length
of time it takes to engage in the program, with one saying that it took until at least the third session to speak up and share a little about himself. The group he attended did not do continual intakes, so the same men were together for the duration of the program. For him, this was a positive feature of the program.

Once that was there, at least for me, and I think for the rest of the guys, you know, by the time we got into the third and fourth session, guess what? That was the norm for us. We knew what we were going to be doing that Saturday: we knew who the faces were going to be. And we all, I thought anyway, opened up. I mean, I can’t remember an individual there that was guarding anything that I could tell, anyhow.

Another stated that it took a little more than four months to engage:

At the beginning, it was probably more so I could get back with my wife. Probably the first three or four months… and then after a while it was “I need this for me and not for my relationship, I need it for myself”… I was probably in the program a little more than 4 months… until it finally clicked in.

He went on to say that he really didn’t “buy into it until [he] was in the [closed] group with 10 or 12 guys.” The other two participants stated that it took them the first two or three years to really “get it.” As no DAVTPs take place for such a length of time, this demonstrates the importance of opportunities for men to return to programs after completion or to stay involved through maintenance programs, if they choose.

Once the participants did engage with the program and begin to want to attend, their experience was often affected by the engagement level of their co-participants. Some of the men spoke of being able to make more progress in the group after the participants that were not engaged dropped out, leaving the participants that were more open to making change remaining in the group.

The ones that don't realize that there's something going on that they have to deal with, end up dropping out or getting arrested, go to jail or whatever. I
don't know how the court system works, but they just disappear. And they don't share why they are coming, or whatever, so. The maintenance guys are all there 'cause they want to be, because it's totally voluntary, they don't have to come… I've been through the new intake thing three times now and it takes three or four weeks before those that don't want to be there, aren't there. They've done whatever and just quit coming. And then you start actually getting into something.

This idea was echoed in Wangsgaard’s (2000) study, in which the men reported that when the safety of the group environment was threatened or the group process was disrupted, their treatment progression was hindered.

In the present study, one of the participants said that Stage 1 of the program he attended was 16 weeks long and to complete that phase and move on to Stage 2, participants needed to refrain from perpetrating physical violence for the last 8 weeks of the 16. He recalled that he remained in Stage 1 for over a year before he could refrain from being violent, and he attended the program for two years before he made it to the end of Stage 2.

Three of the four men joined a maintenance program after completing the initial DAVTP program. Maintenance programs are an optional second stage where graduates from the first stage of programming can continue treatment (Yaroshko, Farden, Boyes, Inch, & Martin, 2011). Clients can participate in maintenance programs for as long as they choose. Some participants go every week, while others go once in a while when they feel they need to check-in. These groups were compared by some participants to the way many Alcoholics Anonymous (AA) participants continue to attend throughout their lifetime.

One of the participants explained that after completing the initial program, he was approached by the group facilitators to take a part in a closed group for the next step,
where the same ten men participated together for the twelve-week program. He stated that he didn’t really “buy in” until joining that group:

I think that was great, they should do with all the groups, ‘cause you could see it as we went along, the first couple weeks, guys weren’t opening up, we weren’t talking, it was, you know, like guy talk, you’re sitting around the table at the bar… and as time went on and you learn to trust each other, there was a lot of stuff that came out that I don’t think would have come out in another format, because we built that trust and those bonds.

This participant benefited greatly from the closed group. After completing the twelve-week closed session, he and the other nine men returned to the regular group. He explained the differences in attitudes that he saw exhibited by participants in the large group versus the closed group:

And there was probably 40 guys in there, and then you would get new guys that would come in, and you could see that they were really no different than I was, like I really don’t want to be here, and they don’t get it. Where our group would kinda, we knew why were there and we were there to work on ourselves, not to make the court happy or do whatever, and you’d see these new people come in and they would, “oh, I’m here cause I’m f-ing told to” and they got the bitter, the chip on the shoulder, and I don’t think it was good for our health, you know what I mean. Just that one bad apple in the group can kind of upset everything, you know what I mean? And so it was… I think I really benefitted from having that closed group and that camaraderie or whatever you wanna call it, so it was good.

Another echoed this, saying,

I think some people add, some people take away from what you're doing... What are the big things that really aid in getting to the core issues that you're trying to deal with this when you weed out the guys that don't want to be there, when they are gone and you can get some real heart-to-heart interaction happening between people, then things start to happen.

As the men discussed participating in the program for some time before truly engaging, I inquired if they thought that it would be possible for individuals to fake their way through the program, going through the motions to complete the requirements
without truly engaging and making change. The men agreed that this could be possible; however, they did not feel this happens often with DAVTP participants. They said that one of three things usually happens. First, the facilitators will catch on if participants are not engaging in programming, which then has repercussions for sentencing in DVC (for those who are court-mandated). Second, some of the programming will sink in and individuals will learn something, even if they are not trying to. And third, men who do not engage in the program end up dropping out of the program or perpetrating violence while enrolled in the program (which, depending on the program, could lead to their dismissal or the need to start over).

Referring to program facilitators reporting to DVC judges on completion of programming at court-mandated participant’s sentencing hearings, one man said:

I think you can fake your way through… I do not believe the individuals that are as well trained as [the facilitators of the group]—you’re not going to fool them for very long. You’re just not. And I mean if… they do their jobs properly, there’s recourse. … So there is a method in place that says you know, “you go right ahead and try to fool or us or take this because it’s easy…” but you know, there are checks and balances in place.

Another felt it would be possible to go through the motions for the entire course of the program if the participant did not experience a turning point or a realization of why their participation was necessary. He felt that those individuals likely end up perpetrating violence and being sentenced to the program again, because they did not work toward making changes.

You had to buy into it. If you didn’t, I think you could get through the stuff and just kind of BS your way through it, if you didn’t have that moment where the light come on, you could get through the 32 weeks. There are guys that go back, that are back in the program again, that were in it before. And it’s because they don’t buy into it, they think its bullshit.
Overall, the participants did feel that some of the information presented in DAVTPs was bound to sink in and that participants would likely learn something, even if they are not engaging and trying to make change.

I mean the information was there. You planted a seed and maybe they’re not nurturing it but still … You can’t hit somebody and not know that it’s [not] okay anymore. … I’ve heard it in the AA program. You might go back out drinking but it’ll never be the same because you have already heard how it doesn’t work.

While the participants in the present study were all able to make changes to their violent behaviour, they did not engage in the programming right away—for some, this was a very lengthy process. This information may allude to the importance of facilitators’ ability to connect with the men to continue returning to the program each week, so that they will continue participating until they experience a turning point and truly do engage in the program.

Consistent with data collected by Cranwell Schmidt et al. (2007), the men in the present study were more motivated to change because of the effect that their abuse had on others and because they wanted to do the right thing and did not want to feel bad about themselves anymore, than by legal repercussions. One man said, “what the law was going to do to me wasn’t the most important part, anyway, but what was important was where … I was going to end up and where we were going to end up as a family.” Though the two participants that were arrested and subjected to no contact conditions were greatly affected by losing access to their home, it was relationships that motivated them to change. The opportunity to repair relationships appeared to be viewed by the participants as affecting their lives in the long term, more so that legal repercussions, and thus were a greater motivator for change. This also applied to voluntary DAVTP
participants who were in the program because they (or someone else) recognized problems in their interpersonal relationships and they knew that they had to make changes. Sometimes it was a turning point such as when one of the participants in the present study, who had already been through the program twice, was told by a caseworker during divorce proceedings that his young daughter was scared of him. He stated that was when he realized he really had a problem and the realization caused him to engage more fully in the program and to continue attending programming since that time.

The idea of stigma and fears of being judged came up repeatedly during the four interviews. The men felt stigma before the program, upon entering the program, and after completion. They stated that they were afraid of being stigmatized as batterers when they self-identified by showing up for the program. “I think most people, though, when they first get there…don’t really want to be there, though—it’s that stigma. You abused your wife, and now you’re in a group. ‘I hope I don’t see anyone I know’… and they’re there for that same reason, but you know…” Another echoed this, saying:

There is an anxiety level when you start going to these groups, for the first little while, you are so scared somebody is going to see you or somebody you know is going to come into the group and there is that little bit of fear there. If I do this, and if somebody sees me… and you know what, the only way they are going to see me is if they are here and if they are here, they are here for the same reason I am! So you learn to deal with it.

One of the participants stated that he was embarrassed admitting he was abusive and embarrassed to open up in the beginning of his participation in the program. When asked if the embarrassment lessened over time, he stated, “Nah, I made a realization somewhere along the line you had to just swallow it and get over it.”
Another commented that even as a successful completer of the DAVTP, he still felt embarrassed about his situation and attendance in the program: “You know I've been asked to do it but I'm still reluctant to go out and share my story, it's a bit embarrassing to do it. It really is.”

The men also commented on the stigma that men feel when they share their feelings in public:

A lot of people don't want to hear about it because of the stigma and men don't want to talk about it because of the stigma. I tried to initiate conversation sometimes with people that I think are willing and it's amazing they will shut you down right away in a lot of different ways. They don't want to hear about it.

Other people don't want to hear about it. It's still pushed in the back corner and people don't even want to talk about abusive stuff.

These comments allude to two types of stigma that the men found themselves up against. First, in many circles, men are discouraged from sharing their emotions (Augusta-Scott, 2009; Kaufman, 2007). It is uncommon for men to share feelings and emotions and people may react with discomfort when a man tries to initiate such a conversation (hooks, 2004). Second, there is still a social prohibition against talking about intimate partner violence (Hearn, 1998).

These men felt that they were not able to tell friends and family about the things that they are learning in the program. This can be difficult for participants, as they are often very excited about the new information that they are gaining. One participant, who had remarried, stated that his wife would get upset when he talked to their friends about his involvement in the program. For this reason, three of the men (the three who attended maintenance programs) felt that they need to have confidantes from the DAVTP to have these conversations with. Wangsgaard’s (2000) research echoed the same idea;
he found that men in his study benefitted the most from being able to talk openly to their co-participants, whom they grew to trust. A recommendation from that study—that the connection between co-participants be continued, with the support of facilitators, after the men have successfully completed the treatment group—was also echoed in the present study.

5.4.2 Accepting Responsibility

While I did not ask participants if they had accepted responsibility for their past violent behaviour, or about the process of accepting responsibility, all four men spoke of it when telling their story. Consistent with the literature (Scott & Wolfe, 2000; Sheehan et al., 2012; and Silvergleid & Mankowski, 2006), recognizing one’s own abusive behaviour was crucial to the process of changing. The participants indicated accountability and the importance of accepting responsibility, not just for their past violence, but for having the agency to make changes.

Three of the men considered themselves to be the sole perpetrator of the violence in the relationship and spoke of their feelings of responsibility. While the fourth man did accept responsibility for his violence in the relationship, he stated that the violence was reciprocal and that both he and his wife and been to blame for initiating violence. Again, my role as the researcher was not to verify or question facts about the men’s past violence. I considered what the men said about their experiences of violence to be the truth.

Through the men’s telling of their stories, it appeared that the first step in their work toward change was to accept responsibility. One participant said, “And then after a
while, I began to recognize it wasn’t about what was going on outside of me. It was all about what was going on inside of me.” Realizing that the changes that needed to happen were within themselves gave the men agency to do something about the problem. So this whole thing, I’m here because of my actions, not because of what anybody else has done, that I think, to me, that moment was my turning point. It was where I could say, I could actually say, you know what, I have to accept responsibility for what I’ve done, for my actions, my addiction, for the state my relationship’s in. Because it was me who put me here, it wasn’t anybody else. Because that was huge for me. Being able to accept that and being able to say it, after, was huge. So, that was my TSN turning point⁴, you know! And if I wouldn’t have had that moment, I don’t know if I would have been able to accept it. You know I could have went to court and plead not guilty and said it’s not my fault and could have fought it and done whatever. At the end of the day, I am responsible for my actions and I had to accept that and doing that, I think, was a huge part of my recovery or my being able to open my mind and say, “yeah, this… I need help” and without that acceptance, I don’t think I would have got that help, I don’t think I would have bought into the program like I did and continued to buy in. If you can’t accept it, you can’t… I don’t know how else to put it. One of the men spoke about his acceptance of responsibility immediately following his assault on his wife, encouraging her to seek medical treatment and to report the incident to the police. Of urging her to make the report, he said, “I wanted her to do that. I wanted to do it, but I didn't know how to walk in and say ‘listen, this is what I just did’—I didn't know how to deal with that, frankly, but I was very... When she did do that it was like a big load was lifted.” He spoke of feeling a continued sense of debt:

I still have, and still continue to, and I still feel this way, a debt to pay. And that is to my family, certainly to my wife, and society as a whole, because they had to put up with me, if nothing else. Someone had to pay that judge to sit there because of my stupidity. And it’s important, through the actions, through what I do from here on in, it’s important that, at least in my own mind, I recognize that I'm paying back… Because it will take a lifetime and

⁴ During sports broadcasts, The Sports Network (TSN) features a “TSN Turning Point” where they showcase a play that changed the outcome of the game.
my wife, my friends, my children all come up and say “Dad we forgive you,” but you know what, I didn't want forgiveness, I want to earn it.

When I asked him if he thought he had earned their forgiveness yet, and he said “I think I'm on my way, but I'm not done yet… it's on the way there but it's not done.” He seemed to feel that only way to truly redeem himself to those that he loved, as well as in his own eyes, was to live out the rest of his life violence-free. While he had accepted responsibility and felt he had made as many changes as were possible at the current point in time, he was certain that he had more to do. Another participant discussed accepting responsibility when recounting the impact his arrest and treatment had on his relationship with his daughter, saying “so we have sat down and we have talked about it and how it is not right and what I did was wrong and how I deserved to get arrested for it. I think that was the biggest thing, accepting responsibility for what I did, and letting her know that.”

Two of the men stated that hearing victims’ perspectives is useful in the process of making changes. The participant who remained in his marriage expressed empathy for how his wife must feel. He spoke about the embarrassment he thought she must be experiencing with her friends knowing that she stayed in the relationship after violence had occurred. As well, he gained a deeper perspective by asking his wife about her experience. The development of empathy has been demonstrated as imperative in changing violent behaviour by researchers conducting similar studies (such as Scott and Wolfe, 2000).

As well as accepting responsibility for the violence they perpetrated against their partners, the men also had to accept responsibility for making change. Sheehan et al. (2012) stated that “the most consistent theme identified across studies was that
perpetrators who change take responsibility for their past behavior and feel their decision to stop their abuse was autonomous.” They go on to say that even court-mandated participants “felt that the actual decision to change their behavior was of their own volition and under their control” (p. 36). This finding is consistent with what was shared by the participants in the present study.

It also appears that the act of accepting responsibility is interconnected with self-esteem and self-acceptance. One cannot accept responsibility while at the same time minimizing the violence—to accept responsibility, one must take a critical look at themselves and their actions. To make changes, the individual must believe that while they have done bad things, they are not a bad person, and that they have the capability to do things differently.

I made a realization somewhere along the line you had to just swallow it and get over [the embarrassment], like what you did is what you did, and it's you that did it, it's not somebody else that did it and until you admit that, you're not going to start healing or dealing with it. That was a big lights on moment for me when I realized that it's me it's not somebody else doing it, and it doesn't really matter how I learned to do it, I was still doing it. I can't keep dumping it back on my mother, you know, because she's not here making me do it at the moment.

In a 1998 study, Dobash et al. interviewed 122 men who had perpetrated IPV over the course of a three-year evaluation study. The authors also interviewed females who had been victims of IPV in an effort to examine differences in the way men and women describe their experiences with violence. Dobash et al. (1998) stated that men’s accounts of the violence were “sparse and abbreviated” and that they minimized the violence as well as blamed and “implicated partners” in the violence (p. 390). While I did not interview female victims and therefore do not have the same basis of comparison between male and female partners, the four men who participated all varied greatly from
what was seen in the Dobash et al. (1998) sample. In the present study, men talked at length and told complex narratives. They accepted responsibility for the violence that they had committed.

This difference leads to a discussion of why differences may exist between the studies on the acceptance of responsibility. Because my study examined experiences of change, I recruited past DAVTP participants who had successfully made changes to their behaviour. The 122 men in the Dobash et al. (1998) sample were interviewed immediately after they became involved in the criminal justice system, and longitudinal follow-up was done via mail later.

Therefore, it is likely that the men in my sample had learned improved communication skills (the reason why their responses were not “sparse and abbreviated”) and revised their attitudes while in the program, which is the reason that they did not display the blaming and minimizing language of those interviewed in the Dobash et al. (1998) and Cavanagh et al. (2001) studies. This postulation lends support for further research to investigate the difference between men immediately following arrest/enrollment in DAVTPs and the changes that they have made following completion of the program.

5.4.3 Bonds with Other Men in the Program

A combination of safety and modelling and mentoring was essential to men’s positive participation in the group. For three of the four participants, the relationships that they formed with other participants in the program were as important—or in some cases, more important—than the content of the program itself. One participant stated
that “I think the bonding and the trust probably helped more than even some of the programming” and went on to describe the benefits of participating in a closed group saying that “as time went on and you learn to trust each other, there was a lot of stuff that came out that I don’t think would have come out in another format, because we built those trust and those bonds.” This was consistent with findings in the literature (Farden et al., 2008; Silvergleid & Mankowski, 2006; Wangsgaard, 2000; Gondolf & Hanneken, 1987).

A recurring theme in the narratives of the four participants was the need to feel safe in the group and to share their feelings without judgment. For group participation to be successful, the men needed to feel that they could share feelings:

Everyone is there for the same reasons and I can say, “this is getting me down” and “this is what is happening in my life” and “this is how I feel” and they listen they don’t judge me, so that is part of the reason that I keep going back—I need that support.

The men talked at length about how it is not okay for men to display emotions and how they had grown up with the idea that “being a man” equated not sharing their emotions. The participants had to learn to get in touch with their emotions and to become comfortable with sharing them, and to do this, they had to feel safe enough to put their fears of negative judgment aside.

Three men had also formed bonds with their co-participants that extended beyond group participation, saying that they had had coffee or one-on-one visits with others they had met in the program. One of the participants has participated in DAVTPs for almost twenty years and has now taken on an informal mentoring role with other participants in the program, saying that he had given his phone number to others for them to call in case they needed to talk and had been out for coffee one-on-one with some of his co-
participants. Speaking of the new members he sees joining the program, he noted several similarities to his own situation in the beginning: “I find these men in this program are similar to me in a sense that they don't have someone to talk to outside of the program.” It was helpful for the men to have someone that they could trust to talk to about the topics they covered in the group. Bonds formed with co-participants provided reassurance to men that they were not the only one in their situation: “Knowing that I’m not the only person who has stooped this low or has gone down this road, and knowing that was a huge part of helping me because you realize you’re not alone and things aren’t as bad.”

5.4.4 Features of the Program

When discussing the positive changes that they had achieved since attending DAVTPs, the interviewees also mentioned a number of features of the programs that they found particularly helpful. One of these was an Internalized-Other Interview. Tomm (2010) defines this technique as “a method to explore, enhance, and/or modify a client’s inner experience of another person’s inner experience, and potentially alter the virtual and lived relationships between the client and the other person” (p. 104). This technique is used in a variety of therapies, including with individuals, couples, and families. In its use in DAVTPs, men answer questions as if they were their partner. One man talked about “putting himself in his partner’s shoes:”

And it wasn’t like I had to stop and think, the answers just came, and it worked, it really worked. It’s a tool, just an amazing tool. Even the guys in the room, you could see it affected them, it really, and I think they got to see what they were putting their partners through, too, a little bit… It was one of the most emotional things I’ve done. It still bothers me. But I kinda got it, where this is what my wife feels like and how I could put her through that,
and that’s kinda when things clicked, and I gotta do this for me and not for anything else. Yeah, it was very, very emotional. Very.

Another technique used is a re-enacting of the incident, where another participant in the group plays the role of the man’s partner. In his description of that activity, one of the participants explained how the activity supported the process of understanding what his violence had done to his partner and of taking responsibility for it.

I had to be the woman in one of them. That is a whole other experience, too. The guy is explaining what is going on and you are there and you feel the fear and the weakness. It’s, again, very emotional, very… I don’t know what word I am looking for, it is almost heart breaking when you are in that position you are defenseless, you know… I can’t verbalize it, but you feel so weak and to think, I was with one of the guys when he redid his incident and I was thinking this is how [wife] felt, this is what I put her through, because his story wasn’t that much different than mine…

In his description of another technique in the program where participants walk through a violent incident that they enacted, one of the participants pointed out how even DAVTP participants who were not engaged in the program were bound to be affected by what they were learning and hearing in that particular exercise.

They actually go through… the whole thing and try and find the actual trigger point and emotional thing that brought them there, see if they can figure out how to change that type thing, right? They have that all the time, and sometimes there's brand-new guys there that are “ah, this is bullshit,” “this is crap,” right? But when you actually get into it, I've seen guys try it and get upset and get really emotional about it, they really realize what was going on at that point, so. You can really see the difference in the attitude of the members attending, as I’ve been in groups where there's 20 people watching this and the brand new guys are "bullshit, bullshit, this is crap, why do I have to be here?" The guys who actually want to be there, get something out of it. I've seen people actually viewing get tears in their eyes... Most of them wouldn't admit it! But you know. … It absolutely works. Absolutely. Absolutely.

A feature of group participation that the men found helpful was the ability to hear other men’s stories and realize that they are not that different from the others and that
they are not alone. As one man articulated, “it is like having a wall of windows instead of just one window in the wall. It’s a good format, it works.”

Having past participants in as guest speakers was especially useful for giving the men encouragement that change would be possible. As well, one participant stated that hearing what some of the other participants were doing (in terms of abuse that was more frequent or more severe) was a wake-up call for him to “realize that it could lead to that if you don't figure it out.”

From the information gathered during the interviews with the four participants, it appears that closed groups are especially effective. One participant spoke of the benefits of a closed group, where the same ten men started at the same time and went through the program together, without being joined by others during the twelve-week period. He spoke of an increased feeling of safety in that group and increased ability to build trust with his co-participants. Another participant, who had attended a program without continual intake, where the same group of men are together for the duration, recalled himself and his co-participants becoming more comfortable around the third or fourth session.

In the course of the interviews, the men mentioned some things that they felt would strengthen the DAVTPs that they had attended. One said:

I hate to use that word [victim], but the victim’s perspective would be a huge help. I got a little bit of that when I did that [Internalized-Other] interview, but I think there needs to be “this is what your violence does to other people” kind of thing. We did talk about that a little bit in the groups and there was some training stuff on it, but I didn’t think [it was] enough. That, and the whole the “manly” thing.
Another, who had attended different DAVTPs in different cities in the province over the years, expressed frustration that “you get kicked out of the program because your time’s up, your limit’s up, whatever, there's no more places for you to go. Like a lot of these programs have their 12, 14, 16 weeks, and when you're done, you're done, you're out the door, whether you’re healed or not,” but said that more recently, the “counselors took a different approach and said ‘we're not going to put an end on it, if you want to keep coming, you keep coming.’”

The men also suggested other things that they felt could be helpful, such as lengthening the number of weeks and having “mandatory check back-ins.” One participant expressed the view that check back-ins might lower the number of individuals who end up reoffending and being sentenced to repeat the program.

The idea of peer support and sponsoring relationships came up in two interviews. As some of the participants were involved in other programs (Alcoholics Anonymous (AA), Gamblers Anonymous (GA), etc.) they had experienced sponsoring relationships and found them helpful. One said:

I think everybody in the program should have like an AA sponsor. I think there should be somebody that they can call when they get in a crisis that knows, that's going to hear them out. Because I think that's what these fellows are lacking—they don't have anybody to interact with that is willing to accept what's going on without criticizing…

This ties into the discussion of the bonds that men formed with other men in the program, because it was a safe place for them to talk about their feelings, violence, and what they were learning in the program, whereas they felt that they would be subject to judgment if they were to discuss these things with their regular circle of friends.
While the participants noted that relationships with the other men in the program were the most helpful element in their participation, they also spoke about the positive relationships they had with their DAVTP facilitators. Some DAVTPs feature two facilitators, male and female, while others have just one facilitator at a time. Some of the participants commented on the benefit of having a female facilitator:

And I think that really helped, her being a woman, because she would ask, somebody would say something and she would ask questions probably on her professional experience, but as a woman, too, and it gives you different insight. Where if it would have been a guy there, we wouldn’t have got that, so I think [facilitator] was a huge part of our group, too, so you have that different point of view in the room and I think it would have been very easy for the men in our group to get a woman-bashing trip, you know, because we are all here because of our exes. So if you hadn’t accepted the responsibility for your actions, it would have been easy to say “oh, these damn women got us here,” but because we had her there...

Another participant said that having a female facilitator was not helpful at the beginning of his participation in DAVTPs because the male participants tried to appear attractive when talking to a female facilitator, which detracted from their ability to be honest about their stories: “We were manipulating them and then we’d never tell the truth and we didn’t want them to hear that either, because… they’re women and we’re going, ‘they could be sexual partners.’” He went on to say that as he engaged further in the program over time and began to be there for the “right reasons” this became less of an issue and he did not have trouble participating in a honest way with a female facilitator present.

Mutual respect amongst group members and facilitators has been shown by other studies to be crucial to maintaining the safe group environment (Wangsgaard, 2000) and was reported by the participants in the present study. Change began to occur once the
men were able to form trusting relationships their co-participants and the facilitators in the program. All four of the men mentioned positive relationships and experiences with their program facilitators, calling them “awesome” and “knowledgeable.” They said that the facilitators “do good work” and they commented on their willingness to help, their genuine interest in the clients that they work with, and the way that they made new participants in the groups feel welcome. They stated that the most important thing that the facilitators did was display non-judgmental attitudes, which made the men feel safe enough to be honest about their feelings and their experiences.

Participants called the DAVTPs that they participated in “helpful” and “very well done” and spoke of the importance of the support they received. One recalled,

… the knowledge and the willingness to want to help somebody that was in the position I was in, you always felt welcome, you always felt that they were there to help, they weren’t there to judge you and to me that’s a huge part of that program, the fact that they don’t judge you. They know why you’re there, they’ve seen the court documents… So they know exactly why you’re there and you can’t bullshit them and I think that’s, again, it’s based on honesty right from the day you come in the door. If it wasn’t, I don’t think it would work. If they just got a piece of paper saying he’s gotta be here, but you don’t know why, it’s…

He went on to say that it was good that the facilitators reported attendance in the program to the court, saying, “There is kind of a hammer hanging over your head the whole time you were there, but it’s not a bad thing, either.” For these participants, being held accountable by people who demonstrated that they cared about them and wanted to see them succeed gave strengthened their resolve to make changes, as opposed to feeling like a punishment.

An individual who recalled that upon entering the program, he did not want to be there and felt embarrassed and ashamed that he had to attend, said that in retrospect, “I
really and honestly liked the program. I really did. I think they did a fantastic job.”

This sentiment was echoed by all four men, three of whom continued to participate in DAVTPs after they had completed the program requirements and/or the requirements stipulated by the court.

One man said:

I think that the support was there. And I'll tell you, I'll even say this—the support from the Province, the support from the Court, the Probation Officer that I had to go and see, the supports from the family, the [DAVTP] course that I [had] taken, the friends—couldn't ask for more. I would even go as far as, the Police Officer was just doing his job, but to me even taking that extra time and allowing me that conversation that I had [with his wife, when removing his possessions from the home with a police escort after no contact conditions had been put in place] turned out to be very important to me. I don't think, and I can't think of anything where I think it was lack of support.

5.4.5 DAVTPs in Conjunction with Other Programs

In Gondolf and Hanneken’s (1987) early study of reformed IPV perpetrators, they stated that “two of the men that attended AA meetings found it tremendously helpful for some of the same reasons that they valued the abuser group counseling” (p. 186). The same was echoed by three of the four participants in the present study who took other programs at the same time that they participated in DAVTPs. One attended Al-Anon, a program for friends and families of problem drinkers. Another attended Gamblers Anonymous. The third attended Alcoholics Anonymous, Adult Children of Alcoholics, and CoDA (Co-Dependents Anonymous), and also formed a “step group” with like-minded friends to work through emotional issues.

These three men talked about the linkages between their participation in DAVTPs and their participation in other programs, saying: “I've combined a lot of things
from Al-Anon and AA meetings I’ve been at, and stuff like that” and “I think with one of those pieces missing, I don’t think I’d be where I am.”

[In GA you learn that] you can deal with it, you can deal with it one hour at a time. The not knowing stuff, even going through the whole program through the court, was I don’t know what’s going to happen. I don’t know if at the end of this, I am going to go to jail or I’m going to get probation or if I’m going… you know, I don’t know. But I can deal with it right now, I can deal with it in this hour, and that’s fine. I’m not going to worry about going to court next week and I am not going to worry about going to jail because I can’t do anything about it and that’s fine. But I’ve done what I need to do and that’s it. Everything, all the pieces, the counselling, and Alternatives, and Addictions Services, and GA, they all just kinda fit in and meshed together for me and it worked very well for me.

The men spoke of the necessity to deal with their addictions, as well as their violence, if they wanted to truly change their lives:

I came to the realization I couldn’t do the Alternatives program and be non-violent if I was drinking and drugging… That was a tough year— quitting the drinking and drugging. I mean, that was how I medicated my feelings.

It was a good combination for me. I had to admit that I was violent toward my partner, I had to admit that I had a gambling problem…I think I could’ve went to the Alternatives program and kept gambling but I don’t think I would have got any better than the day I walked into the Alternatives program. I would’ve worked, I would’ve done the exercises, I would’ve went to the groups and I would have got through the 32 weeks or whatever but when I got out would I have been any better than when I got in? I don’t know. And same with the GA, if I hadn’t dealt with my internal issues, would I have been able to admit that I was a gambler? They all came together at the right time for me.

One of the men, who has been participating in DAVTPs on and off for fourteen years, stated that when he first began programming to deal with his violence, facilitators recommended that, if needed, participants get help for addictions from programs outside of DAVTP. On his last entry into DAVTP, he was pleasantly surprised to see Addictions Counsellors featured as guest speakers for the group. Another participant
attended individual counselling at the same time he was participating in the DAVTP. He felt that to change his violent behaviour, he had to go beyond the group program and engage in additional counselling to fix the issues at the root of his behaviour.

Another similarity between DAVTPs and addictions programs is that some participants, in both addictions and violence programming, engage in lifetime participation. Citing addictions research, Wangsgaard posited in 2000 that DAVTP clients may also benefit from continued group participation and “check-ins” with group facilitators. My participants’ experiences with repeated attendance in DAVTPs or in maintenance programs support Wangsgaard’s observation. The men repeatedly spoke of the trust that formed with the other DAVTP participants and of being able to share differently, and more deeply, with those men than they could with people in other circles in their lives. One participant remarked that he had gotten busy with his job and neglected to attend programming and that he subsequently “went backwards” until he reconnected with the maintenance group. It appears this continued connection is an essential part of men’s emotional health and of continuing to live non-violently.

**5.4.6 Things Learned in DAVTPs**

The four men listed three things that they learned during their participation in DAVTPs that continue to help them in their relationships and day-to-day lives. These were: increased self-awareness, including becoming comfortable recognizing their own emotions, recognizing triggers, and “not taking things so personally;” improved communication and listening skills; and the realization that they need to continue working on the skills they learned in the program to maintain the positive changes that
they have made. As in the literature (Scott & Wolfe, 2000), the participants stated that learning to recognize their triggers, developing listening skills, and learning to articulate their feelings were all essential to making changes.

Self-awareness

It was apparent to me that the men I was interviewing had a highly developed sense of self-awareness. During the interviews, all four participants were able to easily speak about their feelings and the work they had done and had yet to do. I felt that there was a notable difference between the ways that the men who had completed DAVTPs spoke as compared to many other men in the general population. It seems that DAVTPs significantly change not only participants’ communication styles, but the content of their conversations. One of the participants summed this up with his comment, “I run into some guys at work that I worked with and they would listen to me and they go ‘Alternatives program?’ like, ‘Yeah, how did you know?’ ‘I can tell by the way you talk.’ I said, ‘How did you know that?’ , ‘I’ve been there, [too].’”

Talking about his increased self-awareness, one participant said, “and then after a while, I began to recognize it wasn’t about what was going on outside of me. It was all about what was going on inside of me.” When participants’ locus of control shifted from external to internal, they then began to accept responsibility for their actions and understand that they could make changes to their situation.

While participating in the programs, the men became comfortable recognizing their own emotions: “It’s okay to feel down and to feel sad and you don’t have to hide it with anger and that was something that I’ve really… it’s okay to have emotions, I guess,
you know what I mean, and without [the program], I don’t think I would have picked up on that.” Gondolf and Hanneken’s 1987 study found the same, reporting that “the catalyst for the broader personal change was the emotional education the men experienced in the group. All of the men referred in some way to discovering ‘their feelings’” (p. 186)—the comments of the men in that study were very similar to those of the men in the present study. As well, the six studies reviewed by Sheehan et al. (2012) all noted that self-awareness was crucial to the men’s process of making changes.

Along with emotional awareness comes the ability to have control over one’s own feelings of safety. One man illustrated how confidence and security were gained from external sources prior to getting help for his violence:

I had 12 rifles and 6,000 rounds of ammunition. I built all my own bullets. I probably hunted five weeks a year. I had a gun in the truck. I shot all year long. I didn’t own [the guns] because I was having fun doing it. I felt safe when I had guns… Yeah, made me feel safe. Always subtle, that safety had to come from the outside.

After attending violence intervention programs, the participants learned that safety can come from within, rather than from external sources. Participants spoke of recognizing what was and was not emotionally safe and learned to choose activities to better meet their needs. One said, “I can leave situations where I don’t feel comfortable and not feel ashamed.” Another participant recalled that one evening, he changed plans he had made with friends because “I had to go back [to an addictions group meeting] when I knew that it was safe with them, not with people in a bar… because I needed a safe place with people who understand me and know where I’ve been.” The emotional safety of the DAVTP group was of the utmost important to the participants: “I can go to
these Thursday meetings and I can talk about stuff and I know I’m not going to get judged for what I say. And it’s a safe, healthy environment.”

Similarly to Hellman et al. (2010), participants in the present study reported the ability to stay composed and remain unperturbed if someone else, such as a co-worker, did something that prior to treatment would have been caused them to get angry and act out in an aggressive manner. The men also spoke of beginning to notice physical triggers when they are starting to get agitated or upset—things that they were unable to recognize prior to their attendance in the DAVTPs. Participants learn “what sets me off, different ways to deal with it.” As one described, “the big thing they teach you is that when you’re starting to escalate, I guess, to recognize those body signals that are starting to happen and you start realizing that you’ve got those… when you start realizing before they happen, you can de-escalate…” Another participant echoed this, saying “there are certain things that I learned in the program. One is to look at oneself a little bit closer, the other stuff is, when you do that, you do get to know yourself a little bit better, you do know what triggers you off, and once you have all of that information, and have the ability to process it, you can put those steps in to eliminate [anger escalating].”

Self-awareness is not only valuable in terms of noticing and coping with negative emotions, but in recognizing one’s own strengths as well: “I think the program really, really made me realize that I had done some pretty shitty things but I am not my actions, that my actions don’t confirm who I am.” One participant spoke of doing an exercise, not long after his arrest, that required him to list ten things he liked about himself, and being able to list only one—that he was a hard worker. After attending programming, he was able to list several more, some of which related to positive relationships that he has
with family and friends. Self-awareness, and the ability to objectively see their own positive attributes, helps men to increase their self-esteem and build the sense of self-efficacy that is needed to successfully make sustainable behavioural changes.

You are not useless, you have some value, you have some worth. When I started, I thought I was a piece of shit, I don’t know how else to put it. When I started down this road, I hated myself. I had a hard time looking in the mirror when I got arrested and I first started in the Alternatives program. I had a hard time looking in the mirror because I hated me, I hated where I was going. Now, it’s not so bad. I can get up in the morning, I can say, “I’ve done a lot of work, I’ve done a lot of things and I’m not that person I was 3 years ago.” The self-awareness is huge. I don’t know how else to put it, just knowing that you’re not—the person I am isn’t defined by the actions I had 3 years ago or 2 years ago or whatever. Being able to accept that and say “yeah, I did these things, but it’s not who I am,” so that’s, yeah, that’s kind of a big thing for me.

Improved communication and listening skills

As in the studies reviewed by Silvergleid and Mankowski (2006), the participants acknowledged that they were not comfortable expressing their emotions before they participated in the programs. For example:

I’ve always been pretty guarded about sharing feelings… I speak in the way that I speak today… and I feel comfortable about it, because of what I learned from the time that I spent there and specifically because of the issue that I found myself in. But what I did, I was never very open, even in the beginning. I learned, I had to learn to be open, in order to get it… What I learned to do was to have the ability to open up a little bit more, to everybody, including my children, being able to tell myself that it was okay to tell them that I love them. I didn't have that ability; honest to God I couldn't do it.

The same participant stated that his ability to share his feelings was the biggest change he experienced after participating in the DAVTP program:

I don't think there's any doubt in the fact that I'm a different individual. The ability to just talk and open up and make my feelings known to others and having that ability passing on is certainly the biggest difference. I think, at
least I like to think, that I've always cared, in my mind, but I never told people that. Now I have that ability. That is the biggest change or the biggest difference for me. And being able to talk rationally without losing my temper is also a big thing.

The participants also reported improved communication and listening skills after taking part in DAVTPs. In terms of communication skills, participants found that they learned how to articulate their feelings and share these with others much more easily.

Speaking of their new found listening skills, they said, “I actually hear what they are saying. I’m not just hearing them; I am actually listening to what they are saying. That’s another skill,” and “the biggest thing [is that] I don't think all the time when I'm talking to somebody, to where I'm thinking of a response… I'm taking it in before I assemble it, let's put it that way. And give something back. Before, I was formulating my response to be right. Basically, learned to communicate better more than anything.”

_The need to continue working on the skills learned in the program_

Importantly, the men also recognized that they must continue to put in work to maintain the skills that they learned in the programs and also gained the internal locus of control needed to be responsible for making those changes for themselves. Stating that he knew he would have “things to work on for the rest of [his] life,” one participant said, “I had the opportunity to heal and to keep healing and to keep working and to try to get better. And to know that I am capable of doing it. That is probably another huge thing that you learn.”

The men further illustrated the impact that the programs had on their lives, talking about improvements in other areas of their lives:
I could sleep. I could have fun. I could enjoy small children. In fact, I love little kids. Before, I didn’t have any time for them. That I can stand up for myself without having to be aggressive. I can ask for help… Yeah. I can leave situations where I don’t feel comfortable and not feel ashamed… Not afraid of authority figures anymore.

The skills gained from the program assisted another participant in more effectively managing his life overall:

Learning to deal with things as they happen. … Now, if there is something that I need to deal with it, I will deal with it, instead of letting it sit there and cause more problems. You know the longer you keep it in, there is that boiling pot thing again.

The biggest impacts of the DAVTPs that were experienced by the participants were the bonds that they developed with their co-participants and their improved abilities to understand and communicate their feelings.

The guys in the group, that was probably the biggest thing. And open-mindedness, to go there with an open mind and try… I think it just keeps going back to the willingness to want to change and that acceptance. Without that I don’t think any of this would have worked, I really don’t.

5.5 Men’s Experiences After DAVTPs

5.5.1 Self-Esteem

Self-esteem is intrinsically connected to IPV perpetration and change in three main ways: positive self-esteem is linked to the motivation to change (Cranwell Schmidt et al., 2007), positive self-esteem assists in learning new, non-violent ways of interacting with others (Hellman et al., 2010), and low self-esteem appears to be causally linked to the perpetration of violence (Bushman & Baumeister, 1998; Hellman et al., 2010). The present study found that self-esteem is lowered even further after arrest and/or self-identification as a perpetrator of violence.
Even when they were enacting abusive behaviour, these men also knew that abuse is not right and that it did not make them feel good about themselves. When DAVTP participants work toward improving their self-esteem, they are less likely to act out with violence (Hellman et al., 2010) and participation in the program helps to build self-esteem as well as new ways of communicating and interacting with others.

Hellman et al.’s (2010) quantitative research, in which perpetrators of IPV completed an anonymous self-report questionnaire, discovered a small positive correlation between self-esteem and taking action to end violent behaviour. They suggest that violent behaviour may be enacted by perpetrators of IPV as a way of compensating for low self-esteem, and that “it might be expected that as a person develops a stronger sense of self and recognizes his or her strengths and talents, they will feel less threatened by others and less likely to act out” (p. 436). Their finding is supported by the present study, in which participants described the low self-concept that they had each experienced at the time when they were acting violently and following their enrollment in the DAVTP. After completion of the DAVTP, the men reported increased self-esteem and a more positive self-concept.

The participants in the present study recalled that upon beginning a DAVTP, their self-esteem was extremely low. One of the men talked about how he had a very low opinion of people who were violent to their partners (“they are garbage,” “criminal”) and then had to reconcile those ideas with his view of himself (“I had no respect for myself”) when he found himself guilty of the same crime. He went on to say:

I needed that assistance [the DAVTP] to understand because it’s not very easy to live with yourself… the thing for me that was the most difficult was not not knowing what was going to happen to me or what’s about to happen to me, it was what you did and what happened to the values that you always
thought that you had, obviously don’t exist. How did you turn into this monster that could do something… absolutely that disgusting. And the guilt, it is probably the most difficult thing to get out from under. And then all of a sudden, now you’ve become a burden to society, you’ve become a burden to your friends, you’ve put your wife and everybody… everyone that you know… now you’ve put them in this situation that they never though that they would be, because… think about the embarrassment for these people. Maybe I just don’t want to know that guy, you know? So, anyway… how do you explain that to your children?

Another man echoed this sentiment, recalling how his self-esteem sunk even lower when he was arrested and mandated to the treatment program, saying:

I think going in to a program like this, you have such a negative opinion of yourself, and I know I did. When I first went into Alternatives, I thought I was a piece of shit, because here I just got arrested for hitting my wife, I lost my home, I can’t go back home, I can’t do this, I don’t have a place to live… there is a lot of negatives at the beginning and when you live with all that negativity, I think it affects you, I think it has to…

The same participant noted how he saw his self-esteem improving as he continued with his participation in the DAVTP program:

The Alternatives thing gives you… it changes how you look in the mirror, I don’t know how else to put it. You can look in the mirror and see all the bad things or you can look in the mirror and see some of the good things and I had a hard time seeing any good before I got into this. It just changes the way you look about things, it changes the way you view yourself, I guess.

The ability to recognize some of their own good qualities was an important development for the men because, to be able to make changes, they needed to believe themselves capable and worthy of those changes. Once men were able to recognize that they did have some positive attributes and could do positive things, they started to believe in their own ability to make changes and behave in a more positive way. This was consistent with findings by Hellman et al. (2010). Men also got positive reinforcement from relationships with those closest to them. If it had appeared that those
relationships would be lost and the men had felt that they would not be able to keep or
reclaim their place in their family or social group, they would have had far less incentive
to put in the work needed to change their behaviour. One of the men described how the
people closest to him had voiced their continued acceptance of him, which motivated
him to do what he had to do to stay in that group: “‘What you did was dead wrong, and
now it's time to move on and change.’ So at least within that group of people, I never got
to a point where I felt like I was the outsider, like I was the criminal, that made a huge
difference. Because, it made me want to stay and fix the issue, although there's a
lifetime of work to be done…” If this man had lost the support of his immediate and
extended family, he would have experienced not only further diminished self-esteem but
would also have lost his initial motivation to change, which was to repair his marriage
and earn the trust and respect of his children and relatives.

For a group of men who are struggling with self-esteem, acceptance is a crucial
part of being able to work on making positive changes. This was also demonstrated as
the participants told of the positive relationships that they formed in the groups and of
the acceptance that they felt from other DAVTP participants and from the facilitators.
Whether acceptance came from family, friends, or supports within the DAVTP, feeling
accepted is a crucial part of building and maintaining healthy self-esteem, which in turn,
is a crucial part of maintaining non-violent behaviour.

5.5.2 Improved Relationships with Others

As well as helping them to act non-violently in their intimate relationships, the
men reported that increased self-awareness also improved their relations with others.
They became comfortable recognizing their own emotions and learning to recognize their triggers. They grew more comfortable expressing their emotions and improved the communication and listening skills that they accrued in the programs. These skills helped them to improve relationships with their children, family members, colleagues, intimate partners, and people in general.

Talking about work relationships, one said, “It made a big difference, in fact people noticed the change at work, because there were conversations that I could have.” Another participant was able to listen to constructive criticism from a co-worker and respond positively, whereas before the program “I would have stewed about that for days… I would’ve ‘who the hell does he think he is…’”

One participant emphasized the importance of being able to tell his children that he loved them after completing the program—something that he had not been able to do prior to enrolling. On relationships with their adult children, the other participants said:

… It’s the same with my kids. Maybe I learned to listen more, instead of judging. You know, you can listen, and you can hear, and you can judge. Now I think my listening is, I actually hear what they are saying. I’m not just hearing them, I am actually listening to what they are saying. That’s another skill.

I have a far better relationship with my kids now than I did [before starting] because I can sit and listen to them… I notice it in my relationships with my kids and my grandchildren and you know my oldest granddaughter, and we have such a good relationship that I don’t think I would have had.

When I asked if his enhanced communication skills had improved his relationships with his family, another man replied “Well, they [his adult children] still talk to me. They weren't talking to me for the longest time. Now they're willing to interact with me more than they ever have.”
Another said that the program had assisted him in his interactions with his own parents:

I don’t let it bother me anymore, it’s not my problem, I can’t deal with his issues, I got my own stuff to deal with… I used to carry it around with me, it was freeing, I guess, a little bit, to know that I don’t have to carry my dad’s addiction around with me.

One participant shared that before the program, he was always talking and never listening. He relayed how he had become known as someone others can talk to:

I'm having a lot better time maintaining relationships and getting to know people better. I'm getting adept at getting people to share stuff. It's quite amazing how some people will share things with me but I guess I've got known as an ear somebody can talk to in the last few years.

Of the two men who are in relationships (one with the same partner, the other with a new partner), both stated that the skills they learned in the program have helped them to communicate better in their relationships. The man who remained married to his original partner stated that violence has not recurred in their relationship and they are now able to discuss disagreements in a healthy manner. About the violence, he said “I have no doubts in my mind that will never happen again.” The third participant, currently single, stated that he remarried after participating in DAVTP and was married for several years without any incidents of violence occurring in that relationship. The fourth man, speaking about the communication skills that he learned in the program, stated, “If I ever get in another relationship, [communication] is going to be huge… that’s why I keep going back to [the program], because I’m not using the skills in a relationship and I don’t want to lose them.”

The participant who remained in his marriage after the violent incident received support from his wife, adult children, and siblings in his efforts to make changes. He
spoke about the support, forgiveness, and acceptance of his family as being a major factor in his success in the program and in successfully living violence-free now. He stated that if he hadn’t been able to “stay together” with his wife and children, “what the law was going to do to me was kind of meaningless.” He further explained this by stating that while the law “means a lot,” “where we were going to end up as a family” mattered above all else—“It's not like I'm gonna do this because I want to stay out of jail or not have a criminal record, and then still in the end have nothing.” His narrative focused more on the support of family, whereas the narratives of the other men focused more on the bonds with the other men in the group, though he still acknowledged the importance of the group setting:

You need the support of the families, you need everything else, but I'll tell you, a group session, or a session of some sort, it makes a huge difference because when you're in a situation like that, you manage to create and have the ability to look at things slightly different…

It was clear throughout the four men’s recollections of their experiences that to successfully make changes, a stable support person or group is needed, whether it is family, friends, co-participants, or group facilitators. All of the men needed people they could speak to in an open way and who made them feel accepted while also holding them accountable. These supports reinforced the men’s beliefs that they were capable of change and also gave them a reason to want to change.

5.5.3 Healthy Masculinity

In the present study, as in Gondolf and Hanneken (1987), the men redefined their ideas about masculinity and masculine behaviour. They spoke of moving away from
more traditional masculine behaviours as they became more comfortable in the group. 
As the men absorbed the new information presented to them in the DAVTPs, they learned that they not only had a choice over their behaviour, but also in the way they enact masculinity (Augusta-Scott, 2009).

They were able to share their feelings and emotions in the group and with those close to them—things that they would not have been able to do prior to attending the DAVTPs. One man talked about crying while telling his story in front of a group, saying:

...stand up there and tell my story and openly cry in front of them and I’m not ashamed of it, where five years if I woulda done something like that, I woulda been so embarrassed... you don’t do that, that’s not a manly thing.

Now, after completion of the program, he is focused on his healing and participation in group processes and spends less time feeling self-conscious.

Men need to accept responsibility for their own emotional needs, as it is not possible for another person to fully fulfill those needs. The realizations gained in DAVTPs help men to realize that it is okay to openly express feelings and to show signs of vulnerability. They also realize that they can accept responsibility for their own emotional needs and can take responsibility for their own emotional health and safety. All of the men interviewed were eventually able to recognize and become comfortable sharing their emotions after attending the program.

There was pressure to be a man, you know, if you’re hurt you don’t say anything, or if you’re feeling bad, suck it up. That’s what I grew up with… The Alternatives thing was it’s okay to feel down and to feel sad and you don’t have to hide it with anger and that was something that I’ve really… it’s okay to have emotions, I guess, you know what I mean, and without that, I don’t think I would have picked up on that.
It is a major shift for men to learn that it is okay to have emotions and to share them with others when they have spent their lives up to this point believing the opposite.

For men who have become comfortable with their emotions, it can be challenging when they cannot share their feelings with their friends and family. The participants explained that they could not talk like they do in the program with their male friends. For men, even though they may have groups of friends that they spend a lot of time with and are close with, there are unwritten rules about sharing feelings and potentially making others uncomfortable. bell hooks stated that in her discussions with men, she was “stunned when individual males would confess to sharing intense feelings with a male buddy, only to have that buddy either interrupt to silence the sharing, offer no response, or distance himself” (hooks, 2004, p. 143). Men who want to talk about feelings usually learn not to discuss them with other men, which can lead to men not realizing that there are other men who have had similar experiences and similar feelings, and they can end up feeling isolated and alone. Even after attending DAVTPs and becoming more comfortable sharing their emotions, the participants reported that they often feel that they cannot share their feelings with their friends and family.

So that’s why I try to go these groups, you know the voluntary ones, because if I went with my friends, the ones that I curl with, and sat around the kitchen table and said, you know, “this is how I am feeling today,” they’d look at me like I was nuts, but I can go to this group and it is a safe environment.

The men commented during their interviews that they wished they had taken these programs “30 years ago” and went on to say that perhaps education for youth could help young men to acquire the same skills that they had acquired in DAVTPs. The
participants went on to say that this sort of education should also include themes of healthy masculinity—“the manly thing.”

5.5.4 “The Best Day”

Despite the painful circumstances that brought them to enroll in the program, such as arrest or being identified as someone who had perpetrated violence against their partner, the men spoke positively of their subsequent enrollment and positive outcomes. They men verbalized the impact that the DAVTPs had on their lives as such:

I say that was probably the best day of my life when I got arrested because it made me face a lot of things… yeah, I’m not sure where I’d be right now if it wasn’t for that, so I am glad I got in the program and got the help I needed, I just wish it hadn’t happened the way it did… things have really turned around for me since that day, because they were… really bad.

I say that [when I got arrested] was the worst and the best day in my life, the whole wrapped up into one.

It [the program] was a good experience, I’m not proud of the way I got there but I’m sure proud that I finished the program and that I continue to participate in it. It’s been good for me.

I regret how I got there, but I don’t regret the steps I’ve taken since.

It’s a good life today.

But yeah, these programs, they saved my life.

I think after I joined the Alternatives program, I finally realized I didn’t want to die.

Today: no drugs, no alcohol. I don’t like people walking on egg shells [around me]. I’m able to relax. I’m able to make decisions that are healthy for me even though they hurt.

These sentiments were also expressed by some of the men in Farden et al. (2008) who reported that “going through the court system was beneficial in that it called
attention to their violence directly and facilitated access to programs, services, and counselling” (p. 104). Men in the studies reviewed by Silverglied and Mankowski (2006) also noted externally presented opportunities to make changes (the DAVTPs) and personal agency to make the most of the provided opportunity were necessary for making change.

5.5.5 “Still Working On It”

An important part of these men’s success is their willingness to continue working on themselves to ensure that their lives remain violence-free. Throughout the telling of their stories, the men spoke of continuing work on the issues that had caused them to be violent and end up in programming, as well as continuing work to “make it up” or earn the forgiveness of those that they hurt.

I know I am not healed, you know what I mean, there is still a lot of work to do, lots of things that I want to work on but at least…

It’s no different than riding a bike, you fall over, right, so if I don’t keep working on what I need to work on… so that’s why I try to go to these groups, you know the voluntary ones…

Learning that I need to work on things regularly is another thing. I can’t “okay, I’m done my 32 weeks and life is great now”—there are things I will have to work on for the rest of my life and that’s okay, I’m not perfect, I never will be, but at least I know that I have these defects and that I can work on them and that there is things I can do to make them a little bit better next time.

I had the opportunity to heal and to keep healing and to keep working and to try to get better. And to know that I am capable of doing it.

Accepting that I do have some problems and that I can work on them and I can make them a little bit better every day.
There is three things, I will always, till the day I die, continue to ponder and not forget. How are you going to payback society and my friends and my wife and my children for what I did, why I did it, and the day I did do it—those three.

Well, if we don’t keep going, we go backwards. You know, I got into working and not working my program and absolutely, I went backwards…I’m happy with that decision [staying involved with maintenance group]. I mean I enjoy this work. It works for me.

Three of the participants continued to participate in DAVTPs in the form of maintenance programs. The fourth, who had not attended any additional programming since completing his DAVTP program also commented that he still reviewed the material he had learned in the program on his own: “Just because the program ends the reflection can't stop, there are times I still go back – as you can see I keep most of the stuff that I had [notebook and handouts], that I took from there…”

5.5.6 Talking About Experiences Publically

While all of the men acknowledged the importance of those who have completed treatment sharing their story with others, only one of the men felt that he was currently at a point where he could speak publically about his experience. Discussing his first time speaking publically about his violence and the program (to a group of helping professionals), another one of the participants said:

It was… very emotionally draining. This whole thing has been. It just… I don’t know how to put it… it almost rips your insides out when you’re doing it, but at the end of the day, it’s better, like torn a little bit of the bad out almost, you know or repaired a little bit of it, that’s kind of the feeling you get when you do something like that… I don’t know how to put it, it just rips your heart open, almost… your emotions are right, they are right there.
A couple of the participants remarked that participating in this research was a way that they could “give back.” About the project, they said:

And perhaps maybe this is one of the reasons this [the interview] to me it’s a great thing, because hopefully it will help someone else think the same way and move on with their lives.

Maybe someone can read it and know that “someone else was there before me, I can get through this.”

Because I want other people have the opportunity to realize that there is something out there that works if they want it to work.

6.0 Conclusions, Recommendations, and Future Directions

6.1 Conclusions

While I did not assess the participants in the present study for IPV subtypes and I did not verify their reports of the violence in their relationships, from the men’s descriptions of the violence, I feel that it is highly plausible that these four men fit the category of SCV (Johnson, 1995; 2008). This may be relevant for explaining differences among the four men in the present study and some of the existing research on men’s experiences of changing their violent behaviour. For example, the men interviewed by Pandya and Gingerich (2002) stated that they had “liked” being angry—this was not the case in the present study. The men that I interviewed did not express any positive emotions toward feelings of anger in their narratives. Several studies on men who perpetrate IPV discuss that the men in their samples did not accept responsibility for their violence and were quick to minimize the violence (Cavanagh et al., 2001; Dobash et al.; 1998; Edin, Lalos, Högberg, & Dahlgren, 2008; Saskatchewan Ministry of Justice, 2012)—this was also very different from the descriptions of
accepting responsibility that were shared with me by the participants in the present study. I speculate that these differences may be linked, at least in part, to the type of violence that was present, and whether the motivation for perpetrating that violence was linked to coercive control of their partner.

A strength of the sample was that two court-mandated participants and two voluntary DAVTP participants were interviewed, providing a view of both types of experience. The study included participants from Health Region and Community-Based DAVTPs. No participants were recruited from Ministry of Justice programs, which indicate that they take individuals with a higher risk to reoffend. Because the men that volunteered for my study were, presumably, at a lower risk to reoffend, perhaps they were more likely to make changes to their behaviour than those with a higher risk toward recidivism. On its Offender Services: Core Intervention Services webpage, the Saskatchewan Ministry of Justice Corrections and Policing Division (2012) states the following under the heading Domestic Violence Programs: “Most domestic violence offenders deny any problem with violence. They frequently deny the offence or blame their behavior on external forces such as alcohol or stress and more recently, by claiming to be defending themselves from their partner. As a result of the denial, batterers are difficult to motivate into treatment and also have great difficulty incorporating concepts from treatment as they feel this issue does not apply to them.” As the men who participated in this study accepted responsibility and did not minimize or blame external forces for their violence, two questions can be asked—did the participants in my study accept responsibility and, in turn, experience success changing their violent behaviour because of the DAVTPs that they had completed, or were they a different subtype of
offender than those typically served by DAVTPs. It is not possible to know what, if any, differences exist between participants of Community-Based, Mental Health & Addictions Services, and Ministry of Justice programs without a study comparing differences among these populations. A study of this nature is an important direction for future research, to add to the body of literature on IPV perpetrator subtypes and treatment type (Eckhardt et al., 2008; Huss & Ralston, 2008; Stuart, Temple, & Moore, 2007; Holtzworth-Munroe et al., 2000; etc.).

The men interviewed for this study spoke openly and told complex narratives. This is similar to some studies of DAVTP attendants (Scott & Wolfe, 2000; Wangsgaard, 2000) and divergent from the results of others (Cavanagh et al., 2001; Dobash et al., 1998). I feel that because these men had accepted responsibility and had worked to make changes while in the group, they were able to look critically at themselves and at their behaviour. They displayed a high level of self-awareness and it was apparent that they had worked to improve their communication skills during their time in treatment.

While some of the participants grew up in homes where they witnessed violence or were abused themselves, more prevalent in the men’s narratives of their formative years was the idea of typical masculine behaviour. The men reported that they had grown up with the idea that being a man meant not showing their emotions. It is true that “to heal, men must learn to feel again” (hooks, 2004, p. 143) and learning to connect with their emotions and become comfortable sharing their feelings proved necessary for the men’s processes of changing. Getting in touch with their emotions helped the men to be successful in the DAVTPs and to make positive changes in many of their
relationships, not just in their intimate partnerships. The participants shared that the aspects of their DAVTP participation that had the most notable impacts were the bonds that they developed with their co-participants and their improved abilities to understand and communicate their feelings.

Two of the men in this study stated that there was a very real risk of them killing their partners or themselves, and in one of those cases the participant self-reported only one serious incident of physical violence against his partner. When assessing female partners’ risk, it is crucial to note that women can be at risk of homicide even in relationships where the incidents of physical violence are not frequent or severe.

The participants in the present study experienced a turning point that compelled them to enroll in a DAVTP to get help for their behaviour, such as an arrest or being told that their behaviour was abusive. At the beginning of their participation in the programs, all of the men felt embarrassed as well as irritated. It took some time for them to “buy in” to the program, and until that happened, other things were helpful in keeping them there, such as potential justice system repercussions and feeling welcomed and supported by the program facilitators. Prior to engaging in the program, some of the participants stated that they had not thought of their behaviour as abusive. Once the men came to understand that they needed to work on themselves while in the program, instead of the goal of fixing their marriages or fulfilling justice system requirements, they were able to truly make changes. Once the men began to open up and engage in the program, the things that they found most helpful were the safety of the group environment and the bonds that they formed with their co-participants.
Overall, participants were initially motivated to change because of relationships and of the effect that their violence had on their family, as well as negative self-esteem stemming from their violence, more than consequences such as the potential for arrest or a criminal record. As in the present study, Farden et al. (2008) reported the “interventions by those who cared for the men were seen as the most effective” (p. 104). The men in the present study remarked that relationships with people mattered more than justice system repercussions.

For the participant who had stayed married, his main source of support came from his wife and children. The other three men continued attending maintenance programs after completion of the DAVTPs, as they continued to need a safe space to talk about their feelings. The men all emphasized that they felt that they cannot talk about their emotions or the things that they learned in the programs to their male friends. An important finding of this study was that men need a group or a person to talk to after they have completed their time in the DAVTP, whether it is a maintenance group, support group, or a relationship with a peer or mentor. The study found that closed groups work especially well because they increase the feeling of safety and increase bonding between participants.

These men had accepted responsibility and worked to make changes in the group and therefore were able to look critically at themselves and their behaviour. The most important things that the participants learned during their time in the programs that were intrinsic to their process of ending violence in their relationships and remaining violence-free, included: increased self-awareness, improved communication skills; and the realization that they need to continue working on themselves. Self-awareness is vital
not only in terms of noticing and coping with negative emotions, but in recognizing one’s own strengths as well. Becoming aware of their own positive attributes and skills helped the men to increase their self-esteem and build the sense of self-efficacy that they needed to make sustainable changes. Another finding of the present study was that self-esteem, which is likely already low in men who perpetrate IPV (Bushman & Baumeister, 1998; Hellman et al., 2010), was lowered even further after arrest and/or self-identification as a perpetrator of violence. Building self-esteem and becoming aware of their personal strengths increased men’s feelings of agency and helped to build their positive self-esteem and feelings of self-efficacy, which assisted them to make changes in their lives.

The men spoke of the positive impacts that the DAVTPs had in their lives. Not only were the men able to successfully refrain from perpetrating violence in their relationships, they gained improved communication skills, emotional awareness, and self-esteem. All of the participants reported improved relationships with others in their lives, beyond intimate partners. From the men’s narratives about the changes that they experienced after participating in the DAVTPs, it was apparent that the program helped men to make positive changes that affected all areas of their lives and improved their situations overall.

The changes that the participants made to end violence in their relationships began with accepting responsibility for their violent behaviour and recognizing that the cause of the violence and the changes that they had to make were internal, not external. While the men initially entered the programs because of others and the support of others who cared about them helped them to succeed, the men were responsible for their own
healing. Ultimately, as people who care for men, whether it be as partners, family members, or helping professionals, “we can guide, instruct, observe, share information and skills, but we cannot do for boys and men what they must do for themselves” (hooks, 2004, p. 16). The men were able to make positive changes because they accepted responsibility and put in the work necessary to make things better for themselves.

“Healing does not take place in isolation” (hooks, 2004, p. 188) and the men in the present study shared that the most important thing for them while they were undergoing the processes of making change was the safe space provided by the program, the trusting relationships that they formed with their co-participants, and their increased ability to connect with and articulate their emotions. The four men who participated in this study were able to successfully make changes to end the violence in their lives. My conclusion is similar to that of Gondolf and Hanneken in 1987—these men model strategies that other men could employ to make changes to ending violence in their lives, as well, if they accept responsibility for their actions. The changes made by the men in the present study, as in Gondolf and Hanneken, “could be replicated by other motivated men” (1987, p. 188). As one of the participants said of the present research, “hopefully it will help someone else think the same way and move on with their lives.”

In this study, while participants also stated that they were uncomfortable talking about their experiences with some of the other men in their lives (“if I was sitting around the table with my friends… I wouldn’t feel very safe talking about some of the stuff that’s happened in my life,” “I don’t think that it’s a thing that most men talk about…”), they either seemed at ease or stated that they felt comfortable sharing their story with me. As the men had successfully completed DAVTPs, they were used to communicating in
an open way with professional program facilitators, both male and female, so it is likely that that their comfort with me stemmed more from them categorizing me into other professionals that they had shared their stories with in the past, than because I am a woman.

Participants in the present study also expressed that they were pleased to have participated in the research and thanked me for providing the opportunity to share their stories. One participant stated, “discussing my experience has been good for me. It is the first time I have been able to sit down and explain to someone exactly how I felt during this process. It was almost a cleansing experience for me… I finally was able to get some of my thoughts and feelings out to someone who was interested and more importantly did not judge.” Hearing that the research process has had positive effects on the participants was, for me, one of the best possible outcomes of the research process. Like in other qualitative studies (Becker-Blease & Freyd, 2006; DePrince & Freyd, 2006; Brabin & Berah, 1995; Reich & Kaplan, 1994), the benefits were two-fold: gaining more in-depth knowledge on the experiences of men who have perpetrated IPV and helping to work toward ending violence by sharing information on what helps abusive men to change their behaviour, as well as offering participants the chance to share their stories in an effort to “give back” to their communities, as well as potentially learning something about themselves through the retelling of their narratives.

While designing a research project, any possible negative outcomes for participants are always top of mind and, of course, ethical approval must be obtained. It is, however, impossible to know ahead of time how participants will be affected by their involvement. While it is absolutely necessary that participants do not suffer any negative
consequences during the research process, to be able to offer some positive outcomes to participants via their sharing in the study is an additional favourable outcome.

The goal of this research was add to the body of knowledge regarding what helps abusive men to change their behaviour. Helping men to end their violent behaviour not only increases women’s safety, but it improves men’s lived realities. Information on what makes it possible for men to develop and maintain non-violent behaviours can assist service providers and community members help men to achieve these goals. It is my hope that this research has met this goal and that this thesis can provide further insight into men’s experiences of making change. As Stefanakis (1999) said, “the responsibility for ending violence in our culture lies within all of us. Individual responsibility for one’s actions does not excuse society of community responsibility” (p. 199).

### 6.2 Limitations

Men who were willing to participate in the study contacted me to volunteer after DAVTP program facilitators shared my letter with them. Out of the many men who complete DAVTP programs in Saskatchewan each year, four men volunteered to speak with me. It is not possible to know if these four participants are representative of DAVTP participants who successfully change their behaviour, however, the information provided by these participants adds rich detail to what is currently known about the experiences of men who perpetrate IPV, attend programming, and desist from violence in their lives. Another limitation was that the study included men from Mental Health &
Addiction Services programs and Community-Based programs (both court-mandated and self-referred), but did not include any men from Ministry of Justice programs.

As the four participants were all of Caucasian/European descent, it is not possible to know if the experiences that these men shared might share commonalities with First Nations men or men of other ethnic groups. As well, the participants were all between the ages of 50 and 56, so it is unknown if the experiences that these men shared might be similar to those experienced by younger DAVTP participants.

6.3 Recommendations from Participants

Three of the men stated that they felt that education on healthy masculinity and non-violent relationships is a must for youth:

At an earlier stage in life than… it’s too late when you’re 18 or 19 or 20 years old, you’re pretty much set, you know. If they were teaching not just boys, but boys and girls this stuff in high school before they start dating, it would be huge. I think they need to know.

The men agreed a dramatic approach would be more likely to have an impact than “reading it in a book”—they felt that having someone, like themselves, share their experiences with youth might have an impact. Discussing what they would share with young men, the participants stated:

Here's what happens, here's what you're going to feel like, and here's what you're going to need to do in order to repay it back—and you never will—and the younger you do it, the longer you get to live with it.

And you know what, maybe it’s okay to tell a 14-year-old that “If you're going to do this, [they are] going to put you in jail, and that's where you're going to end up”—you might think twice.

I think there's the dramatic – it's always more impressive. Or, you pay more attention to it anyway, right? The trouble is, probably thinking back about when I was young, thinking about “look how you hurt this individual” – the softy touchy thing probably would've been embarrassing to listen to, right?
But you know what if you do that, when you get married or when you get together with anybody, and you caused this kind of a crime… The police are going to come to your house, they're going to take it away, they're going to throw you out in the street, they're going to give you one bag, walk out, you can’t talk, you can’t text… and then we're going to decide what we're going to do with you. You think that's dramatic enough? You think perhaps I would've listened to that?

The men in the present study, who had become comfortable recognizing their own emotions and had improved their communication and listening skills, after attending DAVTPs in their 50s wished they had been able to make these changes earlier in their lives. One said “we commented on this in group, because we started talking about this and someone said ‘Why the hell didn't they give me this in grade 10?’” Another echoed this by saying, “When I graduated from the program after the 32 weeks, ‘I said I wish would have went through this 30 years ago.’”

These ideas were also expressed in Farden et al. (2008). The rural men that they interviewed spoke of the importance of educating youth. They stated that boys need to “know it is okay to have feelings” (p. 92). Those men spoke of “the need to break down traditional male-gender roles: education within schools was considered critical in creating this change, from both a prevention and intervention standpoint” (Farden et al., 2008, p. 92), a view that was shared by the men in the present study.

As violence prevention work is now recognizing violence as behaviour that is largely learned, it is important to teach young men about healthy, respectful relationships before they learn abusive ways of interacting with females (Katz, 2006) as well as instilling skills for recognizing, sharing, and coping with their emotions.
6.4 Future Directions for Practice

The present study echoed the findings of Wangsgaard, who reported that the most prominent theme in his interviews was that “the men greatly benefitted by talking openly with each other. The results of this study indicated that a primary reason that the men felt connected instead of isolated was because of this open communication. There are two time periods in which clinicians may wish to enhance the connection between the group members: (a) during the established time frame of the treatment group, and (b) after the men have successfully completed treatment” (2000, p. 278). Wangsgaard (2000) makes the case for continued participation and support for men after they have completed the program, something that was echoed by three of the participants in the present study. A repeated theme throughout the present study was the importance of the bonds that they formed with their DAVTP co-participants. Three of the men reported that they did not have someone to talk to about these issues outside of the group and that having a safe space to communicate their feelings was of the utmost importance.

It appears that men continued to attend or re-enroll in DAVTPs because they were in a safe space to talk to others and share their feelings, even though they were no longer behaving violently in their relationships. After participating for a length of time, the men were more in need of a place to share their feelings and feel supported than of learning new skills to end violence. This supports the idea that men need a group or a person to talk to after they have completed their time in the DAVTP, whether it is a maintenance group, support group, or a relationship with a peer or mentor and further emphasizes the importance of opportunities for men to return to programs after completion or to stay involved through maintenance programs, if they choose.
Two of the participants stated that it took them the first two or three years until they bought into the program and a third recalled that this happened for him when he entered the closed group. This speaks to the importance of facilitators’ ability to engage participants to continue returning to the program each week, until they experience a similar turning point.

6.5 Future Directions for Research

Sample size in studies like this one are often small (for example: Pandya & Gingerich, 2002 (group of 6 men); Scott & Wolfe, 2000 (9 men); Silvergleid & Mankowski, 2006 (9 men). This is due to a number of factors, including difficulties recruiting participants due to stigma or embarrassment, confidentiality, or tenuous relationships between researchers and clinicians (Wangsgaard, 2000). While each study of this sort offers valuable insight into what helps men make changes and end their violent behaviour, more research needs to be conducted so that the cumulative results will provide a clearer picture of what helps men change (Pandya, 2002).

The men in the present sample had learned improved communication skills (the reason why their responses were not “sparse and abbreviated,” as in Dobash et al., 1998) and made changes while in the program, and therefore they did not display the blaming and minimizing language of those interviewed in some studies (such as Cavanagh et al., 2001, and Dobash et al., 1998) study. Noting this difference lends support for further research to investigate the differences between men immediately following arrest/enrollment in DAVTPs and the changes that they have made following completion of the program.
The men who participated in this study accepted responsibility and did not minimize or blame external forces for their violence as did the participants in some of the literature (Cavanagh et al., 2001; Dobash et al., 1998; Edin, Lalos, Högborg, & Dahlgren, 2008; Saskatchewan Ministry of Justice, 2012). This raises two questions—first, did the participants in the present study accept responsibility and, in turn, experience success changing their violent behaviour after participating in DAVTPs; and second, were these men a different subtype of offender than those who participated in other studies?

It is not possible to know what differences may exist between participants of Community-Based, Mental Health & Addictions Services, and Ministry of Justice programs without a study comparing differences among these populations. A study of this nature is an important direction for future research, to add to the body of literature on IPV perpetrator subtypes and success of treatment (Eckhardt et al., 2008; Huss & Ralston, 2008; Stuart, Temple, & Moore, 2007; Holtzworth-Munroe et al., 2000; etc.).

One of the participants in the present study repeatedly spoke of his desire to know why he had perpetrated the serious incident of violence against this partner. That incident was his first time perpetrating such severe violence, and led to his subsequent justice system and DAVTP involvement. He said,

…and I needed to know, and I still need to know, to a large degree, how is it any individual lives with an individual for as long as we have been, for 28 years and, we've been married for 20 years and we've gotten along—arguments throughout our lives, absolutely—[but] what happened at that particular moment that made me do something that I just absolutely think is the most disgusting thing that anybody can do? And I did it. So, I thought in all honesty, that I was going to find that answer.
He spoke of the shock he felt when he went from being someone who gave advice to coworkers when they had relationship problems and referred them to services when they faced difficulties, to being the person who had committed a crime and required a DAVTP himself. He said that he had hoped that attending the program would help him to understand why he had become violent, after living so much of his life violence-free. While attending the program helped him improve his communication skills, recognize his triggers, and get in touch with his emotions, he never found a satisfactory answer as to why he had acted violently on the occasion that led to his arrest. He was the only participant in the present study to ask this question and this idea did not come up in the literature review. Perhaps further investigation into men’s experiences of violence and their perceptions of why they became violent may yield interesting results on this theme.
7.0 References


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8.0 Appendices

8.1 Letter of Initial Contact

Your Experiences Changing Violence in Your Life

Research Team
Crystal J. Giesbrecht, Master of Social Work Candidate, University of Regina
Dr. Miguel Sanchez, Faculty of Social Work, University of Regina

To Whom It May Concern,

You are invited to participate in a study about men who have attended alternatives to violence programming and have made changes to end violence in their lives.

Participation involves a one-on-one interview, conducted in person by Crystal J. Giesbrecht. The interview will take between 1-2 hours. Any information that could identify you will be kept confidential.

The interview will be conducted in your community, at a location of your choice and at a time that is convenient for you.

Your participation in this study is entirely voluntary. You will not be forced to provide any information or answer any question if you do not wish to. You can withdraw from the study any time before October 2013.

The information from this study will appear in Crystal J. Giesbrecht’s Master’s Thesis. As well, it may appear in various publications and conference presentations. You may request copies of these publications and a summary of the research results, if you wish. Remember that your real name (and any other information that might identify you) will be kept confidential in any report or presentation.

Please contact me, Crystal J. Giesbrecht, by phone: (306) 536-6913 or email: fletchec@uregina.ca to request additional information and/or to arrange a time to
participate in the research.

Your time and interest in this study are much appreciated.

Sincerely,

Crystal J. Giesbrecht

This project has been approved on ethical grounds by the University of Regina (November 27, 2012), University of Saskatchewan (November 30, 2012), and Regina Qu'Appelle Health Region Behavioural Ethics Boards (December 20, 2012). Any questions regarding your rights as a participant may be addressed to the committee at (585-4775 or research.ethics@uregina.ca). Out of town participants may call collect. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (Toll Free: 866-966-2975).
8.2 Participant Consent Form

Project Title: The Experiences of Men Who Have Attended Domestic Violence Programming

Researcher(s): Crystal J. Giesbrecht, Graduate (MSW) Student, Faculty of Social Work, University of Regina, (306) 536-6913, fletchec@uregina.ca

Supervisor: Dr. Miguel Sanchez, Faculty of Social Work, University of Regina, (306) 585-4848, miguel.sanchez@uregina.ca

Purpose(s) and Objective(s) of the Research:
- The study aims to gain a greater understanding of the experiences of men who have attended domestic violence programs.

Procedures:
- Participation will consist of a confidential interview where you will be asked open-ended questions and be encouraged to share your thoughts.
- You will also complete a short demographic questionnaire.
- The interview will take approximately 2 hours.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.
- A digital recorder will be used to record the interview. You may request that the recorder be turned off at any time.

Potential Risks:
- You will be asked to talk about your experiences. While this could cause you anxiety or stress, the possibility of causing anxiety and stress is expected to be very low.
- If there are any questions that you find uncomfortable, you are not required to answer them.
- If at any time you do not wish to continue, you can end the interview.
- If you would like to discuss your participation after completion of the study, contact information to support agencies will be provided.

Potential Benefits:
- Participation will give you the possibility of reflecting back on your experiences and may provide you with greater insight into your experiences. In addition, while you personally may not benefit from participation, the study will benefit staff at domestic violence programs, as well as researchers, and society in general by providing a greater understanding of the experiences of men who have attended domestic violence programs.
Confidentiality:

- The data from this research project will be published and presented at conferences; however, your identity will be kept confidential. Although we will report direct quotations from the interview, you will be given a pseudonym, and all identifying information (list relevant possibilities such as the name of the institution, the participant’s position etc.) will be removed from our report.
- Transcripts and data from the interview will be stored in a secure, locked location for a minimum of 5 years. If, after 5 years, the researcher decides to archive the material, you will be informed at the contact information that you have provided.
- Only the two researchers, Crystal J. Giesbrecht and Dr. Miguel Sanchez, will have access to the data from your interview. Identifying information (such as your full name) will not be recorded in the recording of the interview. Any computer files pertaining to the interview will be password protected and paper files will be kept in a locked cabinet.
- Consent Forms will be stored separately from the interview data, so that it will not be possible to associate participant names with the responses gathered.
- If you were referred to participate in the study by someone outside the research team, your identity may be known by that person.
- The researcher will be obligated to report their concerns to the proper authorities, if: the researcher has reason to believe a child is being harmed and is in need of protection, reason to believe that you intend to harm another person, or reason to believe that you intends to harm yourself.
- You will have the opportunity to review the transcript of your interview to ensure that your opinions have been expressed correctly and that you are satisfied that you cannot be identified by any of the comments that you have made.

Right to Withdraw:

- Your participation is voluntary and you are free to stop the interview at any time.
- You may withdraw from the study until the data collection period has ended (October 2013). If you choose to withdraw before that time, the researcher will not use data from your interview in the research project. After that time, results may be pooled and ready for presentation and it may not be possible to withdraw your data.
- You can withdraw by contacting Crystal J. Giesbrecht by email or telephone.

Follow up:

- The researcher will provide you with a summary of the research results, if you wish. If you would like to receive a summary, please let the researcher know your preferred method of contact (email or mail).

Questions or Concerns: (see section 12)

- Contact the researcher(s) using the information at the top of page 1.
- This project has been approved on ethical grounds by the University of Regina, University of Saskatchewan, and Regina Qu’Appelle Health Region Behavioural Ethics Boards on (insert date). Any questions regarding your rights as a participant may be addressed to the committee at 585-4775 or research.ethics@uregina.ca. Out of town participants may call collect. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (Toll Free: 866-966-2975).
**Consent:**

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*A copy of this consent will be left with you, and a copy will be taken by the researcher.*
8.3 Demographic Questionnaire

Demographic Questions

Race/ Ethnicity ______________________________

Age __________

Marital Status  
☐ Married  
☐ Cohabiting (Living Together)  
☐ Dating, but not living together  
☐ Divorced  
☐ Other ____________

Highest Level of Education Completed ______________________________

Your Annual Income (Net) ______________________________

Partner’s Annual Income (Net) ______________________________

Which program(s) did you participate in: ______________________________

When did you start the program: ______________________________

When did you finish the program: ______________________________

How did you come to join the program:
☐ Voluntarily joined  ☐ Court mandated  ☐ Other ________________