

Understanding the motivation of voluntary joining and engaging in treatment programmes for intimate partner violence: an interpretative phenomenological analysis

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Understanding the Motivation of Voluntary Joining and Engaging in Treatment Programmes for Intimate Partner Violence: An Interpretative Phenomenological Analysis

A thesis submitted in partial fulfilment of the requirements of the Professional Doctorate in Counselling Psychology

at

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February 2024

by

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Abstract

The present study explored the factors which influenced motivation on joining and engaging in voluntary treatment programmes for intimate partner violence (IPV). The aim was to understand the motivation of why men attend voluntary treatment programmes. The nature of most UK based IPV programmes have court-mandated attendance. The researcher wanted to understand why men would voluntarily undertake such programmes with the assumption that this attendance could then facilitate better outcomes in IPV programmes.

Seven male attendees of a charity run IPV perpetrator programme were interviewed post completion of the intervention programme. An Interpretative Phenomenological Analysis (IPA) was completed with the data collected in the interviews. Four superordinate themes were found; 'Getting Results', 'The Process of Change', 'Men as the Victim' and 'Can You See Me for Who I Am?'. The first superordinate theme highlights the need for the men to gain some result by attending the programme, such as having access to their children and or as a pre-emptive measure against any future court mandated need to attend IPV programmes. The second superordinate theme, 'The Process of Change' looks at the self-perceptions of the men prior to and during the programme. Specially, the men suggest wanting to develop themselves and become better fathers as poignant in this theme. However, a conflict in their perception of themselves as IPV perpetrators is also found within this superordinate theme. Thirdly, the theme of 'Men as Victims' gives an account of the male experiences of IPV being a 'male issue' and their interpretations of services and others stigmatising them. Lastly, the theme of 'Can You See Me for Who I Am?'

describes acceptance and understanding from peers and facilitators as a motivator to meaningfully engage in the interventions of the programme.

The findings help broaden the limited understanding of why men join and engage in IPV perpetrator programmes. Implications include adding to the already limited early intervention IPV research as well as contributing to the current knowledge of male experiences of IPV prevention intervention. The study also aims to highlight the importance of personal motivation in help seeking and readiness to change. The knowledge presented in the current study can support future IPV prevention and treatment interventions. Further recommendations of future research are also included.

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Glossary of Abbreviations

IPV- Intimate Partner Violence

BPS- British Psychological Society

WHO- World Health Organisation

PCT- Person-Centred Therapy

CBT- Cognitive Behavioural Therapy

DBT- Dialectical Behavioural Therapy

ONS- Office for National Statistics

CAFCASS- Children and Family Courts Advisory and Support Service

DDS- Dynamic Developmental Systems

TTM- The Transtheoretical Model

GLM- Good Lives Model

IPSV- Intimate Partner Sexual Violence

HMPPS- Her Majesty's Prison and Probation Service

Chapter 1- Introduction

1.1 Overview

The current research aims to explore the motivations of male perpetrators in joining and engaging in voluntary intimate partner violence (IPV) prevention and intervention programmes. The research uses Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003) to understand the lived experiences of seven men joining voluntary treatment programmes. This chapter will give an outline of the motivation for this research project, define important terms used within and highlight the structure of the thesis. An overview of the research questions and aims are also given.

1.2 Motivation for the Thesis

The impact of Intimate Partner Violence (IPV) is well known. IPV and other forms of abuse within families devastate lives and all those involved. Although not enough, but there are many services who offer support to victims. These are mostly charitable based organisations; however, health and social care services also support victims by either offering in house support or signpost to other agencies who can offer psychological, practical and financial support for victims and families impacted by the abuse. Despite the support available for victims, IPV continues to take lives, results in traumatisation of adults and children and much of this goes unreported, unresolved, and unchanged. Most perpetrators do not seek IPV treatment programmes, and only attend such programme in response to being court-mandated to do so. As only a small

proportion of victims report the crime, only a small proportion of these reports will actually lead to prosecution, and therefore an even smaller number of perpetrators will actually attend said programmes. What happens to the rest of the perpetrators who continue in relationships repeating the same pattern of behaviours? And why is it only the victim's responsibility to face the trauma of the police and courts, to only then get ignored, unless they are one of the lucky few to be heard and gain a rare result of prosecution? Why is it not the perpetrators responsibility to seek help to change their maladaptive ways of relating, getting needs met and or releasing frustrations?

In my own practice I have worked with men who have wanted therapy for 'anger-management' to only then reveal that they have been in fact violent to their partners. Their help-seeking comes from their recognition of a seemingly uncontrollable and unmanageable 'anger'. Whatever the reason, there are men who want to change, want to seek help and want the support to work through their issues. Normalising, and offering voluntary and accessible IPV treatment programmes, is a far better approach than victim support only. Efforts to end IPV in society, need to also look at supporting change in perpetrators (Tarzia, 2020).

This thesis aims to gain insight into why men attend these programmes voluntarily in a hope that this information can help advocate for the need for more programmes and support future normalising, advertising and encouraging of other perpetrators to also consider help-seeking for IPV perpetration.

Understanding what motivates men to help-seek, can help us understand the

nature of voluntary attendance and engagement into these IPV treatment programmes, thus informing intervention and services.

Given the deficit of research into this phenomenon, the current study aims to explore the motivation of male perpetrators in joining and engaging with a voluntary IPV prevention and intervention programme. This will be done by looking into the lived experiences of seven men who completed a voluntary programme for IPV through an Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003) to explore and understand possible motivation factors for joining and engaging within the programme.

1.3 Defining Terms Used Within the Thesis

Intimate partner violence (IPV) as outlined in the Domestic Abuse Act 2021, occurs when an abusive behaviour, whether a single act or continuous behaviour occurs from one person aged 16 years and over, to another (Home Office, 2022). IPV within this definition includes physical, sexual, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological or emotional abuse. *Domestic abuse* is used interchangeably with IPV. However domestic abuse also refers to abuse witnessed, heard and perpetrated towards children within the household (Home Office, 2022). As the current research focusses on violence perpetrators specifically towards intimate partners and does not look at the impact of domestic abuse towards any children involved, the term *intimate partner violence* (IPV) will be used within this research.

Perpetrator is used to refer to those who commit violence towards an intimate partner. As the current study looks at voluntary attendance on treatment programme, participants will be those are either self-confessed users of violence or those who are wanting to prevent use of violence within the homes. The research does not look at those who have been convicted of any crime relating to IPV and so the term offender is not used. The researcher and research aim both hold a positive psychological underpinning and therefore use of words such as batterer, partner-violent and abuser, although are used in previous research, will not be used in the current study.

The terms *victim* and *survivor* have been used to identify a person who has been subject to some form of violence within the home.

Treatment programme is used within the research to describe therapeutic interventions for the prevention and remedy of violence within an intimate relationship. This term *treatment* has been used to refer to changes in IPV behaviour, in previous literature exploring IPV and prevention. For this reason, the term *treatment programme* was adopted for the purpose of the current research study. Although previous research has also used terms such as Batterer Intervention Programme (BIP), domestic abuse program or specific model related programmes, such as Feminist-cognitive behavioural and process psychodynamic treatments (Lila et al., 2014; Saunders, 1996).

Court-mandated IPV programme within the UK are programmes which are court-ordered activity and therefore the attendee of the programme cannot voluntarily attend due to being required to do so as a result of legal proceedings.

Voluntary participation refers to any participation of an IPV prevention and treatment programme which has not been court mandated, and therefore is considered to be a voluntary choice of the attendee of such course.

Psychoeducation is a psychological intervention whereby the goal is to provide information and support understanding of the target issue. Psychoeducation of IPV would work to educate participants of what IPV is and how this impacts the victims of IPV. Psychoeducation is a widely used intervention as part of cognitive-behavioural model.

Cognitive-behavioural therapy (CBT) is a widely used therapeutic approach used in various mental wellbeing issues and problem behaviours. The therapeutic approach attempts to change behaviours and thought patterns by exploring alternative ways of thinking and behaviour, implementing healthy coping strategies and working through techniques to support relapse prevention.

Engagement here is referred to the consistent participation of attendees on a specific treatment programme and completion of programme. Engagement can arguably also refer to the commitment of contributing to therapy by self-disclosure and completion of between therapy tasks and gives consideration to the working alliance between attendee and therapist, as described by Tetley et al. (2011). In a review of 42 studies, Holdsworth et al. (2014) discuss engagement in psychotherapeutic treatment as not only attendance but also the participation in intervention, homework compliance and therapeutic alliance with the therapist. All of the above factors were difficult to ascertain for this participant group due to the researcher having no involvement in the actual IPV

programme. However due to the inclusion of group-based activity where a contribution of each attendee was necessary and experiential nature of interventions within the IPV programme discussed in the current study, a level of engagement through attending and completing the programme has been assumed.

1.4 Rationale

Previous research into IPV has mostly focused on the impact of abusive behaviour on the victims of IPV (Holdsworth et al., 2014; Tilley et al., 2008). As described in chapter 2, research has looked into why people abuse however there is limited research looking into understanding how to support people with changing their behaviour. Roy et al. (2014) identify a growing interest in research relating to perpetrators of IPV, including their engagement in intervention programmes.

Although studies have identified effectiveness of treatment programmes for perpetrators of IPV (Tollefson et al., 2009), a review of article abstracts in major IPV journals, found less than 10% focus on treatment of perpetrators and 1% on engagement of perpetrators in treatment programmes, thus identifying a gap in research exploring why perpetrators join treatment programmes and engage in interventions (Campbell et al., 2010). This shows a clear need for a further understanding of the experiences of attendees on the treatment programmes.

Most men do not voluntarily join IPV treatment programmes, therefore many of the IPV programmes are court-mandated and legally required to be completed. Motivation in this instance is mainly to avoid prosecution and/or jail time. Given that the majority of IPV perpetrators do not voluntarily join IPV programmes, gaining a better understanding of what will motivate them will not only help future practice, but also support early intervention of IPV prevention (Mbilinyi, 2022). Roy et al. (2013) write of a recognised gap in research looking at the engagement of men on treatment programmes designed for IPV. Currently, there is a limited explanation to the experiences and motives of perpetrators of IPV who volunteer for treatment programmes of IPV (Bowen & Gilchrist, 2004; Roy et al., 2014). The current study aims to address this shortfall of evidence which has clear applications to the field of counselling psychology. A richer understanding of perpetrators' motives and experiences of treatment programme could contribute in informing IPV treatment and prevention programmes. This knowledge may also be useful for counsellors working with people who partake in IPV by providing a background to build models of understanding in this field. In addition, this research hopes to identify factors that can better support such people and programme facilitators on the IPV interventions. This information could be used to develop future components of interventions or develop guidelines for the training of programme facilitators.

1.5 Research Question

Treatment programmes for perpetrators of IPV although limited in the UK, have overall offered positive outcomes of psychotherapeutic intervention. However,

engagement, unless mandatory, has always been an issue. As mentioned above, little is known of what impacts engagement of these programmes. For this reason, the current research study aims to explore the following research question:

- What motivates self-confessed perpetrators of intimate partner violence to voluntarily join and engage in treatment programmes?

1.6 Research Aims

- To gain insight into the lived experiences of men who voluntarily attend IPV treatment programmes
- To explore the reasons why men, join IPV programmes
- To explore the reasons why men, engage in IPV interventions whilst on IPV programmes
- To identify the factors that will make attendance and intervention on IPV programmes more likely

1.7 Structure of Thesis

- Chapter 1 gives a brief introduction to the thesis and gives a rationale for the to the research topic.
- Chapter 2 will give a theoretical context of the research topic.
- Chapter 3 presents a review of the literature around change of abusive behaviours, psychological treatment, and interventions for abusive behaviours, and look into previous literature which has researched motivations for attendance of such pros grammes.

- Chapter 4 will give an outline of the methodology for the research prior to giving an account of the method used to compile the findings of the research. Details of the analysis and ethical considerations will also be documented.
- Chapter 5 will outline the findings of the Interpretative Phenomenologically Analysis (IPA) conducted on the participants interviews which were conducted as part of the thesis.
- Chapter 6 will offer a brief summary of the findings and a discussion of the analysis in conjunction to the literature as outlined in chapter 3, the literature review. Implications of the current thesis and recommendations for future research, will also be briefly explained.
- Chapter 7 will be a critical appraisal of the journey taken by the researcher, throughout this doctoral thesis. It will consider the implications of being a female, working with male perpetrators of IPV.
- Chapter 8 will give a conclusion of the doctoral thesis.

Chapter 2- Theoretical Background

2.1 An Introduction to IPV

In order to understand the value of intimate partner violence (IPV) treatment programmes, it is important to understand the foundation upon which these have been based. Therefore, a brief overview of some of the key theories of IPV has been given. The chapter will then also discuss the effectiveness of IPV programmes within the UK, in order to understand whether IPV treatment programmes are an effective means to reduce IPV perpetration. Then a short summary of the process of behaviour change will be given, to highlight the basis for the overriding assumption that people can change their abusive behaviour, which is fundamental to IPV treatment programmes.

2.2 IPV in Context

Early indicators of society normalising violence against women can be seen during the time where the act of stoning women was legally and socially accepted as punishment for going against societal norms (Terman & Fijabi, 2010). In the UK, the term wife-beating was first used in 1856 in an attempt to fight for divorce reform (Heru, 2007). IPV has been a problem for decades. IPV is prevalent all across the world. The World Health Organisation (World Health Organisation, 2018) report a staggering '1 in 3 women worldwide are subject to physical and or sexual violence' and 'estimate 1 in 4 women aged between 15-19 have been subject to physical and or sexual violence from an intimate partner at least once in their lifetime'. In figures, the report suggested 641

million married or partnered women aged 15 and over, had been subject to physical and or sexual IPV (World Health Organisation, 2018). These figures are based on data collected between 2000 and 2018 only. In England and Wales, the Office for National Statistics (ONS) reported a total of 1,459,663 IPV related incidents and crimes, of which 845,734 (only 58% of the recorded amount) were then reported as actual IPV crimes (Office for National Statistics, 2021a). Although this shows a 6% increase from the previous year, this figure is inherently lower than the crime survey for England and Wales, estimating 2.3 million adults with ages ranging between 16-74 years, experienced IPV in the year ending March 2020 (Office for National Statistics, 2021a). In the year ending March 2022, the police reported 909,504 offences relating to IPV (an 8% increase from the previous year) (Office for National Statistics, 2022a). Although the percentage of police reported crimes relating to IPV seem to have increased, there is clear disparity in the police reported and self-reported incidents of IPV in England and Wales, highlighting the dark figure of crime. The increase in police reports may be due to an overall increase in societal awareness campaigns and overall improvements in police reporting of crimes. However, despite the attempts of world governments, local authorities and independent organisational efforts, the problem of IPV still persists. Many charitable organisations have been founded and legal proceedings have also been developed in favour of victims, despite this the number of reports of crimes and deaths due to violence within the home, have consistently accounted for 25% of all homicides since 2014 till 2017, in England and Wales alone (Office for National Statistics, 2018). Specifically, there seems to be a large proportion of female victims, with 214 out of 36 homicides between April

2015 and March 2018, being female victims and 33 being male victims of IPV (Office for National Statistics, 2021b). More recently statistics show, 49% of all female homicides in the year ending March 2021, being domestic related, compared to 10% of all male homicide being perpetrated by an intimate partner (Office for National Statistics, 2022b). This highlights the urgency for more research into violence against women and IPV, in the hope that this can lead to change and development in the way our society deals with IPV.

Not only does IPV result in emotional, physical and psychological injury but also costs society. In England and Wales, in the year 2016-2017 an approximate £66 billion was spend on IPV including legal costs, including legal costs, health services and victim support service (Oliver et al., 2019).

Although IPV can impact all genders, the difference is undeniable. The World Health Organisation (2018) estimate between 38-40% of murders of women are a result of IPV. The Office for National Statistics (2021a) report 73% of victims of domestic abuse related crimes in the year ending March 2021, were female. This is similar to the 74% which relates to the percentage of female victims the year before. The disparity is even more clear in sexual offences within an IPV content, with 93.4% being female victims and 6.6% being male (Office for National Statistics, 2021c).

In the current climate, a world pandemic (Coronavirus) has seen an immense increase in abuse within homes. Global charity organisations for survivors of domestic abuse found a '700% increase in hotline calls made, in a single day' and an '80% increase in contact made overall' (Graham & Kelly, 2020; Office for National Statistics, 2020). Prior to the pandemic, the Office for National

Statistics (Office for National Statistics, 2019) reported 746,219 domestic abuse reported crimes, in the year ending March 2019 and a further 9% increase to this number, in the year ending March 2020 (Office for National Statistics, 2020). Noman et al. (2021) suggest a 25% rate increase in IPV against women. Within three weeks after the UK government announced lockdown in March 2020, there were 16 domestic abuse murders in England and Wales (Williamson et al., 2020).

It is unclear how many incidents of abuse go unreported, however Oliver et al. (2019) suggest that only 1 in 6 victims report incidents of abuse to the police. With this in mind, it is vital that society works to improve access to psychological interventions and treatment programmes for those who perpetrated abuse. It is possible that very limited numbers of people who have been abuse, go on to report this. This leads to the assumption that a small percentage of those who abuse, receive interventions for change in this behaviour. It was estimated that around 1% of perpetrators received treatment for IPV (DRIVE Project, 2021). Only a few organisations in the UK, offer self-referring support and interventions to those who perpetrate violence within the homes. A charity offering support to perpetrators, reported a 25% increase in calls seeking help to change their abusive behaviours during a global lockdown due to the Coronavirus (Grierson, 2020). This contrast in those who actually receive support and those seeking support, shows the need for more accessible programmes for those wanting to change their behaviour. It also suggests that not all of those who wish to attend such programmes will go through the criminal justice system, therefore further highlighting the need for voluntary community-based programmes. This current research aims to understand what

factors are involved in bringing change in those who perpetrate abuse towards partners. More specifically, this thesis aims to illustrate the views of men who do help seek and understand their motivations to voluntarily engage in programmes for change in abusive behaviour. Looking into their experiences and hearing their voice, might give us a better indication of how to help. Clearly there is a gap in the voices of the men and so our knowledge of their perspectives is limited. Efforts to close this gap, must include the voices of these men.

2.3 The Typology of IPV

There is no doubt IPV is a serious societal issue that has huge ramifications on individuals and societies. Before this chapter explores some of the explanations for why IPV occurs, it is important to understand that there are different types of perpetrators who use different types of IPV. The different types of IPV can be understood better by considering the context in which IPV is perpetrated as explained by Michael Johnson's (2008) typology of domestic violence. Johnson (2008) argues the value in understanding IPV, comes from not only why it occurs, but how it occurs. This is categorised in four different forms of IPV: *common couples violence, intimate terrorism, violence resistance and mutual violent control* (Johnson & Ferraro, 2000).

Common couple violence refers to the act of mutual violence within the relationship (Johnson & Ferraro 2000). This differs from the feminist perspective whereby violence is also perpetrated by the victim, in order to

defend and protect oneself (Johnson, 2011). *Common couple violence* suggests violence is not used by either party to control but rather is in response to general frustration, anger and other difficulties within relationships, whereby partners might react to this pressure, in a violent manner toward one another.

Intimate terrorism refers to the pattern of violence whereby one partner commits violence in an attempt to control the other. This type of violence is likely to be consistent, perpetrated over time and has the potential to lead to severe injury (Johnson & Ferraro, 2000). Johnson and Ferraro (2000) also suggest that as the sole purpose of this type of IPV is to control the other in which less violent means are used. For example, tactics which elicit emotional and psychological abuse would be seen as more effective here.

Violent resistance refers an 'instinctive reaction to being attacked' (Johnson, 2011. p 290). Johnson and Ferraro (2000) suggest this typology mainly consists of female perpetrators. Research has not always been very clear in distinguishing whether IPV is a gendered issue. Various researchers have proposed that there is an equal if not higher rate of female- male violence compared to male- female violence (Cundradi, 2007; Langhinrichsen-Rohling, 2010; Testa et al., 2011,). Langhinrichsen-Rohling (2010) argues this is due to the various subtypes of IPV and that female- male IPV occurs to a larger degree in self-defence as outlined in this typology of IPV.

The fourth typology is *mutual violent control*, which refers to the pattern of violence perpetrated by both partners, where conflict is seen to lead to mutual aggression (Johnson, 2011). More specifically this involves two *intimate terrorists* who are in competition again each other to gain control over the

other (Johnson & Ferraro, 2000). Johnson and Ferraro (2000) suggest this typology is rare and least known about.

Johnson and Ferraro (2000) further suggest that the majority of heterosexual IPV research that has found equal levels of male and female perpetrated IPV is due to the lack of consideration of the different typologies of IPV. Specifically, Johnson (2011) argues that without distinguishing between the different typologies of IPV, the results of any research which compares male and female perpetrated IPV will not be a true reflection of the gender asymmetry apparent within the problem of IPV in society. More specifically, *intimate terrorism* and *common couple violence* is seen to be mostly perpetrated by males, compared to *violence resistance*, which was found to be perpetrated by females (Johnson & Ferraro, 2000). By grouping together these types of violence, the research gives the view that IPV is gender symmetric and dismisses the severe impact of male perpetrated violence which is rife in society as a whole. This is shown in a paper by Esquivel-Santoveña, Lambert and Hamel (2013) who compiled a review of 162 papers from Asia, the Middle East, Africa, Latin America, and Europe. They found that although there appeared to be gender symmetry in physical and psychological IPV, when considering the impact of the IPV on females, this was seen to be considerably worse, leading to long-term health conditions and pregnancy related health issues (Esquivel-Santoveña et al., 2013). Another aspect of the review found significant levels of mutual IPV, although it was inclusive as to the context of abuse and Esquivel-Santoveña et al. (2013) argue this could be in response to self-defence, as seen in Johnson's (2011) violence resistance type of IPV. Esquivel-Santoveña et al. (2013) also suggest that females experience higher levels of sexual abuse compared to

males which supports Johnson's (2011) suggestion that control tactics such as sexual abuse, is seen as a form of intimate terrorism which has a higher prevalence of female victimisation.

A further interesting aspect of the review done by Esquivel-Santoveña et al. (2013), revealed a remarkable difference in attitudes towards male to female IPV perpetration. For example, they found 79% of women in Nigeria believed physical abuse towards wives was justified in specific situations such as cheating and wasting money, whereas only 10% of the US population held similar beliefs (Esquivel-Santoveña et al., 2013). Although a lesser percentage, 25% of men in Iraq and 28% of Israeli men, believed IPV was justified (Esquivel-Santoveña et al., 2013). Here, Esquivel-Santoveña et al. (2013) give a nod to the idea that violent attitudes and violence against women are associated with a sense of masculinity within some cultures, but the review was inconclusive about attitudes of violence against women from Europe, Latin America and the Caribbean (Esquivel-Santoveña et al., 2013). Evidently cultural values and ways of living is a valuable indicator of IPV, however Esquivel-Santoveña et al. (2013) acknowledge the need to consider IPV in both an individual and society level and dismiss the idea of culture alone being an indicator of IPV prevalence.

Understanding the nature of IPV perpetrated by someone, can help shape IPV treatment programmes, as this allows therapists and agencies to tailor interventions for specific types of IPV that is more likely to occur for individuals. As it currently stands, IPV programmes generally have a 'one size fits all' approach as the entire group of attendees, are offered the same interventions.

However, research has shown us that perpetrators tend to show patterns of IPV whereby we can predict risk factors (Dutton et al., 2005). Holtzworth-Munroe and Stuart (1994) discussed specific characteristics of specific types of IPV perpetrators, which help to further give a holistic picture of IPV perpetration. They identified three subtypes of male perpetrators of IPV: *family only*, *dysphoric-borderline*, and *generally violent-antisocial* (Holtzworth-Munroe & Stuart, 1994). *Family only* perpetrators generally limit their violence towards partners only and are less likely to engage in violence outside of the home. This subtype of perpetrator is also more likely to score lower on levels of psychopathy (Corr & Gadd, 2017). Whereas the *dysphoric-borderline* subtype consists of perpetrators who had unstable interpersonal relational needs, are seen to be more likely to engage in severe violence towards intimate partners and even occasional violence outside of these relationships (Corr & Gadd, 2017). The *generally violent-antisocial* subtype consists of men who engage in violence within their intimate relationships and outside of the home. They may also have histories of other criminal offences and general are seen to show traits of anti-social personality (Corr & Gadd, 2017).

Combining knowledge of both the type of perpetrator and types of IPV used, can be helpful in gaining a deeper understanding of IPV risk factors and inform the development of effective IPV treatment programmes. As such, Johnson and Ferraro (2000) suggest that *family-only* types are more likely to perpetrate common couple violence, compared to the *dysphoric-borderline* and *violent-antisocial* subtypes who were found to be more likely to engage in *intimate terrorism*. This is suggested to be due to the differing psychological profiles of each subtype and the habitual behaviours related to each. This is particularly

valuable as suggested by Petersson and Strand (2020) who argued that given the different characteristics of perpetrators and the impact of these on levels of compliance and engagement, appropriate treatment matching should be considered when offering IPV interventions.

In summary, if we consider that acts of IPV happen in a variety of complex contexts, the reasons why a person engages in such acts will also be as complex. For this reason, the current thesis takes the view that IPV has a multi-dimension and multi-layered theoretical and practical application. Therefore, a range of theoretical explanations as to why men abuse will be given in the next section of this chapter.

2.4 Theories of IPV

To further understand the nature of IPV treatment programmes, it is important to consider the research of why men perpetrate IPV in the first place.

Understanding why men abuse, will give better insight into what the IPV treatment programmes aim to change. Interventions are unlikely to result in a reduction of recidivism if they do not take into account the range of issues which lead to an increased risk of IPV perpetration (Bates et al., 2017).

Therefore, a summary of some of the dominant theories of IPV and factors which are associated with the perpetration of IPV are presented alongside a brief discussion of some of their limitations.

The research into IPV has changed direction from a single factor of understanding towards a multi-level framework. Previously single factor models,

such as patriarchal ideology, have allowed literature to gain in-depth understanding of some factors which might explain IPV however empirical evidence found ambiguous evidence for such theories (Gilchrist, 2013). A meta-analysis done by Sugarman and Frankel (1996) initially predicted a linear relationship between various patriarchal schemas and the perpetration of IPV, however concluded patriarchal gender attitudes do not fully explain the levels of IPV seen. Looking at multi-level models allows us to consider the relationship between individual factors and systemic factors. For example, we can consider the role of early attachment style, learned behaviour and patriarchal society as motivators for abuse as opposed to patriarchy alone. Understanding the role of various factors, can help us to identify holistic and appropriate treatment plans. IPV programmes can then be more effective, as we can then draw on a range of theoretical underpinnings to tackle each area of the issue.

In the past few decades there has been a move towards multi-factor models which suggest a combination of life events and psychological ideas into why people abuse. These multi-factor models suggest that life events such as witnessing abuse during childhood, stress and alcoholism can contribute towards the perpetration of violence within the home such as IPV. Some of the earlier theories mentioned above did not allow for an understanding of interpersonal characteristics contributing to acts of violence, cultural differences in IPV perpetration and environmental factors which shape the prevalence of IPV.

One such multi-factor model, the Dynamic Developmental Systems (DDS) perspective as described by Capaldi et al. (2005, 2012) suggested factors which

may predict IPV fall into three categories of characteristics, including; '(a) contextual and demographic characteristics of both partners, (b) the characteristics and behaviours of both partners as products of each partners' developmental history including socialization experiences and (c) the couple's relationship and interaction patterns within the dyad'. This model moves beyond the basis of IPV being male dominance and political power or patriarchy and considers a lifespan developmental understanding of IPV perpetration. For example, Capaldi et al. (2005) suggested factors such as aggression is an interplay between a person's genetics, individual characteristics such as temperament, familial context such as parental divorce and socialisation within family and peer groups.

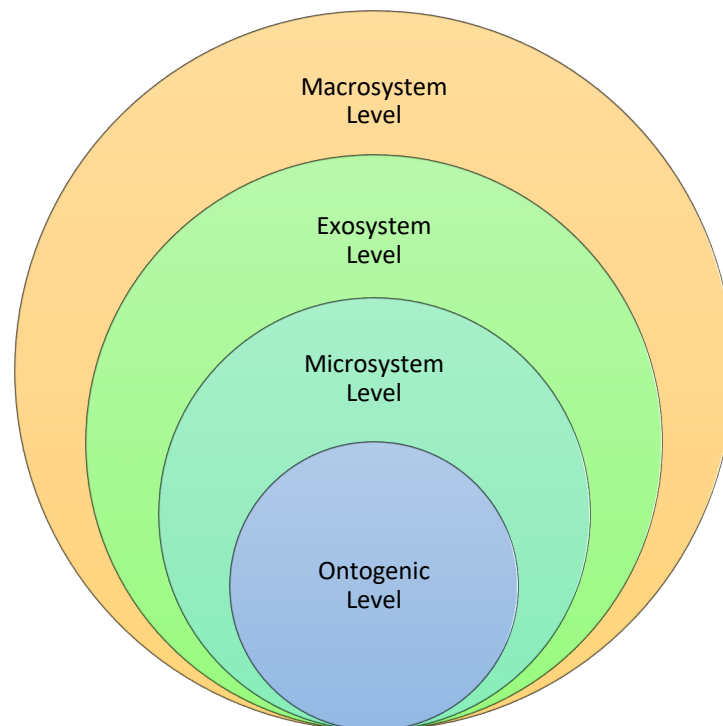
Similarly, in a review of 85 studies, Stith et al. (2004) found a small effect size of perpetrator risk factors at an exosystemic level, including socioeconomic status, income however found a medium effect size between career and life stress on IPV perpetration. The model has also been used to explain individual, relationship, community and societal level factors which influence the perpetration of intimate partner sexual violence (IPSV) by Tarzia (2021). Tarzia (2021, p.11713- 11716) considers the impact of factors such 'age gap, fragile masculinity, a duty to give men sex and feeling trapped an isolated from their communities' on increasing the risk of IPSV perpetration within relationships.

Bronfenbrenner's ecological model provides a useful framework for the systemic understanding of factors influencing IPV perpetration as adapted by theorists such as Dutton (1985). The Nested Ecological framework as described by Dutton, suggests a multilayer approach to understanding factors which predict

IPV from exosystemic factors including 'offender's individual formal and informal social structures such as their friendships, workplace, support groups, and legal institutions that connect the offender and their family to the larger culture' (Stith et al., 2004. p.68). Figure 1 shows a pictorial representation of the four layers of factors which may interplay when considering why people perpetrate IPV.

Figure 1

Bronfenbrenner's Ecological Model



Therefore, this chapter will present theories of IPV using the framework of the Nested Ecological model. Firstly, theories which represent the inner most layer will be considered, whilst then developing into an understanding of how society and cultural factors impact on the individual. The theories presented below were selected after completing a review of literature looking into the factors which explained IPV perpetration. The theories also aim to encapsulate the

most prominent and influential theories of IPV research (e.g. feminist and personality theories) as well as more recently researched factors of IPV (e.g. life stress and substance use).

2.4.1 Ontogenic level theories

The ontogenic level considers individual history and development as factors influencing the perpetration of IPV. The role of factors such as attachment, personality traits and attitudes towards IPV will be looked at in this section.

2.4.1.1 Attachment and IPV

Firstly, the impact of one's early development and how this can lead to maladaptive behaviours in later life is considered. Attachment theories have attempted to explain how dysfunctional attachment types can lead to the desire for social interaction with a fear of rejection and the use of violent behaviours, to maintain attachment and connections to intimate partners. A systematic review by Velotti et al. (2018) examined 72 studies from between 1994 and 2017 which considered the link between IPV perpetration and attachment. In particular, focus was on perpetrators of IPV showing an insecure attachment type, mostly anxious attachments, although the review also found associations between preoccupied and dismissive attachment types and IPV perpetration. Despite most studies describing a strong correlation, coefficient ranged from 0.06 to 0.33, suggesting overall weak correlations between IPV and attachment (Velotti et al., 2018).

An attachment-based perspective also suggests perpetrators of IPV can have a lack of confidence in attachment figures due to not having safety and care needs met as a child, which may lead to 'protest behaviours' such as control and coercion, physical, sexual and psychological abuse, rooted in fear, grief, rage and anger (Spencer et al., 2021; Velotti et al., 2022). Dutton (1995) explained the impact of witnessing violence during childhood leading to difficulties regulating feelings of frustration/ anger and the development of said 'protest behaviours' as a way to draw attachment figures into fulfilling the unmet emotional needs. These 'protest behaviours' can develop into outburst of anger as an adult and due to the early derived need for intimacy through attachment figures, can be directed towards adult attachment figures such as intimate partners. Dutton (1995) describes a conflict between a fear of rejection from intimate partners with the need for affection and intimacy. Dutton (1995) suggests this conflict will lead to long term dissatisfaction in relationships, which also is a factor seen to increase risk of IPV perpetration (Cano & Vivian, 2001).

Outburst of frustration and anger are short lived and impulsive. This does not explain planned and non-violent abuse such as control, coercion and manipulation. Therefore, anger as a coping mechanics for unmet attachment needs, does not explain the vast array of abusive behaviours seen in IPV. This may also explain the limiting findings of Velotti et al. (2018) which did not support empirical findings in line with the theory, therefore suggestion attachment issues on their own to not be a predicting factor of IPV. However, Robertson et al. (2020) found affective traits or callous-unemotional traits to be related to IPV perpetration and therefore suggest these traits could help better

understand the nature of less aggressive IPV such as control, coercion and manipulation.

A feminism argument would also be against this view. As the primary caregiver is usually seen to be the mother of the child and so early attachments being a maternal responsibility, blaming women for creating violent men through inadequate early childhood parenting, would further suggest male bias in this theory (Bretherton, 2013). Despite this, attachment anxiety and anti-sociality has been studied and seen throughout the literature and so it's value to the question of IPV, holds merit (Gaik et al., 2010; Mauricio et al., 2007; McGauran et al., 2019).

Despite the disparity in the research, attachment difficulties as a predictor, is an important approach to understanding IPV as in later chapters the current study will look at the impact of attachment in a father-son context as being a factor which motivates change in behaviour. Considering the given research has suggested individuals with unhealthy attachments are seen to perpetrate IPV, is begs the question how that same attachment plays into their recognising of the needs of their own children and therefore informing change.

2.4.1.2 Personality and IPV

Another factor which begins to develop in early childhood is one's personality. Literature has found links between the role of personality in explaining IPV perpetration. Personality theory considers specific characteristics and attributes of an individual which may lead people to perpetrate abuse in relationships.

Anti-social personality traits were found to be prevalent in perpetrators of IPV (Gleason, 1997). Crane et al. (2014) show a significant association between IPV perpetration and psychopathy. Robertson et al. (2020) completed a review of 14 studies and found a small to moderate effect size ($r = .196, p < .001$) in the association of psychopathy and IPV perpetration. They found psychopathic traits to be the strongest predictor of IPV compared to alcohol use, antisocial behaviour and parent- child relationships (Robertson et al., 2020). Some of the studies indicated interpersonal and affective traits of psychopathy were more associated with IPV, whilst others found antisocial traits to be more associated (Robertson, 2020). Seven of the 14 studies included in the review, included police reports as a means to determine IPV. Four of these studies used only police records. Concerns such as fear of consequence and desire to protect perpetrator, may prevent IPV victims from reporting IPV (Felson et al., 2002). Felson (2002) identified five costs to the victims of reporting IPV, such as fear of perpetrator, embarrassment and predictions of lengthy and difficult legal process. These concerns may also be reasons for underreporting and or minimising IPV behaviours when reporting to the police. Victims are often traumatised and have many complex and legitimate concerns about their own safety and that of children, when taking their concerns to the police and this can impact the quality of their testimony. Police reports alone only may not be a sound indicator of IPV perpetration and therefore it can be assumed that the findings of Robertson et al. (2020) may have been different if the research used other means alongside police reports as an indicator of IPV.

Further to the above, a literature review conducted by Gortner et al. (1997) also confirmed the relationship between depressive symptoms, anger, positive

attitudes towards violence, childhood violence, substance/ alcohol misuse with anti-social and aggressive-sadistic personality disorders. Although the review does not go on to explain whether these are direct associations or mediating/moderating variable, the review described important factors predicting the perpetration of IPV. More specifically, Porcerelli et al. (2004) found men who were violent towards their partners were more likely to have cluster B personality traits, including borderline, antisocial, histrionic and narcissistic characteristics.

This could be explained by understanding the impact of dysfunctional childhood experiences, unresolved trauma and insecure adult attachment types, with the unmet needs of fear of rejection, abandonment and dependency as described in the previous section (Holzworth-Monroe, 1997).

2.4.1.3 Attitudes Towards IPV

Next the literature review will present how individual attitudes also impact the perpetration of IPV. In particular, accepting attitudes, including justification and or tolerance of IPV (Schwab- Reese & Renner, 2017) increases the risk of IPV perpetration (Smith et al., 2021). Cano and Vivian's review (2001) suggests that high stress alongside accepting attitudes towards IPV is seen to increase the risk of IPV perpetration amongst men. In a meta-analysis of 94 research papers, Stith et al. (2004) found a strong effect size between accepting attitudes of violence ($r = .30$) and traditional attitudes about gender roles ($r = .29$) with IPV perpetration. Although a metanalysis can help show the bigger

picture of research, this method of data analyses can be prone to missing publication bias of studies included (Corker, 2018). The authors do not give clear indication of their assessment of publication bias in their reviewed studies, however, did assess quality of papers. In order to assess quality, a formula whereby each study was scored between 0 and 9 was developed by the researchers. The mean score of quality for studies was 6.20, with only 2 studies scoring less than 3.

Further to the above, attitudes towards IPV can be explained by familial norms such as accepted violent behaviours, witnessing gender roles where women are seen as docile and submissive, and violence within parental relationships (Cano & Vivian, 2001; Stith et al., 2004). Although the Cano and Vivian (2001) found mixed findings with some studies not supporting the connection between childhood experiences and IPV perpetration. Not all childhood experiences lead to pro- IPV attitudes in later life and rather could be explained by the impact of difficulties with emotional regulation and management of childhood trauma related to witnessing IPV within the family or origin. Dysfunctional parenting and the development of unhealthy attachment styles could further explain how accepting attitudes increase risk of IPV. Furthermore, Stith et al. (2004) also argue the need to consider a multi-factorial approach to understanding reasons and risk factors in IPV perpetration due to the complexities of human behaviour.

In consideration of the current study, IPV treatment programmes are seen to address such attitudes within a general sense however may not always consider the impact of familial norms and impact of childhood experiences on

development of pro-violent attitudes. IPV programmes within the UK are group based and therefore for confidentiality reasons, do not address individual childhood experiences.

2.4.2 Microsystem Level Factors

The microsystem level represents the second layer within the model and includes factors within the perpetrator's immediate environment, such as family relationships and antecedents of abuse. Included in this section the impact of life stress, pregnancy and substance use on IPV, will be discussed.

2.4.2.1 Life Stressors and IPV

Cano and Vivian's (2001) review paper of studies exploring the association between life stress and IPV, found that life stressors such as moving home, pregnancy, job loss, separation/ divorce from other partners, work related stress, legal issues, health issues, infidelity all had the potential to lead to IPV. However, it was noted that not all studies reviewed found a significant association between life stress and IPV (Cano & Vivian, 2001). Thirteen of the 17 studies in the review, found a direct relationship between life stressors and male IPV perpetration (Cano & Vivian, 2001). This shows a high number of studies although Cano and Vivian recognised many limitations in the studies. Most of the studies used the Conflict Tactics Scale (CTS) either version one (1979) or the second version (1996). Despite being a well-used measure and described as the 'number 1 greatest hit' in the field of IPV research

(Langhinrichsen-Rohling, 2005) the CTS has been critiqued for not recognising acts of control, coercion and displays of violence as self-defence and or victim to perpetrator violence (Dobash & Dobash, 2004). The CTS may be outdated as coercion and the complexity of victim to perpetrator violence are fairly newer concepts in comparison to the updated CTS. Another factor to consider in the research by Cano and Vivian (2001) is the range of dates of the studies were from 1978 to 1998. Considering the range of stressful life events which have occurred since that time, such as a global pandemic, changes in economy, acceptance of stress as a mental health issue and other complex issues which may contribute to a different view of life stress if the research was replicated today.

A more current review of research by Capaldi et al. (2012) looking at 228 papers, suggested stress is moderated by other factors such as ethnicity and increased use of alcohol. However, the same review also suggested ethnicity may be mediated by other factors such as marital status, age, income therefore the exact relationship between race and stress being unclear.

Wijik and Bruijn (2016) also found current life stressors such as having children younger than age five and unemployment were linked to an increase in IPV perpetration, although the risk of this was lower than those who had themselves been subject to childhood physical and or psychological abuse from their family of origin (Wijik & Bruijn, 2016). Wijik and Bruijn (2016) saw an increase in IPV amongst those who had themselves experienced childhood physical abuse. The link between life stress and early childhood adversity can be explained by an increase in reactivity to stressors as a result of maladaptive

coping in response to experiences of own childhood abuse (Roberts et al., 2011). An overstimulated threat response and a dysregulated hypothalamic-pituitary adrenal gland are consequences of childhood adverse events (Roberts et al., 2011). These are seen to then seen to increase the likelihood of disproportionate emotional reactions to life stressors (Weissman et al., 2020).

The link between IPV and stress is under-studied and therefore still not clearly understood (Capaldi et al., 2012; Roberts et al., 2011). It is also important to note that there is no conductive method of measuring life stress and is a subjective experience. In the research above, life stress has been measured alongside other factors and therefore seems more fitting with the multi-model approach rather than a factor on its own right. Whilst life stress is seen to increase the risk of IPV perpetration, the impact of life stress on the intimate relationship and link with other factors is lesser explored and further up to date research would add clarity into the topic.

2.4.2.2 Pregnancy and IPV

The prevalence of IPV during pregnancy is also seen to increase the likelihood of IPV perpetration against women. Forty-three percent of Southeast Nigerian women interviewed by Njoku et al. (2021) had experienced some form of IPV during a pregnancy. Aher and O'Connell (2012) suggest pregnancy women are 60% more likely to experience IPV than women who are not pregnant. Gelles (1975) found sexual frustration, stress, lack of sexual attractiveness and being unable to defend themselves, were factors, which led to IPV during pregnancy.

Campbell's (1995) review of the literature on IPV and pregnancy suggest sexual abuse, physical abuse and coercive control are some of the problems which occur within relationships during pregnancy. IPV was identified as being either 'routine', and therefore not specific to the pregnancy, being due to the 'male partner becoming jealous of the attention the mother to be, would be directing towards the unborn child', 'anger due to the female being pregnant' which led to physical violence with the aim of causing miscarriage and/or due to the 'lack of sexual interest' in the pregnant female (Campbell, 1995, p 301-302). These reasons were still current as suggested by Bacchus et al. (2006) who found that the lack of emotional and physical availability, financial stress, jealousy of child and fear of abandonment, to be among the most common factors increasing the risk of IPV during pregnancy. Although some research has found the mother to either be safer during pregnancy, as higher rates of IPV were observed post-partum compared to during pregnancy (Bowen et al., 2005b; Guo et al., 2004; Mohammadhosseini et al., 2010). This could be an attempt to prevent harm to the unborn child. Bailey (2010) suggested there may be underreporting of IPV during pregnancy by women. This could be due to fears of social services and overreliance on abusive partners for financial security during pregnancy.

Although a significant increase in risk seems evident, many other factors such as alcohol use, undesired pregnancy, low socio-economic status and problems within the relationship, lack of social support were also observed in the context of IPV during pregnancy (Antoniou & Iatrakis, 2019; Guo et al., 2004; Khosla, 2005). Overall, a review by Román-Gálvez et al. (2021) showed insufficient and unreliable research into the impact of pregnancy on IPV rates and therefore

further clarity in the impact of pregnancy on IPV was suggested for future research.

Another explanation could be, that within society females are seen to be more vulnerable and fragile therefore by default, male partners as more powerful, during pregnancy. Affection and attention are also seen to transfer from male partners towards the unborn child and therefore male dominance and male narcissism may explain the context by which men perpetrate violence during pregnancy, therefore supporting the fundamental assumptions of a feminist argument of IPV. However, it is debated whether pregnancy itself is the cause of the IPV, as the majority of women who report IPV during pregnancy, have also experienced IPV prior to pregnancy.

2.4.2.3 Substance Use and IPV

Substance use is another risk factor associated with IPV. Illicit drug use and IPV perpetration were shown to have a strong effect size by Stith et al. (2004). In a meta-analytic review of 285 studies, Cafferky et al. (2018) found a significant relationship between both alcohol and drug use and the perpetration of IPV with the strongest association between drug use and IPV. Although the researchers predicted some drug types to have a stronger association with IPV as suggested by previous studies, the overall results of their review found no significant difference between stimulant and non-stimulant groups of drugs and IPV, with cocaine, methamphetamines, heroin and marijuana all being found to have an association with IPV perpetration (Cafferky et al., 2018). Furthermore,

the use of caffeinated alcohol beverages was also noted to increase the risk of physical IPV as shown by Crane et al. (2019). Crane et al. (2019) also suggest that a combination of caffeine and alcohol can increase the experience of intoxication, reduce mental fatigue, increase alcohol cravings therefore increasing the period of which alcohol induced IPV can occur (Crane et al., 2019). These findings suggest alcohol and drug use being a risk factor in IPV perpetration, although western bias may be present in the findings. Despite the inclusion criteria of the review, being set to include international studies, a staggering 204 of the 285 were USA based papers. The results therefore may better explain the culture of alcohol and drug use and an increased risk in IPV perpetration within the USA.

However, IPV perpetration cannot solely be put down to drug and alcohol use, as not all people who use substances and or drink alcohol, go on to perpetrate IPV. And substance use alone does not account for the worldwide issue of IPV and therefore should be considered in relation to other factors that may contribute to IPV perpetration. For example, Gleason's (1997) review of literature concluded that alcoholism, antisocial personality traits and criminal behaviours were prevalent in between 40-50% of males on IPV perpetrator programmes. Although the review also noted between 30- 50% of the men did not complete secondary education and therefore not accounting for the population of men with higher education and subsequent socio-economic status. This bias potentially supports a discrepancy in the overall structure of IPV literature, whereby there is under-representation of middle- and upper-class men.

An alternative view of alcohol use can be explained by understanding this as a coping mechanism for life difficulties and or mental health. Downs et al. (1996) review of the literature suggested bidirectional relationships between the experiences of childhood violence and antisocial behaviours/ depressive symptomology, which the authors show are direct factors influencing male alcoholism and male perpetrated IPV. Here it is suggested alcohol being used as way to manage symptoms of emotional difficulties. The use of alcohol as a coping mechanism for difficult emotions, could be helpful in informing psychological IPV treatment programmes, as intervention should then aim to address the maladaptive way of dealing with emotions, trauma and difficulties in expressing these.

Despite the statistics, we do not have a clear understanding of how substance use may actually lead to IPV perpetration, apart from general increase in aggression and lowered inhibitions. Finkel and Eckhart (2013) go further to explain a three-factor process which suggests the risk of IPV perpetration is likely to occur as a result of an 'urge to aggress', 'urge readiness' and 'inhibition'. The 'I³ Theory' proposed by Finkel and Eckhart (2013) explain a gap in previous research. It is clear that IPV is not a direct result of substance abuse and instead there is a complex interaction between alcohol and other risk factors that need to be considered in order to try and understand the perpetration of IPV towards females. This is further supported in the dual nature of some IPV programmes, whereby treatment that focusses on both IPV intervention and substance use treatment have seen to show promise (Heru, 2007; Stuart et al.,2006; Tarzia et al., 2020). However, this narrative could be

seen as diminishing responsibility on the perpetrator for their actions, and suggestion that IPV is not intentional and as mentioned above, not planned.

2.4.3 Exosystem Level Factors

Exosystem level factors connect the influence of social and community structures. In this section, the impact of one's neighbourhood and structural inequalities on the perpetration of IPV, will be discussed.

2.4.3.1 Neighbourhood and IPV

Another risk factor identified in the literature is the impact of neighbourhood and community on the prevalence of IPV. Cohesion between the community, neighbourhood disadvantages, immigrant family levels, neighbourhood connectedness and support have all been factors which have been studied in order to identify a link to an increased risk of IPV perpetration (O'Campo et al., 2005). Prior research has seen a link between lower social control and higher neighbourhood disorder with IPV perpetration in adolescents but not in an adult sample (Capaldi et al., 2012; Cunradi et al., 2000; Piscitelli & Doherty, 2019).

Beyer et al's. (2015) systematic review of research papers looking into the relationship between IPV and neighbourhood and community factors found that 30 of the 36 papers included found neighbourhood factors as predictors of physical and or sexual IPV. Neighbourhood and community factors included neighbourhood environment, culture of violence, access to services, quality of

housing, substance use and social isolation. The impact of these factors may explain IPV if considering socioeconomic status, lack of support services, financial difficulties, which may all lead to life stress and the likelihood of IPV as discussed earlier, suggesting that neighbour factors may be a moderator to other factors as opposed to a predictor in its own right. Although Beyer et al. (2015) recognise that research into neighbourhood and IPV is few and that the studies included in their review were limited to those done in countries where English language is spoken, they provide the first review of literature into IPV and neighbourhood.

O'Campo et al. (2010) suggested if neighbourhood and community factors are seen to influence the role IPV plays, interventions should be designed to consider this issue. On one hand, this research gives rise to the need for services and intervention to be offered in areas whereby higher rates of IPV is predicted and or see. However, this also aids the ethical dilemma of economic inequality being justification for demonising the poor.

2.4.3.1 Structural inequalities and IPV

We know that those who are marginalised are at greater risk of experiencing IPV (de la Ossa, 2019). Intersectionality and inequalities within IPV can be seen at a wider systemic level whereby system and policies enable IPV and hinder victims gaining appropriate support. An example of this is the lack of support available for refugees and immigrants within the UK, where non-English speaking women are unable to access appropriate support and services for IPV

(Kelly, 2011). Kelly (2011) further suggests that people who are less able, lower classes, ethnic minorities and gender diverse are not set up to be supported or heard as victims of IPV. Social inequity has shown to be a hinderance to accessing support for IPV, therefore male perpetrators within this system further are benefitted and indirectly enabled to engage in IPV behaviours, knowing that there is little chances of being penalised for this by the system.

2.4.4 Macrosystem Level Factors

Factors such as societal and cultural values, norms and beliefs sit in the broadest level of the model. These will be discussed in the following subsection.

2.4.4.1 Feminism and IPV

One of the earliest theories into violence against women is rooted in feminism. Initially a political movement, feminism as a philosophy and social movement, became a major influence on IPV research (Ali & Naylor, 2013). This sociocultural theory views violence directed at women as being the result of unconscious and conscious inequalities society hold towards women (Bell & Naugle, 2008). Feminism being a socio-political movement, argues that society prefers the voice of men and women are seen as unequal and therefore unheard (Ali & Naylor, 2013). Some also consider the act of IPV as a form of terrorism as the aim of IPV being to cause a state of terror in the victim (Card,

2003; Jagger, 2005). Feminists suggest this is a result of the comorbidity of personal and political motivation (Jagger, 2005).

Through gender identity and gender specific roles learned in childhood (Erikson, 1982), social norms and cultural values, an undeniable inequality between genders is evident (Heise et al., 2019; Montgomery, 2010). These inequalities lead to victimisation of women and perpetration of control and submission within relationships. More specifically, Dobash and Dobash (1977) explain that men abuse due to the pressures of cultural standards set in the Western society, which sees men as aggressive and dominant, and females as submissive. Though this offers limited explanation into why non-Western cultures also see a disproportionate amount of violence against women compared to men, this perceived persona lends itself to the understanding of the aggression and control seen in IPV perpetrated in the West.

Although there is gender asymmetry within the rates of IPV, feminism has been unclear in considering the role of violence within same sex relationships and female to male violence. There has been some suggestion that female to male aggression is a 'reaction to male oppression' as opposed to the 'intentional violence' men use against women (Johnson, 2011).

Feminism theory would also argue that leaving relationships to be only way to 'take a feminist stance' (George & Stith, 2014). This is conflicting as feminist theory has been the basis of early IPV perpetrator treatment models and some feminists have argued about the conjoint nature of IPV treatment including couples work, victim support and perpetrator intervention (George & Stith, 2014).

George and Stith (2014) argued the current view of feminism in IPV to be an outdated and that an updated view of feminism does not consider patriarchy to be the primary cause of IPV but looks to hold violent partners accountable for their actions despite their gender. Despite the backlash the authors received, and labelled as anti-feminist, the article gives insight into a third-wave feminist view of IPV whilst giving importance to the early perspectives of feminism.

Another such example is Johnson, (2011) who wrote an article in response to being called anti-feminist by peers. Johnson (2011) also offers an updated view of feminism in IPV and in response to the above argument, has suggested that although the majority of IPV is male perpetrated, feminism does not deny the reality of female perpetrated IPV. Johnson (2011) also states that feminism is not limited to a simplistic view that male perpetrators of violence are evil and that female perpetrators of violence do so in self-defence. Like other theories, there is more than one perspective of feminism.

Although the feminist viewpoint is still much debated and can arguably be seen as somewhat simplistic, in a review of 27 studies, McGinn et al. (2020) found gender related issues such as patriarchal influence, male gender stereotypes, masculinity as important cognitive distortions displayed by men who were on treatment programmes for IPV. McGinn et al. (2020) also argued that this should be taken into account during future IPV programme development.

Despite the critique and struggle feminist views have received in society, the role of feminist theory arguably shaped the landscape of modern society and evidently holds value in our understanding of IPV perpetration.

2.4.4.2 Power and IPV

Another perspective which aims to explain why men abuse, considers the role of power in relationships. Wagers (2015) argues power and control are central to many of the theories used to explain IPV. Power is defined as 'the potential to influence' and control being 'the means to produce a desired action' and these are used by Wagers (2015) to conceptualise a causal link towards the perpetration of IPV. Power theorists explain that not only is violence used to gain power from a socio-cultural perspective, but also within the context of family and family dynamics (Bell & Naugle, 2008; Straus, 1973). This concept is further outlined in the Duluth Model which was largely developed by the Feminist Ellen Pence. Pence et al. (1993) argued power and control are factors which act as motivators for the perpetration of IPV. This is seen to be rooted in the a 'sociocultural history of patriarchy', female oppression and the perception of violence against women being acceptable and justified. Pence et al. (1993, p.4) suggested ideas such as 'someone has to be in charge' and 'if I don't control my wife, she will control me' may be amongst some of the cognitions of perpetrators of IPV. The model is conceptualised through the 'Power and Control Wheel' which describes characteristics of abusive relationships including acts of subservience and use of male privilege. This wheel forms the basis of educating perpetrators of IPV, of behaviours and concepts which take away from a healthy and equalitarian relationship and is largely used in American IPV treatment programmes. This is discussed further later in this chapter.

Despite its popularity, the model has been openly criticized. The model is seen to view female perpetrators as victims who act in self-defence (Rizza, 2009), similarly to a feminist perspective as described above. The model has also seemed to diminish the impact of substance use, psychopathy and life stressors as factors in the perpetration of IPV. IPV interventions using this model have also been criticised. A review by Stover et al. (2009) looked at the effectiveness of 30 IPV programmes which included interventions based on the Duluth model and Cognitive Behavioural Model. They concluded there to be a lack of evidence to support the long-term recidivism of IPV perpetration after completion of said programmes despite a sample size of over 1,000 participants across seven studies (Stover et al., 2009). Despite its critique, the model has been useful and successful in explaining different behaviours within IPV and as such has been used to explore non-consensual porn perpetration in the context of IPV by Eaton et al. (2021).

Although power theory offers a different perspective on IPV perpetration, it is still rooted in feminism and the idea of women being victims. These theories were seen as instrumental in earlier research of IPV perpetration; however, research has since moved on to uncovering multi-factor models of IPV perpetration as discussed in the next section.

One school of thought seems too simple to describe such a complex phenomenon. Culture, socio-economic status, attachment amongst other factors have all been raised again and again by research (Cañete et al., 2022; Dixon & Graham-Kevan, 2011; Lawson, 2012). To consider IPV as a means to gain power and control over women although serves an important political

position in advocating for equality within society, this view is limited to Eurocentric research. This somewhat reductionist view of IPV being a means to gain power, limits the complex understanding of IPV victimisation. Within my understanding of human behaviour, person-centred values are at the core, blanket assumptions such as power and patriarchy, although seem fundamental in understanding male violence at large, does not account for individualistic circumstances and the depth of human experiences in all society. The following sections of the chapter expand on this and considers different factors which are seen to co-occur with IPV perpetration in order to explain why one view of IPV perpetration is limiting.

As mentioned above, there is still debate about the gender implication of IPV perpetration, where some school of thought suggest IPV is rooted in male dominance and patriarchy, and so female to male IPV is a result of self-defence and or retaliation of male to female violence as described in a paper by Dobash and Dobash (2004). The theories of patriarchy and male power to be the reason for IPV acts and behaviours, can appear too simplistic as this does not explain why only some men abuse and why some men are themselves victims of abuse.

Although the Duluth model and feminism forms the foundations of much research, legislation, training, victim support organisations and perpetrator intervention and treatment programmes, there is a vast array of research literature which offer further explanations of why people abuse within their intimate relationships.

2.4.5 Conclusion

There has been no successful attempt to understand the exact nature or context of various combinations of factors predicting IPV in either of the theories described above. Some research has suggested race to have been ignored by IPV theories despite high rates of IPV against people of ethnic minorities (Ragavan et al., 2020; Renninson & Planty, 2003). Although the same research has found factors such as socioeconomic status to be a higher predictor of IPV compared to race (Renninson & Planty, 2003). Ali and Naylor (2013) believe no one theory is correct and or incorrect and therefore suggest a combination and overlap in the various perspectives is more likely to give us a better understanding of IPV. Another factor to note, is the acknowledgment made by the author that the methodologies and findings of all of the research above presents with some Western bias due to the research primarily being conducted in the west and with participants living in a western culture. Said research may not be applicable to other societies with varying cultures due to differences in meanings around IPV. It would also be impossible to present all explanations and discuss these effectively, in the current study, and therefore the limiting nature of the research is noted.

Although there are still questions around the nature of IPV, the chapter so far has given some indication of the factors involved in IPV perpetrations amongst men. To understand further, why men seek help to change this abuse, the next section of the chapter will give a summary of theories which have explained behaviour change.

2.5 Theories of Change

Interventions and support programmes for IPV perpetrators rely on the basic assumption that people can change their abusive, anti-social and offending behaviours and that IPV programmes can facilitate this change. To better understand what motivates change in IPV, how change occurs must be understood. For this reason, this section will briefly explain and introduce two theoretical perspectives of change in behaviour which are used within treatment interventions.

One of the most influential theories of change in behaviour is the Transtheoretical Model of Change (TTM) as described by DiClemente and Prochaska (1983). The model proposes a sequential process takes place during any change in behaviour. The model describes six stages including precontemplation, contemplation, preparation, action and relapse (DiClemente & Prochaska, 1983). The model initially attempted to explain change in addictive behaviours such as smoking cessation, the model was later applied to group treatment programmes for IPV perpetrators (Daniels & Murphy, 1997). Precontemplation occurs at the point by which a person has not thought about change as of yet. Once sufficient thought to change the behaviour has been given, a person is said to be in the contemplation stage. This then leads to a person taking serious action to modify their problem behaviour, which can either be via an intervention or treatment programme such as IPV programmes. Once action has been taken to change the behaviour the person enters maintenance. This stage is the process to maintaining the new problem-free behaviour. If any problems occur during this maintenance stage, a person will

enter the relapse stage whereby they begin to use the initial problem behaviour and continue this until then again reach contemplation stage.

The model highlights the important of contemplation and thought to changing behaviour in the actual change of behaviour. Daniels and Murphy (1997) suggest facilitators of IPV programmes can enhance the motivation of the attendee who is noted to be at either precontemplation or contemplation stage, through their interventions. They also state that during the stages of contemplation, the attendees are open to receiving information and the concept of self-development (Daniels & Murphy, 1997). In particular the suggestion of 'consciousness raising' and education on the impact of IPV on victims, children and the relationship, can be helpful at those at this stage (Daniels & Murphy, 1997). Such motivations can be imperative to facilitating the progress of a person from contemplation stage to action stage. In contrast, Littrell and Girvin (2002) reviewed 87 studies looking into the TTM and concluded there is little empirical evidence for the sequential process of change as described in the TTM. The theory also does not clearly explain the impact of factors associated with IPV as described in the chapter so far. It begs the questions of how alcohol use, pregnancy, life stress might impact contemplation and action stages within the change process. This theory also relies heavily on the assumption that people will at some point give thought to change and therefore enter contemplation change. It also fails to explain the role of personality attributes, stereotypical gender roles and attitudes normalising IPV, whereby a person may not believe they need to change. Despite the critiques of the TTM, current studies also highlight the importance of considering stages of change as per the TTM, to IPV programme interventions (Carbajosa et al., 2017).

The Theory of Planned Behaviour (TPB) proposed by Ajzen (1991) has also been used to explain change in IPV behaviour. The TPB is an adaptation of the Theory of Reasoned Action described by Ajzen and Fishbein (1980) is a cognitive theory which encapsulated learning and feministic theories. The theory suggests three factors which influence behaviour change, 'subjective norms, personal attitudes towards behaviour and perceived behavioural control' (Kernsmith, 2005, p. 758). Subjective norms refer to our perception of the attitudes of others towards a specific behaviour. Our personal attitudes towards a behaviour can be based on our knowledge, biases and prejudices about said behaviour. Ajzen (1991) extended the original model to include the factor perceived behavioural control; referring to the extent of which we believe that our behaviour is in our control. Kernsmith (2005) applied this theory to both male and female perpetrated IPV and found evidence for the model helping to explain the process of male perpetrated IPV but not female perpetrated IPV. Although the research found a consensus that others perceived IPV behaviour negatively, respondents generally felt they had little control over their own behaviour during times of IPV.

In a review by Davis et al. (2015), the TPB and TTM were amongst the most popular theories of change used within literature, although for this reason they are also amongst the most critiqued. An outline of how change may occur in IPV treatment process, has been outlined. The next chapter will aim to explain what factors might motivate this change, particularly when applying for voluntary treatment programmes for IPV, and engaging in IPV prevention intervention. Before moving on to this, a summary of IPV programmes within the UK will be given in the next section of this chapter.

2.6 Programmes of Treatment and Intervention for IPV in the UK

In order to understand what motivates men to attend IPV programmes, it is important to conceptualise the structure and foundation of IPV treatment programmes within the UK. A brief history of IPV programmes will be given and examples of some of the IPV programmes available will be outlined. A discussion of the overall effectiveness of IPV programmes will also be provided in the following section.

The Feminism based Duluth Model was the first model which informed the development of a 1980's-based programme for men who abuse. Although the programme was initially run the US, The Duluth Model Intervention Programme formed the basis of future intervention programmes for IPV and is currently very influential in UK offending behaviour programmes run by Her Majesty's Prison and Probation services (HMPPS) (2019). This section aims to describe currently utilised interventions and models of IPV prevention and treatment in the UK.

Programmes for IPV perpetration can either be mandated by courts or participation can be voluntary. In the UK, perpetrators involved in family courts may be required to complete the 'Domestic Abuse Perpetrator Programme (DAPP)' offered by the Children and Family Court Advisory and Support Service (CAFCASS). This programme is a group-based programme run over a 6-month period. Referral onto the programme is 'court-mandated' and done via a family court advisor, of whom which will also liaise with CAFCASS about the progress

of the engagement on the programme. The DAPP is currently in the process of being reviewed and replaced by the Ministry of Justice, with the aim of the new programme beginning in 2023.

Other court mandated programmes, such as those approved and accredited by Her Majesty's Prison and Probation services (HMPPS) are also based on either or a combination of 'CBT, Duluth Model, Biopsychosocial (biological, psychological, and social factors) change model, and desistance theory' as well as trialling interventions of motivational enhancement (MET) and psychoeducation (HMPPS, 2019).

The Duluth model is also influential in charity-based intervention programmes. 'The Wish Centre', based in Blackburn, offer two voluntary programmes for perpetrators of IPV. An awareness programme called, 'Gateway to Change' is offered through two, 2-hour group or 1:1 sessions. 'Make the Change' is a 15-week behavioural change programme based on principles of the Duluth and other integrated domestic abuse programmes and is also offered by 'The Wish Centre'.

Using a combination of psychological theory, the 'My Time Domestic Violence Perpetrator Programme', based in the West Midlands, offers a 30-week group-based programme in which attendance is voluntary. The programme is for male perpetrators only and referral can be via self-referral or previously through services such as CAFCASS (where court mandated programmes may not be applicable). The programme is based on a Cognitive-behavioural Therapy (CBT) and uses intervention such as psychoeducation.

Another charity-based organisation, The Solace Domestic Violence Perpetrator Programme, in the South London offers both individual psychological services as well as group-based programmes for men. The programme is a 26-week programme with 2.5-hour long sessions each week. The therapeutic model is based on Cognitive Behavioural therapy (CBT), Dialectical Behavioural therapy (DBT) and Motivational Interviewing (MI).

An alternative charity-based programme is offered by TEMPER Domestic Violence, who are a London based charity, working with both male and female perpetrators of IPV. They offer two intensive weekends in a group setting, with an additional year long ad hoc support for those attending the programme. Participants from the current study were recruited from this service and therefore further details about TEMPER and the programme and theoretical perspectives, is given in chapter 3.

2.7 Effectiveness of IPV Programmes

Most of the IPV treatment programmes outlined in the previous section as based on the fundamental principles of feminist theory, whereby male dominance and patriarchy is the overriding cause of IPV against women. This is then translated into interventions which aim to address the inequality amongst men and women and challenge attitudes to support this. However, as also outlined in earlier chapters, there are many other factors which are seen to influence IPV behaviour, such as alcoholism, stress and personal attributes and are also important factors which need to be addressed within intervention.

Research into IPV programmes and treatment has mainly been to explore the effectiveness of IPV programmes. Arias et al. (2013) completed a meta-analytic review of literature from the year 1975 to 2013 and a sample of 18,941 perpetrators of IPV. In their review Arias et al. (2013) found a significantly positive medium effect size in long term intervention for IPV perpetration. Alongside this, they found a 38% efficacy rate for Duluth-model based programmes and a 42% efficacy rate for Behavioural-cognitive based programmes. Coulter and VandeWeerd (2009) further provide support for the recidivism rate of IPV post programme completion. Their study looked at 17,999 perpetrators of IPV from studies between years 1995 and 2004. They found recidivism rates reduced significantly for those who attended the full IPV programme compared to those who did not (Coulter & VandeWeerd, 2009). A meta-analysis by Tirado- Muñoz et al. (2014) found CBT and Advocacy based interventions are effective in reducing physical and psychological IPV, however found sexual IPV to have not reduced as a result of the interventions. This could be due to the nature of the function of different types of IPV behaviours. Tariza and Hegarty (2022) suggest intimate partner sexual violence (IPSV) is perpetrated to reinforce male dominance and or to gain psychological control within relationships. The impact of IPSV has also been noted to impact victims differently to other forms of IPV, taking into considering the dehumanising, loss of trust and sexualisation of violence. These factors may not have been considered in the interventions used in the papers reviewed by Tirado- Muñoz et al. (2014).

Similarly, Bowen et al. (2005a) did not find a significant drop in IPV rates post completion of a court mandated IPV programme. Interestingly, there was a

comparison between the rates of reoffending between those who dropped out of the programme and those who completed the programme. Bowen et al. (2005a) found 33% of those who dropped were seen to reoffend in comparison to a 15% rate of recidivism in those who completed the programme. Although this difference was found to be non-significant (Bowen et al., 2005a). This could be due to the nature of IPV intervention, the DVPP model was a 'Duluth-informed pro-feminist psychoeducational group' (Bowen et al., 2005a). This could be due to the shortfalls of such IPV prevention programmes and support the need for a more holistic view of IPV perpetrator programmes.

There is a huge feminist influence on IPV perpetrator programmes in the UK (Bates et al., 2017) which might explain the low rates of effectiveness of such programmes. As described in the chapter so far, the perpetration of IPV is a complex, widely researched yet nonconclusive phenomenon. Duluth based psychoeducation programmes do not address the variety of other factors that seem to impact IPV perpetration. Therefore, supporting a need to review the delivery and content of such programmes. This highlights the value to the current study, as in order to develop more effective IPV programmes, understanding the perspective of the men who are likely to attend such programmes, is vital.

However, it is not only the type of intervention which is seen to impact rates of recidivism and success of IPV programmes. When considering the length of the programme, a recent meta-analysis a sample of 20,860 perpetrators found shorter intervention programmes (with 16 or less sessions) did not show a reduction in recidivism, whereas longer intervention was more effective in

reducing recidivism (Arce et al., 2020). They also found CBT based intervention programmes gave a reduction in IPV compared to Duluth model programmes (Arce et al., 2020).

Although the statistics do not show a clear and definite change in IPV behaviours by all of those who attend a IPV programmes, the research does support the importance of such programmes for perpetrators of IPV and the reduction of IPV behaviours. Therefore, stressing the need for such programmes to be available and accessible.

The UK Home office has acknowledged the shortfalls in the current domestic abuse prevention strategy and has in response announced £75million to be invested within the next 3 years into prevention IPV perpetration (Home Office, 2022). This will include financing perpetrator programmes and research into IPV perpetration. They also have recently funded research into high risk IPV perpetrators (Hester et al., 2019) who suggested an alternative approach to the traditional models already mentioned. They suggested a combination of relational work, trauma work as well as emotion regulation worked whilst also offering support with problems such as housing, finding work and substance use (Hester et al., 2019). This takes into account the variety of factors that have been associated with an increase in IPV perpetration, as already mentioned. Hester et al. (2019) found a staggering 82% reduction in physical IPV and 88% reduction in IPSV, which shows an impressive result in the method of working with perpetrators. It seems that now is a good time to focus on research into IPV perpetration with the hope this can impact change in policy. The new approach of targeting behaviour changes as well as offering

support with other influential factors, seems to be the way forward in addressing IPV perpetration. With this in mind, it is important to question what would motivate IPV perpetrators to join and engage in such programmes. Before answering this question, it is useful to understand theories of motivation, therefore the following section offers an account of theories of motivation.

2.8 Theories of Motivation

This section will provide a summary of relevant theories of motivation and why understanding motivation is key in the current study.

Hennessey et al. (2015, p.1) describes intrinsic motivation to be 'doing something for its own sake and sheer enjoyment of it' and extrinsic motivation to 'attain some external goal or meet some externally imposed constraint'.

Much research into IPV intervention programmes has considered the impact of levels of motivation on the engagement and progress during the programmes (Boira et al., 2013; Chovanec, 2012). Cornelius et al. (2009) highlights the importance of understanding motivations of participants on programmes as not only can this predict progress whilst completing the programmes, but also has shown to impact the recidivism of abusive behaviour after completion of perpetrator programmes. Poor attendance on programmes means the attendee is unable to gain full benefit of the programme and figures of recidivism are seen to increase (Coulter & VandeWeerd, 2009).

Various motivating factors have been identified in explaining motivation for treatment. One such factor is the external pressure of needing to attend treatment (extrinsic factors) such as partners leaving/ returning to the relationship, therefore perception of decreased pressure to attend the programme (DeHart et al., 1999). When considering factors which result in high levels of motivation, it could be assumed that court-mandated treatment would mean perpetrators have little intrinsic and more extrinsic motivation to attend. However, McMurrin and Ward (2004) suggest it is actually a variety of different factors which play into motivation for treatment and change, some of which include the facilitator engagement and perception of coercion.

Overall, intrinsic motivations have been found to give better explanations for engagement on IPV programmes. Broady et al. (2017) advise the fatherly love for children, is a strong motivating factor in the motivation of men to change their abusive behaviours, as seen in their evaluation of a group-based intervention programme for IPV perpetration. More specially the study found participants hoped to improve their relationships with their children and to rectify the negative impact of the IPV as witnessed by the children. Although some of the men were found to deny their children were victims and only bystanders of the abuse whilst some maintained their own abusive behaviour were merely a one-off mistake (Broady et al., 2017). Despite the incongruence in findings, the writers are clear in their conclusion of supporting fathers with self-development through the motivations of their children. A further exploration of what factors motivate men to attend and engage in IPV treatment programmes is given in the next chapter.

2.9 Summary

The chapter so far has given an outline of why men commit IPV, how behaviour change occurs and what factors motivate desire to change such behaviour. The aim of this chapter was to give the reader some context in which the current study bases its analysis and arguments on.

As explored above, IPV perpetration is complex, multifaceted and multi-layered. IPV is clearly a gendered violence, with the prevalence of male perpetrated violence and severity of the impact of IPV on female victims, being undeniable. However, the literature also gives clear indication that IPV is a game of many players. Factors beyond one's control, such as early attachments and poverty seem to interlink with ideas such as life stress and substance use, in explaining IPV. Despite research suggested both extrinsic and intrinsic motivation are seen to motivate engagement on IPV programmes, intrinsic motivators seem to be most valuable in attaining good outcomes in IPV treatment programmes (Broady et al., 2017). For this reason, the research will consider both when exploring motivation in the current study.

The current study also holds a predominately feminist perspective of IPV, whilst also acknowledging the exceeding arguments for a more holistic view of IPV perpetration. The next chapter will present a literature review into factors which influence attendance and engagement onto IPV treatment programmes.

Chapter 3- Literature Review

3.1 Introduction

High dropout rates in Intimate Partner Violence (IPV) treatment programmes are linked to a higher likelihood of reoffending (Muldoon & Gary, 2011). Cunha (2022) found a 42.2% drop out rate whereas Lila et al. (2020) found a 36% drop out rate of IPV respectively. A lack of engagement between programme attendance and programme interventions can explain drop-out rates. Despite the high dropout rates, the majority of IPV literature has focussed on the success and outcome of IPV programmes on those who complete and engage well in the interventions (Chovanec, 2014; Roy et al., 2013).

This chapter will identify and review previous studies which have considered the factors which encourage men to attend and engage in treatment and prevention programmes for IPV. Despite decades of research into IPV, there is little research on the motivating factors which contribute to programme attendance and intervention engagement (Rasanen et al., 2014). Instead, the focus is primarily on treatment outcome (Chovanec, 2014). Most of the research reviewed below is based on court-mandated attendance. It is possible that the motivation for many participants to attend these programmes are to comply with legal commitments as opposed to genuine desire to change IPV behaviour as suggested by Muldoon and Gary (2011). Furthermore, as most of the evidence based into IPV programmes is based on court-mandated attendance, there may be a skewed research focus on effectiveness and recidivism post IPV programmes completion, as opposed to early intervention-based research (Mbilinyi, 2022). Despite this being the case, we can learn from

the previous literature about the significance of non-court mandated factors which contribute to attendance and engagement of IPV perpetrators.

Rasanen et al. (2014) identified three important areas in moving towards change of IPV behaviour; 1) how the change in abusive behaviour can occur, 2) which factors influence change; and 3) how to maintain this change. Although the current research recognises attendance and engagement cannot determine IPV recidivism, they may offer indication of the effectiveness of strategies and content learned through the programme interventions, in the hope of creating awareness of more appropriate methods of behaviour in intimate partner relations. Furthermore, although attendance and engagement onto IPV perpetrator programmes cannot determine desistance of IPV behaviours, it can offer valuable knowledge of motivations and willingness to change IPV behaviours of men who perpetrate IPV.

3.2 Terminology

IPV treatment programme will be used to describe any educational, behavioural and/or psychological programme aimed to address domestically abusive behaviour. The therapeutic alliance discussed in consecutive subsections, will refer to the working relationship between an attendee of a programme and either the facilitator of the programme or other attendees on the same programme. The term facilitator and therapist will be used interchangeably to refer to any clinician or professional working with attendees of IPV programmes. An attendee will include any perpetrator of abuse within their

previous or current intimate partner relationship, who are in attendance of an IPV perpetrator programme or supportive IPV intervention(s). Please refer to previous sections on other terminology used throughout the current study.

3.3 Aims

This literature review has two principle aims as follows:

- a) To examine motivations for joining and engagement on IPV perpetrator programmes
- b) Using the research findings, to prepare a topic guide for the qualitative interviews

3.4 Approach to Literature Review

The literature review was completed using four online databased, including Web of Science, PsychINFO, PubMed, ScienceDirect and the University of Wolverhampton's online library search portal. The searches included a participant group of male humans only, and a publication date of 01/01/1981 till 31/02/2022. This timespan was selected due to the first programme for domestic violence intervention, being conducted in 1981 (Pence, 1983).

The keywords were derived by considering previous research into domestic abuse and interventions for treatment programmes. The search terms were as follows: `(domestic abuse OR intimate partner violence OR domestic assault OR

physical abuse OR spouse abuse OR batterer OR family violence OR dating violence OR domestic violence OR partner violence OR dating abuse OR partner aggression) AND (Intervention OR treatment OR program OR programme OR groups OR engagement OR motivation) AND (male OR men OR man)'.

After removal of duplicates, titles of the search results were scanned for relevance. Of those which seemed related to the topic at hand, abstracts were screened. After this, full text articles were reviewed to consider whether they offered insight into the factors which predicted motivation to engage and or attend IPV programmes.

The literature search led to the retrieval of 10 papers (appendix A) which specifically looked into the attendance and engagement on IPV treatment programmes. These 10 papers are discussed below. The findings of each article highlighted common themes when considering factors which facilitated participation, attendance and successful completion of various IPV treatment programmes. In particular, the therapeutic alliance and context, the role of partners and children, the role of peers and the notion of personal development were all common ideas amongst the literature. This section therefore consists of subsections which encompass the specific themes found. Two of the studies used mixed methods of data collection, whilst five were of a qualitative nature, with one being of a quantitative approach. Two of the papers presented are review articles. An account of study characteristics is also shown in Table 1.

The following four themes were identified through the research and are discussed in their respective subsections below. These were as follows:

1. The Therapeutic Alliance and Context
2. The Role of Peers
3. The Role of Family
4. Personal Development

Table 1

Characteristics of Studies Identifying Motivational Factors for IPV Programme

Engagement

Author, Year of Publication and Country	Sample	IPV Programme Type	Study Method	Research Aims
Boira, del Castillo, Carbajosa & Marcuello (2013), Spain	27 Men convicted of IPV and court-mandated to attend IPV programme	Feminist based CBT group therapy. 25 session treatment with 2 follow-up sessions	Study 1- WAI-S and evaluation questionnaire. Study 2- Discussion group	'To evaluate the importance of the therapeutic alliance and the context of intervention in the therapeutic process'
Chovanec (2014), USA	14 Men mandated to attend and 8 facilitators	18-week psychoeducational programme or 23-week (11-week educational group and 12-week therapy group)	Interviewed men at session 3 and facilitators at session 12	'The study focuses on identifying factors that contribute to early engagement of men in domestic abuse treatment'
Gray, Lewis, Mokany & O'Neill (2014), Australia	38 participants (24 men and 14 women)			'What factors promote change in men who use violence?'

Muldoon & Gary (2011), USA	N/A	N/A	N/A	A discussion on motivators for treatment engagement and treatment compliance of IPV treatment
Murphy & Baxter (1997), USA	N/A	N/A	N/A	'To provide a conceptual overview to enhance clinician efforts to motivate domestic abuse perpetrators to change their behaviours'
Rasanen, Holma & Seikkula (2014), Finland	4 cases are discussed, participation on IPV programme is voluntary.	9- 31 group sessions of ATV (Norwegian DV treatment model)	Content analysis of 67 videos of group meetings from 4 participants and reports of men's own perceptions of violence and reports of their partners perception of their violence	
Roy, Chateauvert & Richard (2013), Canada	27 men completed interviews, 8 of which were court-mandated to attend. 13 men took part in two focus groups, 5 of which were court-mandated to attend.	20- 25 sessions of either CBT/ Psychodynamic or CBT/ Feminist approach.	Content analysis of an individual Interview and focus group	'To determine the personal and social factors that influence engagement'
Schmidt, Kolodinsky, Carsten, Schmidt, Larson & MacLachlan (2007), USA	375 male participants, court-mandated to attend	27 session programme based on pro-feminist, CBT and Duluth Model based intervention	2 surveys completed before the programme and at completion of the programme	'Examine short-term change in attitude and motivational factors to change after participating in 27 sessions of DAEP programme'
Stanley, Graham-Kevan & Borthwick (2012), UK	21 male programme attendees and 13 partners of these	10 individual sessions and a year-long group programme	Interviews	'Evaluation of a voluntary programme for male perpetrators of domestic

	men. Attendance is voluntary.			violence to consider how men's involvement with children's social services and fathering roles shaped motivation to engagement with a process of change'
Walker & Bowen (2015), UK	6 male mentees, 2 mentors and 4 professionals.	Mentoring scheme of high-risk IPV perpetrators	Thematic analysis of individual interviews and weekly narrative reports	'An evaluation of a mentoring service for high-risk IPV men that focus on the perpetrators engagement with the service and the facilitation of behaviour change for this population'

3.5 The Therapeutic Alliance and Context

The relationship between client and therapist has been identified as a key factor in facilitating positive outcomes following any therapeutic intervention within IPV programmes (Boira et al., 2013). This relationship in the context of therapy has been described in many psychological approaches (Ardito & Rabellino, 2011). The importance of a working therapeutic alliance has been expressed through Sigmund Freud's (1958) early work on Psychoanalysis and has further been explored through Carl Roger's (1946, 1951, 2012) writing on Client-centered therapy. Each theorist explained the value of an influential relationship between therapist and client in the success of therapeutic outcomes. Despite the continuously explored importance of the working therapeutic alliance, Ardito and Rabellino (2011) recognised a limited body of research into the impact of the therapeutic alliance on the success of intervention. It is still unclear why the alliance between facilitator and attendee

is as influential although qualities such as empathy, humility, caring, non-judgment and encouragement are some of the attributes found to be most useful when evaluating the role of the facilitator in enhancing engagement (Hamel et al., 2021).

As per Boira et al. (2013) the therapeutic alliance has shown to be a powerful tool in motivating change in abusive behaviour among male participants whilst working within a group context with perpetrators of IPV. Other studies have also shown the therapeutic context including the alliance between facilitators and attendees of groups, to largely influence the attendance and successful completion of programmes (Chovanec, 2014; Roy et al., 2013).

Boira et al. (2013) looked at the influence of the therapeutic context in IPV programmes. They conducted two studies, a descriptive analysis and a qualitative study, with a group of 27 men. The same sample of men was used in both studies. All men were convicted of an IPV crime and as a result, court-mandated to attend an IPV programme. The study showed a statistically significant correlation between the therapeutic alliance as measured by the 'Working Alliance Inventory (WAI-S)' and the attendee's perception of resolution to the issues which brought them to the programme ($r = .69$; $p < .01$) and the way the attendees expressed their ideas and feelings within their intimate relationships ($r = .83$; $p < .01$). These are considerably large effect sizes and show strong associations between therapeutic alliance in experiences of interventions. The results also showed a positive association between the therapeutic alliance and the perception of being able to resolve conflict within their intimate relationships without the use of violence ($r = .60$; $p < .01$). This

could be explained by considering the role of safety and a secure base in therapeutic relationships as facilitating self-awareness and internal locus of control. Trusting relationships can help build a safe environment whereby shame and other negative emotions can be explored, potentially giving rise to reflection and realisation of their responsibility of their own behaviour (internal locus of control). With this then leading to an acceptance of their own ability to resolve conflict within intimate relationships.

The qualitative part of this study also suggested the therapeutic alliance to be an important factor in the way the programme was perceived and led to the encouragement and involvement in interventions. Therefore, suggesting that a positive perception may lead to an increase in engagement and therefore better outcomes. Not only does this suggest the relationship with facilitator to be an important factor in facilitating the process of change, but also as a method of increasing likelihood of involvement in the IPV interventions.

It is impossible to assess the genuine impact of the therapeutic alliance on IPV attitudes as the relationship with IPV programme facilitators may also be a factor which influences character reports to be used through crime prosecutions for the men. Due to the compulsory nature of attendance, Boira et al. (2013) also predicted motivation to join the research discussion group would be low. This was confirmed in their findings. However interestingly, the findings suggested motivation grew during the completion of the interventions of the programme. One attendee reported "They were talking, and as I listened to them, I started to become more confident, I began to identify more with what they were saying and with what happened (Boira et al., 2013, p.8)". This

suggests the nature of the therapeutic relationship may be a non-linear relationship as it is seen to develop over time and is variable. Despite the importance of this, the findings also considered the concept of submission to the nature of the programme, as opposed to the idea of genuine motivation to change as described by one attendee "but once you're here.... Well, you say you have to look at it positively, don't you? (Boira et al., 2013, p. 9)". This could be explained by considering the varying nature of the therapeutic relationship. For some the relationship may not be meaningful enough to then facilitate process. Differences in personality and attachment types could also explain a reluctance to form meaningful bonds, and or whether the facilitator is genuine in their role when forming meaningful bonds. The research did not look into the barriers of facilitators in forming such relationships, despite it being clear that offenders such as perpetrators of IPV can often experience stigma from others.

Overall, the results of the study suggest that areas of the therapeutic context create key significance in improving adhesion between offenders and treatment, as it has shown to increase their motivation, in particular therapist skills such as understanding, empathy and ability to problem solve were found to lead to good therapeutic relationships (Boira et al., 2013).

Agreeing with the above, Rasanen et al. (2014) also argued that process factors can influence outcomes on perpetrator group interventions. They state, the effectiveness of IPV treatment programmes is dependent on the process of interaction, matching the attendees needs and level of an attendee's motivation with the timing of specific interventions. The study is based on the voluntary

participation of a Finland based group treatment programme for IPV. The programme follows a Norwegian treatment model, Alternative to Violence (ATV) which assimilates educational and therapeutic approaches. Based on four case studies of White Finnish males aged between 30 and 60 years. Rasanen et al's. (2014) study highlighted the value of considering the differing stages of change of programme attendees when quantifying motivation to engage in the programme. The authors also described the use of confrontational and challenging interventions of the facilitators to be somewhat useful tools in attendees who shows good outcome in the programme. Although the interpretive nature of this research cannot be generalised, the paper does raise some useful insights into understanding how the stages of change model can be helpful to predict outcomes. They found good-outcome to be associated with evidence of men being in contemplation stages and in comparison, poor-outcomes were seen in those who presented as being in pre-contemplation stages (Rasanen et al., 2014). Although Rasanen et al. (2014) recognise their researcher subjectivity, they generalise this to all research of a qualitative nature. They do not specially address what steps they took to keep this to a minimum.

While Rasanen et al. (2014) suggest a direct, confrontational approach was seen to be useful in determining a good working alliance between the men and therapist, Muldoon and Gary (2011) propose an alternative approach whereby the alliance is used to build upon motivation. Muldoon and Gary (2011) argued that investment in therapeutic interventions can facilitate change in IPV behaviours. They suggest an increased self-reflection, coping skills and regulated behaviour lead to healthy and non-violent intimate relationships.

Muldoon and Gary (2011) wrote of factors which therapist can work with in order to motivate engagement. Muldoon and Gary (2011) believe a lack of motivation can act as a barrier towards engagement, and in order to overcome this, a therapist must act to work with motivations which encourage engagement. Their paper discusses the clinical implications of the use of motivators in improving IPV treatment engagement, compliance and outcome. They distinguish between 'in the door motivators' and 'in the room motivators. 'In the door' motivators encompass the influence of quality of relationship with partners, voluntary or compulsory attendance, employment, referral type and familial support. Whereas 'In the room' factors, such as readiness to change, power and control, multi-cultural group work and timeliness of intervention process. The paper offered a guide for facilitators of IPV treatment programmes to consider when understanding the motivation of attendees on a programme and to understand the psychology of the programme attendee. The authors of this paper recognise and explain various motivators to help IPV programme staff to work with varying motivations of attendees, whilst also offering suggestions on how to work within this. While the paper is offering a useful tool, the authors recognise the need for further evidence-based research into the effectiveness of motivators and how this may translate into outcomes of IPV programmes.

Bowen and Walker (2015) conducted interviews with attendees of an IPV mentoring project within the U.K. They recognised the relationship with the mentors was important for the engagement of the attendees. This showed to further allow attendees work to acknowledge and address their use of violence in intimate relationships. This consisted of 'building relationships', 'effective

communication', 'one-to-one engagement' and the 'tenacity' of the mentor. Other areas noted by the findings, suggested 'children, employment, criminal sanctions and a focus on a positive future', to also be influential dynamics in the engagement in IPV programmes and successful outcomes. This research employed six mentees, two mentors and four professionals working in a multidisciplinary team within the mentoring scheme. The scheme was a UK based project which worked with high-risk and serial male IPV perpetrators. Although the study gives clear indication of the rapport between mentee and mentor, the authors recognise the limitations in the sample type and participant bias in their method. Despite these limitations, the authors offer insight and evidence of a variety of factors which the papers presented above, were lacking.

The idea of 'tenacity' of the mentor, as described by Bowen and Walker (2015) seems similar to the direct and confrontational approach which was associated with good outcomes by the men in the study by Rasanen et al. (2014). In contrast to this, Murphy and Baxter found empathy to be more valuable. Murphy and Baxter (1997) offer a conceptual overview aimed to aid clinician's intervention to motivate IPV treatment programme outcome. They write of empathetic therapeutic encounter with facilitators as being more successful than a confrontational therapist, in facilitating engagement, completion and change within the treatment context. This further justifies the value of the therapeutic alliance in motivating IPV attendees. Murphy and Baxter (1997) continued to address the significance of the IPV programme to involve therapeutic interventions where facilitators should work to create behaviour change as a stated outcome of the programme, encourage self-disclosure,

make use of cognitive- behavioural therapy techniques. The authors explained the usefulness of moving forward from educational intervention towards clear directed behaviour change interventions. Many of the research studies included in the current review consider both educational and behaviour change therapies (i.e. CBT) as an approach to IPV treatment programmes (Boira et al., 2013; Chovanec, 2014; Roy et al., 2013).

Demographics may also influence the role of the therapeutic alliance. Chovanec (2014) considers the demographics of participants in the study, 10 of the 14 male attendees were of minority or mixed ethnicities. All of the eight facilitators were described as having a White ethnicity, with five being female and all were either social workers, counsellors/ therapists or psychologists. The authors acknowledge the impact of differences in race and ethnicity between the facilitators and attendees, however the authors do not offer insight into how this may have impacted the dynamic between facilitators and attendees or consideration into the cultural differences in perceptions of IPV programmes and professional staff. Muldoon and Gary (2011) offer an explanation of this through their study in which they suggest culture differences may cause barriers the therapeutic alliance, as mistrust may be placed on the professional as they may be perceived as 'representing and establishment'. They also suggest IPV programme attendees may resist treatment in order to 'remain loyal to the family or be afraid of 'losing face' and therefore not accepting responsibility for the IPV behaviour (Muldoon & Gary, 2011). This highlights the value of considering individual characteristics of facilitators when working with men from a variety of backgrounds. Most of the research into IPV does present with some Western bias, and therefore might not be representative of all

persons on IPV programmes. Relationships with professionals is also interpreted differently within different cultures, and where a meaningful therapeutic rapport might be easier to develop with some, it might be difficult in cultures whereby professionals are seen as powerful, all knowing and or untrustworthy. Particularly by those who have been demonised and or repressed by institutions and by default, professionals.

3.6 The role of Peers

Not only has the relationship with facilitators been seen to impact positive engagement, but also seen within peer relationships. Similarities in the narratives of peers, in particular the 'struggle' each member faces, can be seen to resonate with other men's stories (Chovanec, 2014). Chovanec also described the support each member of the group can provide, such as sharing resources, progress and an insight into the group process as playing a useful part in engagement. Chovanec (2014) also found 'hearing other men's stories' was a factor which influenced engagement in the programme. This qualitative study interviewed eight facilitators and 14 male attendees of the IPV treatment programme. Attendance was compulsory and consisted of either an 18-week psychoeducation programme or a 23-week educational and therapeutic process-based group. Participation in the study was influenced by the receipt of \$25. Interviews of attendees were completed after the third session; facilitators were interviewed after session 12. The interview for the men was focussed on participants perceptions of what factors may contribute to the engagement in treatment interventions and perceptions of their process of change. The

interview for facilitators looked at their perceptions of factors which influences the engagement of the attendees of the group.

The strongest theme identified by the attendees in the findings, was 'learning things and motivation to learn'. Five of the facilitators also identified the process of learning to be an important factor influencing the men's motivation to engage in the interventions. The findings also show when participants were asked about factors which influence the process of change, the strongest theme was the impact of 'other men's stories motivating them to change', as suggested by eight attendees and five facilitators. As well as learning from others, the finding suggested the importance of 'men challenging each other' as shown in a statement made by a facilitator: 'The most helpful thing that guys do, I think, is when they're able to say, I did what you did, and I was exactly where you are, and this is how I changed'.

The fact that the programme was compulsory, and that a financial reward was offered to complete the research, raises questions in the motivation of the men to complete the research interviews. It is also possible that the study may find participant bias due to the nature of sampling and potential perception that they need to give a 'good outcome' in exchange for the financial reward.

However, despite the limitations, similar results were found by other research into the relationship of peer and IPV programme engagement. A study conducted in Australia also looked at the perception of attendees on an IPV programme and their view of changes in their IPV behaviour (Gray et al., 2014). The study utilised an in-depth interview procedure where attendees were interviewed at programme intake, completion of the programme and a

six-month follow up. Recruitment ranged from programmes in Sydney and New South Wales. Although participation of the interviews was voluntary, taking part in the treatment programme was at cost. The sample included male attendees on IPV prevention programmes and female partners of the men or women who had been subject to IPV, including 24 men perpetrators of IPV and 14 women partners of these men. Participants includes self-referred, court-mandated and those who were referred by a counsellor. The interview consisted of three sections. The first section included historic abusive behaviour, participants beliefs about violence and abuse and the frequency of their use of violence within the familial home. The second section looked at attempts to resolve and change abusive behaviours and the third section considered reflections of changes in any abusive behaviours and the perceived sustainability of any changes till date. The interviews found themes of positive peer discussion, increase in empathy which offer support for the ideas of personal development as a motivating factor of IPV programme engagement.

Interviews were held at programme intake; completion and a six-month follow up. The study aimed to focus primarily on what factors facilitated change within the participants IPV behaviours. The author worked with 'Relationship Australia NSW and BSC LifeCare Counselling and Family Services', who collaboratively offered three specialised treatment programmes for male perpetrators of domestic abuse. The programme worked with male perpetrators of IPV and is based on the principles as described by the Duluth model (Pence, 1993). The programmes: 'Facing up', 'Stopping the Violence' and 'Taking responsibility' range from 15-week to 24-week sessions. 'Facing up' is a two-part programme in which entry to the latter (18-week) part of the programme are dependent on

the successful completion of the first part (6-week). Completion is based on the subjective view of the programme staff members, as to whether the participant has shown a level of ownership and responsibility for any IPV behaviour.

'Stopping the Violence' is a 15-week group programme which uses a Narrative approach to work with helping the men manage conflict within their relationships. 'Taking responsibility' is an 18-week open group programme which considers education and therapeutic interventions for men. Within each respective programme, support groups and children's groups are offered to families of the male attendees.

The findings of this study suggest positive group discussions can facilitate an improved client motivation. However, negative group discussions result in poor group dynamic and decreases motivation in engagement in interventions. A positive observation from the interviews included the attendee's ability to acknowledge their behaviour, overcome the felt shame and develop a different perspective of the domestic abuse. This in turn allows for empathy for victims of abuse, to grow. This change occurred in the men by listening to others within the group, sharing stories, normalising feelings of shame, gaining different perspectives and self- awareness skill building, as shown through the findings (Gray et al., 2014). Gray et al. (2014) also reported factors which may hinder engagement on IPV treatment programmes; course fees, negative comments made by peers, financial pressures, shame within the therapeutic process and the pressure of work and family activities all negatively impacted engagement with the programme. In considering peer influence, the findings suggest a lack of motivation, positive discussion and lack of engagement in other members of the group led to a reduction in group adhesion and thus

overall motivation of attendees. This study highlights the importance of both positive and negative peer influence in considerations of IPV programme efficacy, which was not seen in the studies mentioned above. The findings of this study suggest that important of monitoring dynamics and relationships within peers to prevent and repair the impact of negative peer influence. This may be somewhat difficult as often it is not within the control of facilitators to manage peer relationships. Often, it also is difficult to notice negative peer influence, particularly as often peers may have communication within break times and even after programme sessions. The study also suggested that men were unlikely to raise concerns about negative dialogue and group dynamics, which further suggests complexities of facilitators being to manage this (Gray et al., 2014). Although the researchers stress the importance of the impact of negative dialogue in engagement, they do offer ways in which this can be addressed. They do however give suggestions for future research in order to add to the already limited evidence base.

3.7 The Role of Family

The role of family has also been identified as a significant aspect of IPV attendance in two of the 10 research studies described in this review. Stanley et al. (2012) say children can play an important role in becoming both an intrinsic and extrinsic motivation for their father. The intrinsic motivation was noted to be such that the men wanted to become better fathers for their children, where the extrinsic motivation was found to be avoidance of court proceedings and or to gain access to their children (Stanley et al., 2012). The

study focussed on a voluntary IPV programme in which 21 men and 13 partners of the men, were interviewed with the aim of evaluating an IPV programme in the U.K (Stanley et al., 2012). They found men felt their attendance on the programme may aid the creation of a 'revised image of themselves as fathers' (Stanley et al., 2012, p. 270), as they felt a responsibility towards the impact of their abusive behaviour on their children. Particularly this was the case if their own fathers were also abusive in their own intimate relationships. The IPV programme consisted of ten individual sessions and a weekly, year-long group. The study suggested the desire to keep a current intimate relationship to be an influential factor in men's motivation to attend the programme. Further to this, the research shows an adverse impact of children to be a vital factor in recognising the need for change. These findings suggest the men had a new realisation of their behaviour impacting their children and the assumption that they were not previously aware of this. The study does not specifically highlight what factors may lead to the development of this awareness, and therefore what may facilitate their understanding of the impact of their abuse on their children.

Stanley et al. (2012) also highlighted the influence of female partners on abusive men, in beginning the referral process onto the course. Particularly, 3 men interviewed, reported they were worried about their partners ending the relationship, therefore were motivated to contact the programme for joining purposes. Schmidt et al. (2007) agreed that men can be further motivated to attend IPV programme if they believed the relationship with their partners can improve. This study used surveys at the beginning of the programme and at programme completion. Data was collected from 375 men court-mandated to

attend the Domestic Abuse Education Project (DAEP) which integrated pro-feminist philosophy, Cognitive- Behavioural Therapy (CBT) and Duluth Model intervention. The findings of this study showed that motivation to change is influenced more by the impact of abusive behaviour has on others, such as partners and children, than the immediate negative influence on themselves, such as financial impact, loss of job and getting arrested. Hence, the value of family on motivation to change is validated by this article. These findings support the impact of developing empathy as a means to influencing engagement and behaviour change. At current, IPV programmes focus on a feminist-based perspective and bring awareness of the adverse impact of male violence in female victims. This supports the model of IPV programmes already being used, however as discussed in the previous chapter, IPV treatment programmes addressing Duluth-based pro-feminist models, are not anyway near 100% effective. This disparity between the men suggesting the impact of their behaviour on others, being influential in their motivation to attend such programmes, and the small non-significant outcomes of reduced recidivism post-completion of such programmes, suggests some disjointedness between men's reports and IPV crime rates.

3.8 Personal Development

Another factor which has been seen to impact engagement in IPV is the idea of personal development. Roy et al. (2013) argued that attendance alone is not enough to predict outcome of IPV treatment programme, as attendance does not assume engagement in the process interventions. Hence, the article

described an ecological analysis of personal and social factors impacting men's engagement on IPV treatment programmes, based on Bronfenbrenner's (1986) ecological model. This method shows varying levels of factors which can influence attendees in an interpersonal and wider level.

The sample included 27 men who were recruited to take part in individual interviews. Only eight of the 27 men were court-mandated to attend the programme. A further sample of 13 men were recruited to take part in two focus groups, five of which were court-mandated to attend the programme. The researchers developed an interview guide based on themes found in a review of literature. The authors do not offer explanation of any differences in motivation considering whether attendance was voluntary, or court mandated. As previously suggested, this is an important factor which determines the stage of change and therefore motivations for changes in IPV behaviour.

The authors found ontosystemic factors (individual characteristics), microsystemic factors (a person's immediate environment), mesosystemic factors (interconnectivity between the microsystem and groups), exosystemic factors (the indirect influence of social systems to the person) and macrosystemic factors (societal values and norms) to be influential in the men's engagements on IPV programmes. It is important to note, the findings showed attendees recognised personal and therapy process factors to be more influential in their engagement, than environmental factors.

More specifically within the ontosystemic factors, 'sociodemographic characteristics, personality, concomitant difficulties, motivations and beliefs about therapy' were identified as being relevant personal factors which

influenced programme engagement. Within the sociodemographic characteristics, income was found to be particularly influential. The group therapy offered in the IPV programme incurred a fee. It is possible that those who attend IPV programmes which charge a fee, are more serious in their decision to gain from the programme as they have been seen to offer investment and might be more likely to expect a positive outcome in return.

Other ontosystemic factors included the 'desire to provide a healthy family environment', 'desire to not repeat same parenting model as own father', 'to please their partner', 'rekindle their relationships' and 'believing in the usefulness and effectiveness' of the interventions (Roy et al., 2013). As well as the previously mentioned, microsystemic factors such as the group process, structure and the 'notion of time' of the therapy, were all influential in the men's engagement. More specifically, relationships with peers and facilitators were acknowledged as factors which encouraged engagement in shared discussion and intervention.

Alternatively, the authors also write of mesosystemic factors including the influence of children, parents, friends, and other family as support systems or as points of validations and acknowledgment of their behaviour being a problem. In a broader conception, exosystemic factors such as fees and support from the organisation and macrosystemic factors such as the 'social images of violence' and 'masculine norms' impacted the men's engagement in the programme. Although the authors do not specify the cultural dynamic within the sample, they acknowledge all of the 27 men were French speaking, Québec born, and all were culturally homogenous. As identified previously,

cultural impact can affect the way IPV attendees perceive intervention and facilitators (Roy et al., 2013). As well as cultural norms being influential, language and dialect can also act as a barrier to accessing such treatment programmes.

Gray et al. (2014) also recognised the influence of learning as a contribution to engagement in an IPV programme. Gray et al. (2014) found interventions to help the men move past their shame and towards empathy for their partners. The authors explain, the men were able to see their behaviour from a difference perspective once they were able to move past their own shame, with the help of the intervention.

3.9 Summary

The aim of this review was to gain an understanding of the current research into motivations for joining and engaging in IPV perpetrator programmes. This review will then lead to the development a topic guide for the interviews which will form part of the IPA.

In considering the above research, the role of family, peers, therapeutic alliance and personal development are seen to be key in exploring the motivation to join and engage on an IPV treatment programme. More specifically, the therapeutic alliance with facilitators, was seen to encourage engagement of participants and support involvement in interventions (Boira et al., 2013). A meaningful therapeutic alliance was also found to be a factor which led to an increase in motivation despite this initially being lower (Boira et al., 2013).

Another interpersonal factor which was found to be influential on engagement on IPV programmes, was the relationship participants had with peers. Hearing the stories of other men was found to be motivational and helped to normalise feelings such as shame, which might have one created a barrier in meaningful engagement (Chovanec, 2014; Gray et al., 2014).

The role of family was also seen as influential in their motivation to engage. Particularly, the impact of children witnessing IPV within the homes, was seen to increase insight into their own behaviour (Stanley et al., 2012). Personal development was also highlighted in the literature, although to a lesser degree. Gray et al. (2014) spoke of learning as a means to move past internal shame and towards other meaningful emotions such as empathy for partners. Roy et al. (2013) further spoke of a variety of factors from an ontosystemic level through to a mesosystemic level, which included factors such as societal norms, beliefs about therapy, desire to be a role model for children and believing in the usefulness of interventions. The topic guide will incorporate the above themes into questioning which will aim to explore individual experiences and own perceptions of motivation in IPV programme.

The literature above also discussed the contrast in understanding motivation within those who voluntarily attend IPV programmes to those who are court mandated. There were questions around the authenticity of the motivation of participants who were court-mandated to attend (Chovanec, 2014; Roy et al., 2013). Therefore, there appears to be a significant value in interviewing men who attend voluntarily as this has not only allowed for a truer reflection of factors which might hinder motivation to attend such as described by Gray et

al. (2014) but also reduces the challenges of examining motivation in involuntary attendance as mentioned by Chovanec (2014) and Boira et al. (2013). Furthermore, a key learning from previous research also highlights the value of rich and varied data collected from qualitative research methods and the ease of exploring individual experiences through interviews with participants (Chovanec, 2014; Gray et al., 2014; Stanley et al., 2012).

The review further identified areas in which the current study will be limited. Due to the opportunistic sampling, there will be no indication of cultural influencers. Incorporating this ideology into the topic guide may prove useful, however as the topic guide is shaped by considering previous research, cultural influences will not be justified. Due to the limited awareness on how cultural and gender may impact motivations, assumptions of its value also cannot be made. Further empirical work into these factors is vital for future research.

The studies also varied in timeline of the programme and theoretical underpinning of interventions. The programmes used a variation of psychoeducational interventions using CBT, with psychodynamic and feminist approaches. Timelines also varied from 10 sessions up to 31 group sessions. All of the studies used a mixture of either 1:1 and group based or only group-based intervention. For this reason, it felt important to find IPV programmes who offered group-based interventions for the current study. However, due to the varying lengths of the programme and limited advice on the justification of why certain programmes were the length they were, the current study did not discriminate on the length of IPV programme, or the modality used.

Furthermore, throughout the literature review, it was clear that previous research had found engagement and motivation to be a process which has the potential to grow within the processes of treatment (Boira et al., 2013; Muldoon & Gary, 2011). This finding is valuable to the current study as this indicates the importance of considering interview questions to explore the potential fluctuations of motivation throughout their IPV treatment journey.

Chapter 4- Methodology

4.1 Introduction

As the aim of the study was to discover social and interpersonal factors which influence engagement and attendance of IPV programmes. A qualitative approach, more specifically an Interpretive Phenomenological Analysis (IPA) was used to do this. The following chapter describes theoretical and philosophical basis of an IPA and its application to understanding motivations of attending and engaging in an intimate partner violence (IPV) treatment programme. The chapter will also outline the method of data collection and analysis whilst also outlining ethical considerations given in the current study.

4.2 Personal Reflections

During my placement years I worked in private therapy and saw people who paid a considerable amount for psychological therapy. One particular client initially came in the door to work on his 'anger' but we both soon realised the anger management he came in for was his way of seeking support on managing controlling and verbally abusive behaviours with his wife. He saw his male child displaying similar difficulties with managing emotions and he reconsider that his own behaviours were more about anxiety and or his insecurities and inability to manage his own emotions. I felt a mixture of distance as well as empathy for this man. I felt confused but was able to use supervision to navigate these conflicting feelings.

I went on to work with others who sought help for abusive behaviour. This work and constant clinical supervision allowed me to learn to accept and understand the disparity of emotions I could feel in response to their narratives and also work on bracketing off my own reactions and world view from that of my clinical work. It is this skill, I feel has been important in the overall trustworthiness of my research, which is further discussed below.

When deciding the nature of the analysis for this study, a qualitative approach was clearly necessary. Understanding the meaning of other's experiences and lives, was the primary goal within the study. Quantitative research looks to clarify and or falsify theory as opposed to qualitative research, which looks to understand experience (Pietkiewicz & Smith, 2014; Willig, 2019). In order to understand one's experiences, this must be based on my own perspectives.

4.3 Approach

An Interpretative Phenomenology Analysis (IPA) as outlined by Smith (2009), informed the analysis of the interviews. An IPA allows for a rich exploration of the experiences of the participants and allows us to understand different perspectives and life stories of those participants. In the current study, an IPA was chosen so that the researcher could form an understanding of how participants comprehend their reasons for taking part in interventions and joining treatment programmes. Although IPA research does not intend to generalise findings, collaborating various IPA studies on one phenomenon can offer ideas of patterns within the research topic (Smith, 2009).

4.4 Study Aims

- To explore the motivations of men in joining voluntary treatment programmes for IPV and the motivation to then remain and complete the programme
- To understand the lived experiences of the men on the IPV treatment programme
- To contribute to current knowledge and research into understanding help seeking behaviour of men who perpetrate IPV
- To provide evidence-base for psychological practice and intervention for men who perpetrate IPV and advocate for services supporting such men in accessing treatment programmes for IPV perpetration

4.5 Rationale for Qualitative Research

Quantitative research uses numerical data collected via experimental designs or standardised questionnaires (Rutberg & Bouikidis, 2018). The aim of quantitative research may be to determine causal relationships between study variables and outcomes. According to Choy (2014) quantitative research may lack in 'depth experience description' and is limited in 'human perception and beliefs. However, quantitative research can offer high reliability due to rigorous data collection and critical analysis methods (Choy, 2014).

Qualitative research methods can offer a broader 'understanding of behaviours of values, beliefs, and assumptions' (Choy, 2014). Therefore, potentially

offering a rich analysis of the study research question. Although, qualitative research methods have been criticised for the study results not being objectively verifiable, time consuming and being subject to research bias due to the importance of having skilled interviewers (Choy, 2014). Despite this, qualitative research will undergo a process whereby the confidence in the quality of data, interpretations and methods are checked for 'trustworthiness' (Connelly, 2016). Although the criterion can differ for each research study, this process mostly involves undertaking steps to promote 'credibility, transferability, dependability, confirmability and reflexivity' (Korstjens & Moser, 2018).

The researcher opted to focus primarily on qualitative data due to the majority of the limited previous research done on motivation for IPV programme attendance also focussing only on qualitative data. Further to this, the researcher wanted to gain a deeper understand and make meanings of the experiences of participants and quantitative methods cannot allow for this. The purpose of this research was to understand men who help-seek after perpetrating IPV. Whilst also, a large-scale recruitment of a hard-to-reach population due to social stigma and lack of services, was anticipated to be difficult and unfitting for the research aims.

Qualitative research looks to gain a detailed narrative from the study participant(s) which is done using various analytical models, such as Grounded Theory, Interpretative Phenomenological Analysis, Thematic Analysis, in order to answer a research question designed by the researcher (Rutberg & Bouikidis, 2018). The choice to use an IPA over other qualitative methods is rooted in the

ability of an IPA to examine unique experiences of individuals across the data. A Thematic Analysis (Braun & Clarke, 2012) is primarily used to identify emerging patterns across the data and can be useful when generalising findings (Kiger & Varpio, 2020). It was important for the current research to understand individual experiences rather than find generalised themes as a person-centred approach in therapeutic work aligns with the individualisation of understanding people and their narratives.

Grounded theory, initially proposed by Glaser and Strauss (1967) aims to generate theory in response to findings and can be a powerful method in developing an understanding and conceptualising pattern in the research interest. While grounded theory aims to examine phenomenon, IPA aims to examine individual experience, which is what the current research aimed to do. The current research also did not aim to develop new theory but to expand on the level of theory already present and contribute by adding depth to previous knowledge. Furthermore, an IPA is ideographic as opposed to Grounded Theory which is nomothetic in nature and therefore looks to generalise its findings. Motivations to join IPV programmes, are specific to personal circumstance and experience. Therefore, a Grounded Theory approach would not have been suitable for this study. For these reasons, IPA was deemed most fitting for the current research.

4.6 The Theoretical Foundations of IPA

An Interpretative Phenomenological Analysis (IPA) was chosen analysis for the purpose of the current study. The philosophical underpinning of IPA is an important factor in the process of IPA. An IPA is based on three areas of philosophy: 'Phenomenology, Hermeneutics and Idiography' Smith et al. (2009) (see Figure 2).

Phenomenology involves exploration of human experience and follows the idea that enquiry into experiences is within the context that they take place. In psychological research, phenomenology can offer a rich understanding of lived experiences (Smith et al, 2009). Smith et al. (2009) discuss the value of Husserl, Heidegger, Merleau-Ponty and Sartre as philosophers who describe the importance of understanding lived experiences through the individual perspectives of the world, we live in. Phenomenology in its most simple sense, says that our interpretation of the world is what it means. An alternative viewpoint than that of a Cartesian approach, whereby the world is said to have a definite meaning, and our consciousness attempts to decode the meaning and does so either correctly or incorrectly. Phenomenology on the other hand suggests meaning is in our interpretation and is not separate to the experience of the outside world. For the current study, this would require 'bracketing' off any presumptions and meaning held on the topic at hand in order to understand another's perspective.

Secondly, IPA theoretical underpinning is also embedded in the theory of 'interpretation', Hermeneutics. Hermeneutics, including the works of Schleiermacher (1998), Heidegger (1962) and Gadamer (1977) question the way in which an individual will interpret the dialogue of another. Specifically

considering the impact of individual differences and experiences in understanding the meanings of others. Hermeneutic researchers believe that understanding assumes interpretation and presumption. In other words, a level of presumption and interpretation leads to an understanding one's experience. In the current study, a level of presumption and interpretation is needed to understand the experiences of the men. This is contradicting of the phenomenological ideas of 'bracketing' previous ideas about the topic at hand, as it is acknowledged here that some level of prior experience and interpretation is needed in order to understand another experience.

As described by Taylor (1985), we are "self-interpreting animals". Our interpretation of life is based on our language, traditions, culture and even profession. A Counselling Psychologist will interpret the experiences of others based upon the models by which they practice. A Psychodynamic Psychotherapist will have a different interpretation of a client's difficulties, if the same was presented to a CBT therapist. Arguably Humanistic psychotherapies such as person-centred therapy is rooted and in itself is based not only on the act of hermeneutics but also in its philosophy (Rennie, 2007).

Within qualitative research methods, IPA is considered to be a double hermeneutic, whereby the 'researcher is making sense of the participants sense making' (Tuffour, 2017). This sense making is then translated into literature, which is used to explain certain phenomenon, in this case, human experiences of own cognitions and behaviour.

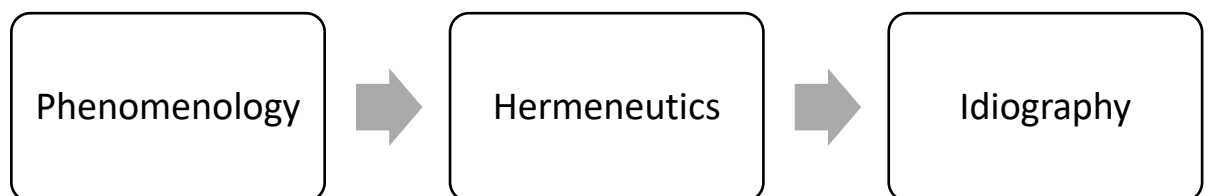
Lastly, Idiography also lends major influence over the basis of IPA research. Idiography focuses on the unique individual rather than the opposing ideas of

Nomothetic, which focusses on the collective group or population with the aim to generalise human behaviour.

In summary, the coming together of Phenomenology, Hermeneutics and Idiography led to the development of basis for IPA research. Together these ideas form an approach with aims to interpret and understand experiences, unique to an individual.

Figure 2

The Theoretical Foundations of Interpretative Phenomenological Analysis (IPA)



4.7 Research Method

4.7.1 Participants

Participants were attendees of a psychological therapy-based intervention programme (TEMPER UK), which aims to reduce abusive behaviour towards intimate partners. All participants were male and in voluntary attendance of the programme, thus not having a court-mandated reason to attend the course. However, whilst all participants had self-referred on to the course, some stated they were recommended to attend by agencies (e.g., CAFCASS and legal

representatives). All of the participants of the study were interviewed within a year of completing the programme. One of the participants had completed the course twice, all other participants had completed the course once.

Seven participants were interviewed for the purposes of this study. Participants ranged in age from 30 to 50 years ($M= 37$, $SD= 7.82$), were of varied marital status but mostly no longer with their partner, and all had children. Two participants described their ethnicity as White British, three as Pakistani- British and two as Indian-British. See Table 2 for full demographic information.

Table 2

Demographic Details of Study Participants.

Participant Number	Age	Ethnicity	Marital Status	Children	Month(s) completed Programme	Referral on Programme
1	43	White-English	Single	1	August 2018	Self-referral
2	30	Indian-British	Married	1	August 2017 and December 2018	Self-referral
3	43	White- British	Divorced	3	2017	Self-referral
4	32	Pakistani-British	Divorced	4	November 2018	Self-referral

5	33	Pakistani-British	Separated	1	October 2018	Self-referral
6	50	Indian-British	Separated	4	January 2019	Self-referral
7	31	Pakistani-British	Separated	2	November 2018	Self-referral

4.7.2 Research Setting

TEMPER UK is a charitable programme and has been offering services since 1994. The programme is aimed at those (male or female) who wish to change their abusive behaviour towards intimate partners. The programme encompasses psychological and psychotherapeutic interventions such as behavioural exercises, role play, emotion regulation work and cognitive restructuring interventions. The programme is primarily led by two facilitators with relevant psychotherapy training. The programme is rooted in Attachment theory, Systemic therapy and Cognitive-Behavioural therapy. The programme is run over two weekends. This is different to many other UK based IPV programmes which range from 15 to 30-week programmes, as outlined in the introductory chapter of this thesis, and also differs from all of the IPV programmes outlined in the literature review. It is important to note the short and compact delivery of the TEMPER programme might impact the decision of attendees on deciding to attend this programme compared to some of the others, as a shorter programme might be seen as more desirable. To the researcher's knowledge, the TEMPER programme is the shortest IPV

programme offered within the UK. This may be seen by participants as ideal and convenient, due to the length and level of investment needed by other IPV programmes. A shorter programme means less time commitment and faster results particularly for those who might need to provide evidence of their learnings from the IPV programme. This might impact the findings as motivation to attend this programme compared to others, might be largely shaped by the convenience of the timeline. This will be further discussed in chapter 6.

The attendees of the programme need to complete a pre-acceptance interview by one of the facilitators of the programmes, whereby they are informed of the nature of the programme and a collaborative decision is made as to whether the programme will meet the needs of the individual and if the individual meets the suitability criteria. There is not a requirement for the men to 'confess' to being an abusive person. Whereas this is the case in some other programmes. Rather, the nature of the pre-acceptance initial interview is to determine willingness to learn, engage and openness to the content. The pre-acceptance initial interview process is seen as an opportunity to gain insight into the way the attendees think and to determine whether the course is appropriate. This subtle acceptance may also reduce another barrier which attendees might have in attending other programmes, where it is mandatory to accept themselves as abusive.

Post-course support is also offered in means of telephone contact and individual contact if required. This support can last up to, however is not limited to, a year on completion of the course. The course is provided at a fee to all participants

and is open to both men and women. Attendance is voluntary, and referrals to the programme may be made through either self-referral or through agencies such as local social services and solicitors. If referral is made externally, consent is gained from the individual and the individual is assessed for commitment during the initial assessment stages.

4.7.3 Participant Recruitment

Contact was made with the facilitators and a formal request to recruit via their programme was sent (appendix B). Participants of the programme were then emailed by a facilitator of TEMPER UK, to inform them of the current research and to ask permission for the researcher to contact them. Advertisement of the research study included posters which were sent to the facilitators to disrepute (via email) to attendees of the programme (appendix C) Once participants gave consent for the researcher to contact them, the researcher emailed potential participants information on the research project and offered instruction on how participants could indicate interest in taking part in the study (appendix D). Altogether 59 men were contacted by the facilitator of TEMPER UK to gain permission to pass on their details to the researcher of the current study. Initially nine men responses to the email suggesting they would be interested to complete the interviews. Further to this, another two participants offered their consent to complete the interview through recommendation of another participant who had previously completed the interview. Due to the nature of data analysis in the current study, guidelines on the number of participants in IPA studies was considered. Although Smith et al. (2009) suggest flexibility with

the number of participants, a suggestion of between four and ten interviews for a professional doctorate study.

Participants were invited to contact the researcher to discuss any questions they may have had. After discussing any queries, participants were sent a 'participant information sheet' (appendix E) and 'consent form' (appendix F) to read and complete prior to completing a telephone interview. Once participants had the opportunity to make an informed decision and agree to participate, a date and time to complete the interview was agreed. The researcher then called the participants at the agreed time. The participants were informed on the nature of the interview and asked demographic details prior to beginning the interview. The interviews lasted up to 50 minutes. In all, seven men continued to complete the interviews.

4.7.4 Participant Inclusion Criteria

- Adult Males
- Attending or has attended IPV treatment programme in the UK
- Has not been court-mandated to attend an IPV course

4.7.5 Formatting of the Interview Script

The interview schedule was semi-structured, allowing participants the opportunity to include aspects of their experiences, which they felt relevant.

Smith, et al. (2009) suggest using open ended questions in a semi-structured format in order to gain depth to the dialogue offered by participants.

The interview schedule was formed after identifying themes from a literature review. Ten studies were identified as being relevant to the research topic. The interview schedule was also informed by the guidance given by Smith et al. (2009), who describe methods of forming questions relevant to IPA analysis. Pre-interview questions included demographic questions and aimed to allow researcher to develop a rapport with the interviews (appendix G). The semi-structured interview schedule (appendix H) consisted of three warm-up questions, 13 interview questions and prompts. The interview scheduled included descriptive, narrative and evaluative questions as suggested to be suitable for an IPA, by Smith et al. (2009). The questions are based on the themes identified through the literature review. The therapeutic context and alliance; the role of the family; the role of peers and personal development were found to impact the motivation for attending and engaging in IPV prevention programmes. Therefore, questions were created in order to gain information of these motivating factors, whilst also considering other factors which may have been relevant to the participants.

The interview schedule was reviewed by the researcher's supervisory team for doctoral research and was submitted for review by Chair of Ethics Sub-panel for the University of Wolverhampton (appendix I).

4.7.6 Procedure

All interviews took place via telephone contact. The participants were briefed on their rights to withdraw and to decline answering of any questions, prior to the interview starting. The participants were informed of when the interview would be recorded and then when the recording was stopped. As well as reading and signing consent forms and participant information sheets, participants were also asked to offer verbal consent to continue to interview once the recorded interviews began. Once the recording started, the researcher re-introduced themselves and explained the bounds of confidentiality and purpose of the interview. The participants were then asked the interview questions and prompts were used when necessary.

After the interviews were completed, the researcher thanked the participants and ended the recordings. Participants were then given the opportunity to discuss any matters they were concerned with and or ask questions.

Participants were debriefed and offered details of agencies to make use of if any issues around the subject matter arose. Participants were also sent an email following the telephone interview, in which researcher thanked them, and informed them of a deadline in which participants could ask for their data not be used for research purposes for any reason. This deadline was a week from the date they completed the telephone interview. The email also included a debrief sheet (appendix J). Participants were asked to offer email confirmation of withdrawal. All participants who took part in the interview, were happy for their interviews to be used for research purposes and did not request for their data to be withdrawn.

4.8 Ethical Considerations and Safeguarding Procedures

The researcher adhered to professional guidelines by the British Psychological Society Code of Human Research Ethics (BPS) (2014) and Code of Ethics and Conduct (BPS) (2018). The research also gained approval from the University of Wolverhampton, Faculty of Health Professions, Psychology, Social Work & Social Care Research Ethics Committee (appendix I & K).

The researcher was aware of local safeguarding procedures and aimed to inform relevant authorities should any disclosure of violence or risk to anyone be made. The researcher also decided to complete interviews via telephone to protect the anonymity of both researcher and participants. Interview questions did not enquire about any abusive behaviour and or ask for sensitive information about victims and others involved in any IPV the participants had perpetrated. The researcher's supervisory team and TEMPER UK facilitators were also available to support the researcher manage any risks identified. None such incidents arose during the course of the current research.

4.9 Informed Consent

Participants were informed via a participant information sheet (appendix E) of the nature and context of research in order to make a fully informed decision and give consent to participate. Participants were asked to sign a consent form (appendix F) initially prior to completing the interview. To ensure participants had understood all details of the participant information sheet, participants were asked to confirm they had read and understood the participant

information sheet and offer verbal consent to continue the recording. Participants were informed of reporting concerns of risk via the information sheet. During the interview process, this was reiterated to the participant, whereby they were informed, that any raised risk concerns will be taken to relevant authorities (i.e. Police, Social Services). Participants were given the opportunity to ask questions about the research and interview before they consented to take part in the interview. Participants were informed of their right to withdraw during the interview. The participants were also informed that any confidentiality applied in the research would be no longer apply in light of any information indicating risk to them or other persons.

4.10 Confidentiality

Research intentions were made explicit, if necessary, participants were informed of an example of the questions which may be asked in the interview and informed the questions would not include any request of a disclosure of details of any intimate partner violence or other personal details. Participants were also not asked to disclose any names or other identifiable information. The researcher recognised sensitive information may be shared, therefore research aimed to maintain anonymity with the information (including that of third persons involved in participant's dialogue) as it was particularly important to ensure the identity of all participants was protected. Identifiable and sensitive information regarding participants were removed from the interview transcript. Participants were asked to provide their full name for consent only.

Demographic information was also collected for research purposes however only relevant questions were asked.

The participants were made aware of their right to stop the interview at any time and withdraw from the study. Participants were also informed they could decide not to answer any participant questions if they wished not to.

Information regarding the service the participants attended is made explicit in the research study, as it important to identify geographical and organisational information regarding the treatment programme. Personal details, however, were coded, as to ensure these were not matched with transcripts. Only the researcher was aware of the coding of all data.

Sensitive information was assessed on whether the information was relevant to the research questions, any irrelevant information was disregarded and removed in order to protect participants. Information was not passed to any third party unless reasons for safeguarding concerns. Personal and sensitive information provided, will only be accessible to researcher. Data was stored in encrypted devices; whereby personal details including consent form was kept separate. All documents were coded as not to include personal details of participants.

Interview recordings were also kept on encrypted devices in locked storage. Written information was kept separate. Access was be limited to researcher only. All interview audio and transcripts will be destroyed after completion of professional degree and submission of the research. All participants were made aware of this.

4.11 Risk Assessment and Management

According to the British Psychological Society (BPS) (2014) guidelines, risk is described as any physical or psychological harm to participants or others who may be impacted as a direct result of the current research. The current study was considered of 'medium risk' due to the sensitive nature of the research topic (British Psychological Society, 2014). It was therefore important to consider management and assessment of risk prior to completing any interviews. Although the participants were not directly asked about the behaviour which influenced their decision to join the programme, it was acknowledged, participants may disclose this voluntarily. Although this did not occur, the researcher compiled a protocol in order to assess any risk which may have arisen and safeguard any vulnerable persons indicated through the disclosure. This included receiving any information sensitively, noting of any specific details and informing relevant authorities if deemed necessary. Further to this, all interviews were conducted via telephone, whereby further risk was reduced.

The debrief provided further opportunity to manage any risk. The debrief offered support to the participant by initiating reflection of the interview process, whilst contact details for supporting agencies were also given (appendix J). Participants were made aware of these procedures and that concerns must be actioned by researcher. Participants were informed the researcher may be obliged to relay any information which included any

safeguarding risk to themselves or others and or any illegal acts to relevant authorities.

4.12 Data Analysis

The data collected through the interviews were analysed using methods outlined in Smith et al. (2009).

Stage 1: Initially the interviews were transcribed and read thorough. This involved reading the transcripts for as many times as the researcher is able to enter the participants frame of reference.

Stage 2: This stage involved exploring the transcripts and noting any; descriptive comments, linguistic comment and conceptual comments. The commentary done by the researcher was inclusive of details exploring the interviewees lived world. The focus was inclusive of but not limited to understanding the experiences and commenting on any indicators of nuances, conflicting information, emotive information by analysing the information given by interviewees.

Stage 3: The researcher then analysed the commentary to identify any themes. Psychological interpretation of comments became the primary focus of the analysis.

Stage 4: The researcher re-read the entire transcript and checked for any additional commentary/ themes, before mapping the content for connections within each emergent theme. The themes were tabulated (see results section).

Stage 5: Once the process was completed for one interview transcript, it was repeated for each individual interviewee. The researcher maintained a focus on each individual interview as so not to allow themes from other interviews to impact the researcher's commentary.

Stage 6: Finally, the researcher collated interviews to identify patterns across cases. The next chapter outlines the complete analysis of the current study.

4.13 Validity and Quality

As mentioned above, there are many approaches and guidelines to assessing validity in qualitative research. Smith et al. (2009) suggests two guidelines Elliot et al. (1999) and Yardley (2000, 2015) for their pluralistic approach to considering validity in qualitative research. The current study focusses on Yardley's (2000) four principles; sensitivity to context, commitment and rigour, transparency and coherence and impact and importance.

Sensitivity to context suggests a good qualitative researcher will hold sensitivity to participants and research process. The very nature of an IPA encourages the researcher to hold sensitivity to the experiences of the participants, from the level of empathy and humanism needed when conducting non-judgmental interviews to the use of verbatim extracts in analysis, allowing for participants voices to be heard (Smith et al., 2009). The researcher believes the research aims allows for sensitivity to the participant group and context of the study as the focus plays on a positive understanding of men whose voices have not been heard and who lack services to support the betterment of them and society.

The second principle described by Yardley (2000) is of commitment and rigor refers to 'the in-depth engagement with topic and breadth of analysis', something which Smith et al. (2009) argue is the very center of IPA due to the extensive steps taken to ensure various levels of language, tone, patterns etc. are analysed through the five-step analysis process. Detailed annotations and notes were kept during each stage of the analysis (appendix L). As themes arose, these were shared and reviewed with the researchers' supervisors in order to eliminate individual bias. The researcher kept a reflective diary which contained details of initial thoughts of the men formed during the interview process. Any potential biases were noted as it was important for the researcher to acknowledge their bias as a female interviewing male perpetrators of violence against women. It is impossible to eliminate all bias, however the researcher addressed the conscious biases and attempted to bracket these during the analysis stages. The researcher was also challenged within supervision to ensure the voice of the men was the primary focus of the analysis.

The researcher also showed commitment to the participants and research by ensuring participants were comfortable in answering questions and were not asked any questions related to difficult or sensitive topics about IPV. The participants were given the opportunity to ask both the researcher and the TEMPER UK facilitator questions about the research and interview prior to completing any questions. They were also given the opportunity to withdraw their data as the researcher understood concerns participants may have had in relation to Family Court proceedings and or other legal proceedings and overall untrustworthiness of services and professionals.

The third principle of transparency and coherence refers to the transparency of the data, clear presentation and reflexivity. The current researcher presents verbatim extracts, clear links between extracts of the participants to psychological theories. Every detail of the data collection and analysis process is identified in the research. The analysis was also checked by the researcher's supervisory team, which further allows for the researcher to hold this principle in standing. The use of a reflective journal and the process of appraisal as part of the analysis and research study, further allowed the research to be aware of own biases, own view of the world and lens through which the researcher viewed the topic at hand. This allowed the researcher to use bracketing of own experiences and interpretations to aid for better analysis and understanding of the voices of the participants. Therefore, further detailing the validity of the current research.

Furthermore, the researcher recognised the impact of their own gender identity as a female working with male perpetrators of violence against women. Chapter 7, the critical appraisal, gives detail on the internal processes by which the researcher reflected on, to remain as balanced as possible, whilst conducting the interviews. Further to this, being of a south Asian ethnicity and working within the unspoken patriarchal cultural norms, I held in mind the impact of perceived judgment that the participants might have felt. The researcher recognises the limited opportunity to build a rapport with the participants, due to the interviews being via telephone and being unable to do recruitment and or scoping exercises face to face. The researcher further reflected on the impact of being a student and researcher of a topic which the participants had as their reality. This would further have created a barrier in the participants

feelings heard as the researcher would not truly know their experiences, for being so far removed. The researcher lastly also reflected on the lack of confidence during interview processes that came from being younger in age compared to all of the participants. This view of power imbalance had a significant effect on earlier interviews, particularly towards the beginning of the interview stages, although the researcher felt confident in holding this in awareness whilst conducting later interviews.

Evidencing the transparency of the current research can also be seen in the willingness of some participants to answer further questions and for the researcher to contact them back. Two participants also expressed their sincerity at the researcher listening to them, after the recording has finished. These participants informed the researcher they had felt the researcher had been understanding and not seen their issues as a 'male issue' as they had previously experienced from other professionals.

The fourth principle of impact and importance, details the 'theoretical, socio-cultural and practical value and usefulness of the research at hand (Yardley, 2000). The researcher argues the current study is fundamentally important and relevant to the social justice issue of IPV, violence against women, normalization of psychological help-seeking and psychological support of male perpetrators. The researcher believes it is not enough to have support in place for victims as the fundamental responsibility also lies with society to support perpetrators. The current study gives an understanding of why men help-seek, and this can give insight into developing interventions to address their specific

motivations, rather than rely on services which provide offence related treatment.

In summary, the researcher believes all four principles have been adhered to during the process of the data collection with the findings overall offering validity and trustworthiness.

4.14 Chapter Summary

This chapter gives an overview of the methodological principles of the research and a step-by-step description of the processes taken. Ethical considerations and steps to ensure quality of the research have also been discussed in this chapter. The next chapter will present the themes resulting from the analysis of the interviews, as well as quotations from the interviews.

Chapter 5- Analysis

5.1 Introduction

This chapter presents the analysis of seven semi-structured interviews through the process of an Interpretative Phenomenological Analysis (IPA). The purpose of the following analysis is to understand participants lived experiences in relation to the research question, as presented below:

What motivates self-confessed perpetrators of intimate partner violence to voluntarily join and engage in treatment programmes?

Table 3 indicates the observed superordinate and subordinate themes found through the analysis.

Table 3

Superordinate Themes and Subordinate Themes

Superordinate Theme	Subordinate themes
Getting Results	<ul style="list-style-type: none">• Seeing the Children• Tick Box Exercise
The Process of Change	<ul style="list-style-type: none">• Personal Development• Role Model• The Self as a Perpetrator
Men as the Victim	<ul style="list-style-type: none">• Male Issue• No Choice• The Stigma

Can You See Me for Who I Am?	<ul style="list-style-type: none"> • Non-judgement • Comrades
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The following chapter presents extracts from the interviews to exemplify the themes found. Appendix M indicates all of the themes found within each participant's interview.

5.2 Getting Results

This superordinate theme looks at attendance on the programme being a means of practicality to either gain access to their children and or to prevent the need to court mandated attendance on such programme in the future. Two subordinate themes are presented here, 'Seeing the children' and 'Tick-box Exercise'. The Superordinate theme reflects the desire to gain an outcome as a result of their attendance. This suggests an extrinsic motivation as being the reason for their attendance and engagement for these men, in comparison to the intrinsic motivations presented in later subordinate themes.

5.2.1 Seeing the Children

This first subordinate theme looks at the men gaining access or seeing their children as the primary reason for the attendance on the programme. Some of the participants had restrictions in place for seeing their children. The restrictions were a result of family court decisions, and the purpose of their

attendance was to comply with the conditions they needed to be able to see their children again. Although the conditions were not court-mandated, attendance was seen to be a pre-emptive measure or a suggestion for the men to be able to see their children should the courts decide otherwise. Steven, Jacob, Alex and Rohan all shared a consistent view of this:

'[...] the emotional journey that I guess I am on, was really around them [children]. And that is, if I'm going to see my children. Especially in this incident it was more about my 4-year-old son.' (Steven)

'[...] the reason why I went on the course [IPV programme] was for my child. I was, you know I had to apply to the court for a child arrangement order and because I was prevented from, from having contact with my child. And so made an application to the court, to see my child and so, my child was the only influence.' (Jacob)

'Yeah 2 girls [...] primarily because they are the ones that I see, and so I'm doing it for them. So that, it allows me to see them.' (Alex)

Here the men's accounts capture an emphasis of their attendance on the programme being primarily due to accessing their young children. The children provide an extrinsic motivation to attend the programme and appear to be the most important factor behind this. There seems to be a high level of importance

of the children as being fundamental in the decision to attend such a programme. During the interview stages, the first reasons all of the men mentioned above gave as to their attendance on the programme was around their children. The men spoke with such ease and clarity about their children, which gave an insight into the attachment between themselves and their children.

There was a perception of the children needing to see their fathers, as described by Rohan. He explains that rather than him gaining access to see his children for his sake, his progress on the IPV programme would allow his children to see him for their sakes and so fulfilling the needs of his children, rather than his interest being to fulfil his need:

'I wanted to try and do whatever I could to facilitate my children to be able to see me, after some unsuccessful court appearances [...] it was more for my children to see me [...] I don't look at it in, a lot of people look at it in perceive of them wanting to see their children. Not to say I didn't want to, but it's not all about me, it's about them.' (Rohan)

Here it is clear that Rohan feels it is the right of his children to be able to see him, despite the ongoing proceedings of the family court. This also highlights a contradiction in his perception of his children's needs, in comparisons to what supposedly the judge, other professionals as well as the mother of the children, feel is in the children's best interest.

5.2.2 Tick Box Exercise

This subordinate theme looks at all the other factors which the men felt they needed to gain as a direct result of attending the programme. For many of the men, attendance on the programme was seen as a pre-emptive measure to prevent any future court mandated attendance on future IPV programmes. In the following extracts they describe a sense of taking control of as much as they can, to manage the ongoing difficulties they are experiencing as a result of services and family courts who have been involved since any alleged and or actual acts of IPV.

Attendance on the programme was perceived to be a 'tick box exercise' as a result of what the participants expressed were false allegations made by partners. It appeared two of the participants felt almost forced into attending due to their circumstances.

Rohan expressed his need to show the family courts, his attempt to complete a programme which although was not mandated, was similar to one that they would suggest should he be advised to attend such a programme:

'So that was the biggest driving force because I couldn't do the one the court had ordered me to do, I wanted to basically find something that looked to be, ticked the boxes to be suitable in the areas that they would cover and show as much as I could to say, I couldn't do this, but I have done this.' (Rohan)

Jacob also said his attendance was an insurance policy rather than a way to work on actual abusive behaviours:

'I did the course umm as I said as an insurance policy [...] I didn't do it because I was an abusive person [...] I was compelled to do it. Because you know I was living in fear that I was going to, findings were going to be made against me.' (Jacob)

Here, Jacob also denied being an abusive person yet fears the allegations against him being found as true. This contraction suggests Jacob may be struggling with owning his abusive behaviours and instead denies his actions. It could be that Jacob is still in pre-contemplative or a contemplative stage of the process of change, whereby he is not actively acknowledging or working towards changing any potential IPV behaviours, which he fears will be found against him. His engagement on the programme will therefore be influenced by this lack of acknowledgement for any potential IPV he may have committed. Although the programme did not specifically require the men to explicitly acknowledge or admit to their IPV behaviours, the interventions encourage the discussion of personal circumstances which have led the men to partake in the programme. It appears similar interventions, did not offer Jacob the same meaning as other men, as shown in previous subordinate themes.

Jacob further spoke about his attendance being a precursor to future conditions being put on him and so felt his attendance on the current IPV programme would support his case. He spoke about his decision to attend the programme as a precaution and so be prepared for his future trial:

'[...] basically, some very serious allegations were made against me. And I was advised that if any of the allegations were founded then it was quite possible, that I would have to do some kind of domestic violent course. [...] and therefore, I was pre-empting you know worst case scenario and decided to enrol on the course. So that when I did go to court later on in the year, I would've done you know domestic violence course and therefore wouldn't delay the trialled arrangement order.'

(Jacob)

Despite Jacob expressing that he was pre-empting a worst-case scenario – that of being found guilty of IPV – it seems he implicitly acknowledges this outcome. His statement that being advised to enrol if any allegations were founded and subsequently following this advice could be seen as an admission that the allegations would be verified. This coupled with his earlier comment regarding the course being an “insurance policy” can be seen as him viewing his attendance to be rooted in an extrinsic motivation, where he is reacting to the perceived threat of the evidence against his abusive behaviours, being justified.

5.3 The Process of Change

This superordinate theme shows a process of change in perspective and development of the internal self for some of the men. Growth of the participants' identity as a father as well as a development of their sense of self, forms the basis of the following three subordinate themes: 'Personal Development', 'Role Model' and 'The self as a Perpetrator'.

5.3.1 Personal Development

The subordinate theme of personal development considers the effect of the interventions on the men learning from or having experienced a process of change within themselves. In particular there is suggestion that the interventions supported the development of empathy and understanding of victims of IPV. The men also described learning and reflections as important and valued experiences during their experiences on the programme, considering the prospect of personal growth and learning. Aaron said:

'[...] I definitely did because I want to learn. It was not just about getting the results from the family court. Otherwise, if it was, I would have stopped after the first session. Because the courts didn't actually want me to attend a domestic violence course anymore. It was for personal development because I really wanted to learn.' (Aaron)

Although Aaron noted here that his attendance was about getting a result for the family court, he goes on further to describe his circumstances whereby he was told he no longer needed to attend the course. Despite this, he suggests he maintained his attendance due to the learning he felt he was gaining by through the IPV programme. Rohan also indicated that his intention for attendance was to procure meaning from his attendance, rather than a tick in the box:

'I didn't want to tick a box, I wanted to make sure what I did was worthwhile.' (Rohan)

Steven also spoke about his views of wanting to gain something deeper and meaningful from his experiences on the programme:

'[...] but there's a deeper significance to me personally that was that I want to understand, unfold the events that have happened in my life recently and perhaps understand me better and maybe this course might be able to help me do that.' (Steven)

Steven further gave an example of how an intervention on the programme allowed him to understand his reactions towards his ex-wife, and to evaluate the effectiveness of his responses to her. The extract shows Steven reflecting

on an alternative method of relating to his ex-wife, which would have resulted in a different outcome than his previous methods of managing conflict:

'[...] normally what I tend to do is I put my headsets on, and carry-on working, to avoid any confrontation or have the argument escalate. Or I would walk out the room to mitigate any risk any further risk of an argument... But the thing is what the course helped me understand is, that actually, somebody is angry. And usually, anger is associated with hurt. And so, it kind of allows me to ask a different question now. And that is, the different question would be, is look I notice that you're angry and you're saying this this and this. And perhaps your hurt about something, would you like to talk about it whatever it is your hurting about. And then then explore that about it... And breaking down what is the angry about the real issue. And see if that can help... Because you know walking out the room and putting your headsets on. Can send a very wrong message, even though It's meant in a non-threatening manner...And I think that's the biggest thing I learn in the situation is handling stuff like that from the course.' (Steven)

Here Steven detailed a previous reaction to conflict within his relationships. He goes on to explain how he became avoidant, and this avoidance has previously been unhelpful. Steven spoke of how he was able to use the workshop exercises to understand the emotions of his partner and see beneath the anger she may have displayed. Steven reflects on a change in the way he would

respond to a situation, whereby he explains a difference in behaviour from the avoidance he previously may have used. Steven verbalises learning through the ABC (Activating event, Beliefs and Consequences) model (a model of reflection within Cognitive Behavioural Therapy), whereby he attempts to understand the 'Activating event' of the scenario, 'Beliefs' and assumptions he makes about his partners emotions and the 'Consequence' of his own behaviour. This learning appears to be evidence for his process of change, within the context of the IPV programme. Although, it is also noteworthy, Steven gave the interviewer an example where his partner is displaying 'anger', therefore perceived aggression and yet he does not give indication of any abusive behaviours from his part. This may suggest some minimising of his own actions within conflict with his partner.

Furthermore, Aaron also spoke about how reflection on the self a key learning from the various interventions was completed in the duration of the programme:

'The content, the content was really good, it allowed us to. Really (pause) get us, get us out of our comfort zone, it was really interactive and not like a lecture like I thought. We were sitting on the floor, on cushions. On a 1:1 basis. Swapping partners all the time. And we had to talk about previous situations which might have felt embarrassed. Situations which might have been angered. So, it really helped us to really understand our emotions and to look deeper into our self. The other thing was that we had a role play which I think was also like the

focus of the course. We had to play the role of the incident that led us to come here.’ (Aaron)

Aaron also describes a process of reflection whereby the interventions on the IPV programme facilitated an increased awareness and understanding of himself and his emotions. He also speaks of becoming vulnerable and allowing himself to feel embarrassed and out of his comfort zone during the interventions which he also acknowledges he may not have allowed himself to do previously.

5.3.2 Role Model

This subordinate theme considers the perspectives of the men as a father, and how attendance fulfilled their desire to be positive role models for their own children. Presented is a desire to change the type of father they are, from what may be seen as an abusive father, to someone who their children can look up to. Throughout the interviews there seemed to be a commonality between three men, whereby they wanted to better themselves and become better fathers. Steven explained that he wished to become a role model for his son, with his son being a key motivator in his decision to attend the course:

‘[I would] do anything constructive to be able to spend more time with him. To be part of his, development, and be there supportive as a role model for him.’ (Steven)

Alex also emphasised the idea of being a positive role model for his children as a factor which influenced his decision to attend the course. When discussing a role-playing intervention, he had completed during the course, Alex described this as a 'wakeup call' to the impact his behaviour had on his children:

'[...] and that effected my children, that was like you know a wakeup call as well [...] I wanna be a better father to them. [...] Better role model for them' (Alex)

Part of being a better father was an emerging recognition of the impact the IPV had upon children. During the role play intervention, the two facilitators created a scenario whereby they act as parents who are verbally abusive to one another. Participants are expected to take on the role of a child and observe their respective role-played parents. This seemed particularly influential for Alex, as his emotive response suggested a process of change in view of the impact his behaviours had upon his son. This was evident while he spoke of this particular intervention when explaining his perception of the impact abuse can have on children.

'[...] sort of seeing the situation enacted in front of me, which had nothing to do with me, and just, just seeing [name of facilitators]. When

we sort of acting the part of children seeing how, here in the sort of acting. You can understand the hurt, that they, they're experiencing.'

(Alex)

The role play intervention involved the men taking on the role of each other's own experiences involving acts of IPV and witnessing children. Alex describes the hurt he understood the acting children may have been feeling during the role play. Although Alex does not directly speak of his own experiences, the discourse shows his reflections of sympathy for the children who may be present during conflict and IPV within adult relationships. This also highlights a shift in his understanding of IPV and learnings of the emotions of children involved in incidents of IPV.

Aaron further explains how he felt he wanted to be a safe a capable father for his son and to recognise his behaviour for his son. He explains his motivation to attending the course is for his son and to change the perception from being an unsafe father, to a benefit and safe father.

'I knew that I have to how that I am safe and capable, erm father [...]
So this is important to go on the course to show that I can acknowledge what I've done, and I can only be a benefit to my son to attend that course.'

(Aaron)

5.3.3 The Self as a Perpetrator

Amongst the men there seemed to be a self-narrative whereby they begin to question the view of themselves and realising themselves as a perpetrator of IPV. Specifically, the men seem to reflect on their allegations and in turn acknowledge said allegations have been made against them. This leads to them questioning their self-perception. There is a change in their self-identity and the view they previously had on themselves. Recognising and accepting the self as a perpetrator of IPV was emotional for some of the participants. For Steven, this ultimately led to some questions about how he viewed himself, having to now accept the identity of a man who is violent towards women

'[...] first thing I felt in my head was that this actually could mean that I'm attending domestic violence course, have I committed an act of domestic, could be interpreted as violence and is this is this the type of person I am, kind of thing. So, you know it's kind of, some of the emotions are at play at it as well.' (Steven)

Here Steven seems to suggest that he had not considered his actions to be violent, and by default, he was not a violent man. Attendance on the course, which ultimately brings with it the identity of a perpetrator of IPV, therefore impacted upon his self-concept and self-perception.

Despite acknowledging that they had committed IPV, Steven and Aaron minimised the extent of this, demonstrating an interpersonal conflict of acknowledgement yet minimisation of the IPV. It seemed that the men had a

pre-conceived idea of an IPV perpetrator and whilst they started to acknowledge that their actions did constitute IPV they struggled to accept that they were 'true' perpetrators of IPV, not fitting in with their IPV perpetrator schema. For Steven, the process of minimisation was seen through a comparison of the 'mild' nature of his perpetuated IPV to some of the other people the programme has worked with:

'And the good thing is for me, they are actually a positive that is they are actually have dealt with some severe cases were, there's been, domestic violence cases, very much different to mine. Mine is very, very mild in comparison.' (Steven)

Here, Steven compares himself to other perpetrators of IPV and perceives his own actions to be 'mild', thus minimising not only his actions but also arguably the impact upon the victim his actions had. Aaron similarly holds a pre-conceived idea of a perpetrator of IPV which, like Steven, he does not see himself as fitting due to the nature and frequency of his abusive behaviour.

'There were some allegations of stalking, by my ex-partner.... I felt that I wasn't truly a perpetrator of domestic violence because what I did, was a one-off incident. which didn't involve any physical harm. Perhaps my, might have resulted in some emotional, harm on the victim.' (Aaron)

Whilst this again seems to suggest he had minimised his actions and the impact upon the victim, there is an acknowledgment of stalking which he alludes to being emotionally harmful and potentially violent, albeit non-physical.

These men clearly felt that it was important to reflect upon what a perpetrator of IPV was in order to acknowledge that identity for themselves and that the course had enabled them to challenge and revise their previously held schemas of an IPV perpetrator.

The IPV perpetrator schema appears important to understanding the men's openness and willingness to attend the programme. The men who spoke of acknowledgment and questioned their self-concept, appeared more willing to consider their responsibility and showed some learning and shift in mindset of what IPV is.

Whilst the above men suggest some struggle and duality in their acknowledgement of themselves as an IPV perpetrator, for Aman, it appeared easier to acknowledge:

'When two people argue, when mother and father argue, it affects the kids. It used to happen when, when I was younger. You know when we were younger mom and dad used to have a little barny and we used to feel scared, you know like, all that kind of stuff [...] When you argue you don't think, so sometimes it takes a person outside the box to tell you, relationship to tell you, mate that's what happen.' (Aman)

Here, Aman considers the impact of an intervention on his children and how this realisation came from someone else bringing this to light. Aman shows a shift in his narrative of arguments between himself and the mother of his children. He relates his current situation to his own previous experiences of potentially witnessing verbal abuse. Although he minimises the argument by using the words "a little barny", he acknowledges the intensity in the emotion he felt at the time by saying that he recalled feeling "scared". It seems this intervention shifted Aman's viewpoint and understanding of what an argument can look like towards children. It seems he is beginning to accept himself as someone who is abusive to women. This is further highlighted in his statement later in the interview:

'We are all there for one thing. Because we've got issues with our thingy [...] Were all in the same boat [...] how can I put it to you, there is no shame [...] whatever we did we did. We did wrong.' (Aman)

Alex also reflected on how the course allowed him to fully acknowledge his responsibility for the abuse, inferring he had previously minimised this by placing some blame upon his ex-partner:

'The course kind of, help you see that regardless of that, you're still responsible for your own behaviour and [...] you know regardless of the impact she had on me and the abuse, the abuse. Your, she, it was the, I'm still responsible for what I did for her.' (Alex)

Aman and Alex seem more accepting of their behaviours and appear to take some responsibility for their actions. This is different from Aaron and Steven, who although show some acknowledgment of themselves as a perpetrator of IPV, seem reluctant to accept their part.

5.4 Men as the Victim

This superordinate theme presents three subordinate themes, whereby the men discuss their experiences of feeling victimised. The victimisation comes through believing that they did not have a choice in attend the course, being subject to stigma and being blamed by others. There is a sense that they are reacting to external pressure, the motivation is extrinsic, and they feel almost forced to be here. The subordinate themes presented are: 'Male Issue', 'No choice' and 'The Stigma'.

5.4.1 Male Issue

This subordinate theme considers the perspective whereby the men felt IPV was seen as only a 'male issue' and women as passive victims. The men speak

of their own experiences of violence perpetrated by their female partners and how this was not considered by the IPV courses or services with whom they had previously dealt. Whilst other men, acknowledge that they feel no consideration was given to the fact that they found it hard to communicate and or struggled with the arguments or problems within the relationship, yet they feel this was not given a thought by anyone, as mentioned later by Alex.

The stigma of being a perpetrator of IPV seemed to be related to how society views perpetrators – Aaron previously stated, IPV perpetrators are all seen as violent and aggressive, in need of help. Tellingly he also commented that they were 'all men'. The participants felt that this construction of an IPV perpetrator permeated not just the views of wider society but also the approach taken to many IPV interventions and programmes. There was a clear sense among the participants that IPV was seen as a 'male issue' with men being held fully responsible for this. This led to a feeling of being victimised due to their gender and that alternative explanations for the IPV were ignored; being male was explanation enough for what had happened.

Rohan suggested that this was a driver for why he has chosen the current IPV programme to attend over others:

'It's not just a male issue [...] obviously the programmes they [family court] wanted me to go on, from social services or CAFCASS were very different, they were, it must have been male fault.' (Rohan)

There seems to be a sense that many interventions or programmes do not listen to the perpetrator which was a source of frustration. As Rohan explained:

[...] by going to the CAFCASS things [family court-mandated alternative to the current programme], that was very, you must accept total blame [...] no one else could have been at fault, it must have been the man' (Rohan)

Here Rohan shares his thoughts of how he was felt he needed to accept 'total blame', something which he alludes to denying. Rohan speaks in an emotive manner about how he feels the blame is almost automatically put onto the man as opposed to understanding the interaction between partners which he feels may have contributed to a man's IPV behaviour.

Further to the suggestion that IPV was a 'male thing' it also became apparent that female perpetrated abuse was largely ignored. Alex spoke of being victim to abuse by his partner and how this was not acknowledged, but rather he was put in a position whereby he took responsibility for completing a IPV course:

'Feels like during this whole process, there's very little regard given to, the abuse I suffered by my wife. Sort of what I had to deal with.' (Alex)

Aaron also shares his experience of believing that other IPV programmes had the expectation that he should consider the impact of his behaviour on his partner, however he suggests he also wanted to consider the impact of his own emotions on his behaviour. As mentioned in an earlier extract, Aaron speaks of an incident of stalking which he states is the reason for his current circumstances. He suggests he had hoped to gain an understanding of why he did what he did, suggesting a desire to gain knowledge of himself and the factors leading to this act which he feels was rooted in some emotions of which he had little understanding of at the time.

'CAFCASS felt that I should, understand the feelings of what my partner might have gone through and the actions I did [...] but I felt that would [current IPV programme] would possibly teach me that, and hopefully give me an understanding of my own emotions and what I was going through. That made me do and do what I did.' (Aaron)

Although only Alex spoke about his own experiences of being subject to abuse from his wife, there was a common thread between the men that the IPV programme they attended, strayed away from the usual IPV schema they had perceived from other IPV programmes, whereby IPV was a 'male issue'.

The acknowledgement from facilitators that IPV is not just a male thing, was particularly influential and important for the men. This idea was also linked to feelings of acceptance by the programme facilitators, whereby Alex suggested

he felt understood by the facilitators as they recognised IPV was not just a male issue:

'[...] They (facilitators) really understand the man's point of view [...]

(Alex)

Here Alex suggests his voice has been heard rather than his perspective be diminished due to the fact that he is a man. This schema which he held previously, seems to have changed and now he suggests feeling understood as a man in his position. Thus, showing an appreciation for the understanding nature of the relationship between Alex and the facilitators, which is further highlighted in the next subordinate theme.

5.4.2 No Choice

This subordinate theme looks at the idea that they felt, despite the course being voluntary, them having no choice but to attend the programme due to being blamed wrongly by others. This could either be due to needing to gain access to the family home or being pushed to do so by other agencies.

Although the men here acknowledge their attendance was due to external pressure, there is a conflict within the narrative, as they further go on to acknowledge that they also wished to gain some learning from the course and or develop as a person.

Two of the men saw themselves as victims of the 'system', expressing the view that they had been wronged by others - ex- partners, social services and/or the family courts. They felt they had been wrongly accused of some form of IPV and for this reason were being subjected to unfair consequences of attending an IPV programme. This can be seen as a defence mechanism of projection, whereby these participants may have struggled to take responsibility the actions or circumstances which have led them to attend such a programme, instead, holding a negative perception of those who have blamed them for potential acts of domestic violence. Notably, it can be easier to see the self as a victim in their own life story as opposed to the perpetrator in someone else's life story. These men seemed reluctant participants in the programme which despite not being mandatory they felt forced into attending. Viktor explains his personal circumstances led to him being unable to be with his family due to the input of social services:

'When did I first decide it? To be honest I have no choice, I have to do the course. That's the first thing was running in my mind because it was suggested by social service. And then they were, have to complete, for me to join back to my family [...] My son raised allegation in the school, erm which was then concluded and proved I didn't do what he said. But social services didn't want to leave it. Because they feel like I have a temper issue [...] so social services quickly said, unless until I do this programme. They not gunna send me back to my house.' (Viktor)

Here, Viktor described a feeling of pressure of having to attend the course in order to resolve any allegations which were made against him. Viktor spoke of an injustice where despite a purported lack of evidence, an allegation of IPV could prevent him from seeing his family. Viktor's understanding of the situation leading to the IPV programme, differs from that of social services, which he feels gave him no choice in the matter. Jacob also shared this view:

'Well, I didn't really want to attend it. Because I was, I felt that the allegations that were made against me were false. And therefore, having to attend course [...] in respect of you know these domestic violence allegations was quite upsetting.'

Although Jacob states no direct condition was put on him, as with Viktor he feels he has no choice but to attend the course as a preventative measure for fear of future negative consequence of the allegations made against him. Jacob speaks of feeling 'upset' due to allegations made about him and his comment that he felt that "the allegations were false", suggests he may not believe he acted in an abusive manner.

In this subordinate theme, there is a thread of denial of any abusive actions, which may have led to the men to having to attend the IPV programme. The men also appear to be stuck in a model of interaction as described by Karpman's Drama triangle (1968) whereby they see themselves as the 'victim',

social services and family courts, become the 'persecutors' of their story. The men seem to draw clear contrasts between how they see themselves in relation to the accusation of IPV and how others see them; for Viktor, he indicates that others feel he has the potential for violence whereas Jacob sees himself as not violent. Both see themselves as being wronged by the system here

5.4.3 The Stigma

This subordinate theme looks at the stigma the men felt they faced, as a result of being on an IPV programme. The men speak of the perception they have of the view others will hold, as a result of them being a perpetrator of IPV. The men further commented upon the societal schemas of what an IPV perpetrator is. Having acknowledged their self-perceptions, the men were further faced with the acknowledgment of how others would view of them, as men who are violent towards women. Thus, despite accepting their own circumstances and help seeking, the men were very much aware of the stigma which is attached towards being seen as an IPV perpetrator and being on an IPV perpetrator programme.

Here Steven acknowledges this stigma:

'[...] so first of all, there stigma attached to attending this type of course and that is its domestic violence related course' (Steven)

Aaron also spoke about the view he felt others will have of him and the emotions which arise as a result of such:

'I felt a bit embarrassed. A touch of anger. Of thoughts of what was I doing this for. Attending things. Or I'm someone who conducts domestic violence or I'm gunna be seen as one of those [...] Are we going to be brushed with the same paint brush? Were all men that, are going to be seen as aggressive or some form of violent. Someone who might need help.' (Aaron)

It seems the anger and embarrassment Aaron speaks of it directed towards the reasons why he had to attend the programme. It may be his acceptance of being "someone who conducts domestic violence" has led to feelings of anger directed at himself and embarrassment as a result of how he thinks others will perceive him. The idiom, "brushed with the same paint brush", Aaron uses further explains how he believes society will see him as the same as other IPV perpetrators as aggressive and violent men who hurt women and in are in some way in need of help. Here Aaron acknowledges the societal schema of an IPV perpetrator and begins to consider himself in response to this schema, which may also be another thought leading to his feelings of anger and embarrassment.

5.5 Can You See Me for Who I Am?

This superordinate theme describes the affirmative response the men received from the facilitators and peers, who they seemed to feel were able to understand them. The discourse presented here, appears to highlight the importance of feeling 'understood' and in turn being accepted for who they are, regardless of any violence they may or may not have perpetrated.

The two subordinate themes presented are 'Non-judgement' and 'Comrades'.

5.5.1 Non-judgment

This subordinate theme focusses on the non-judgmental stance, the men felt the facilitators took when working with them. There are several mentions of the men acknowledging how they felt understood and recognised the facilitators as being non-judgmental towards them. There appears to be a feeling of being understood by others. Particularly the understanding and acceptance they received from the programme facilitators. The discourse captured within the theme, highlights the connectedness and the acceptance the facilitators of the IPV showed them. This is an important aspect of the men's experiences, as they also suggest other services and people who they have felt, were less understanding and more judgmental of them.

All seven of the participants spoke about feelings of being understood by the facilitators. They commented on them being understanding towards them and their circumstances. Whether this was shown through understanding and accepting of their personality types, such as not being comfortable in groups, or seeing the participants as more than just in terms of the allegations against

them. There was a sense that the facilitators were genuinely interested in helping the participants, which seemed to be picked up through their interactions: Aaron stated:

'Yeah, they were very supportive. They were easy to get on with they were individual that you can open up to. They were very welcoming and approachable. I think that was important for them to help us erm. Get the best out of the course by opening up about our feelings. [...] I mean they were nice people saying they really encouraged us to attend the next day's session and the ones that follow. And they really encouraged us. So yeah. They individually did really help us to want to attend the course and continue to stay on the course.' (Aaron)

Here, Aaron recognises the individual relationship he had with each facilitator, and the importance of this in motivating his continuation on the programme. This suggests that the rapport between the men and the facilitators was not only rooted in an understanding their perspectives and the 'openness' in their approach, but also the genuineness of the facilitators in wanting to 'help' and support them men in their process on the programme.

Alex spoke about the difference between the facilitators of the current IPV programme to those of other IPV courses.

'[...] they [other IPV programme] don't really understand the reason why I'm quiet, you know in front of, the group of, 10, 12 other people. [...] The course that I'm doing with [facilitators name]. He was, he was a lot more understanding. and he, sort of [...] knew why I was acting the way I was acting. He would point it out and so leave me, reassure me about it so.' (Alex)

Other men also felt in specific the male facilitator was paramount to their decision in attending the current IPV programme compared to other programmes. In particular, the therapeutic nature of the relationship, seemed important. Viktor said:

'[...] I spend nearly an hour speaking to him [facilitator]. so that's when I had a confidence that I, that's I'm ok to attend the course.' (Viktor)

Here Viktor refers to a pre-programme consultation which the facilitators have with the men, prior to their attendance on the programme. Viktor speaks of the length of "time" the male facilitator gave him and how this allowed him to have "confidence" that he would be "ok" to attend the programme. It seems as though the time and effort the facilitators offered him was reassuring to Viktor. This also alludes to some potential fear or worry he had prior to the programme which the facilitators were able to appease, through the initial consultation.

Viktor and Jacob further explained a sense of respect from the facilitators and described their non-judgmental ways of working and interventions. They described their preconceptions as to what the course content would involve and compared this to what they actually experienced. This is further shown in the below extract where Viktor explained:

'They [facilitators] never treated anyone in that place over there saying that we have [anger] issue. Rather, they made us to feel what we did by bringing our own personal issue in front of our eyes by doing a role play'
(Viktor)

This follows from earlier mentioned societal IPV perpetrator schema which follows the same narrative of IPV being an anger issue. Here, Viktor explains the facilitators had an alternate IPV perpetrator schema which appears to differ from that of the societal schema and the schema of IPV the men previously held.

It also seems the non-judgemental aspect of the relationships may have helped the men change their perspectives and of their intimate relationships and any IPV behaviours. Where they feel understood and heard, it appears to have allowed the men to remove the label of victimisation they had due to previously held negative stigma and to be accepted by the facilitators who saw beyond the label of angry and violent men.

Jacob mirrors what Viktor says above by acknowledging the approach of the facilitators and content of the programme as being influential to their engagement. Jacob spoke about the way the facilitators related to the participants throughout the interventions.

'I definitely I think they definitely had very profound impact you know they, I think yeah, in many ways I think, I think we, you know we, we did the activities, you know with a sense of you know with a sense respect to them. You know because, they obviously umm, you know they engineered this course. They know exactly what you know, why they've done, or put together you know the course in that way. And I think yeah, I think because of you know how they are, I think everybody was encouraged to give it their best really.' (Jacob)

The individual interaction between the facilitators and the men, through interventions or pre-programme consultations and general encouragement seems to be a factor which is motivating for the men to do well and give it 'their best', as per Jacob suggests above. His use of the words 'profound impact' seems to highlight the severity of the impact the facilitators had on him, which lead his to not only 'respect' him but also encourage him within the activities and interventions on the programme. Which in turn may have shaped his willingness to learn and gain meaning from the interventions offered on the programme.

From this it can be suggested, the core conditions as per Carl Rogers (1951) described in Person-centred therapy, empathy, non-judgment and unconditional positive regard, seem to be at play between the facilitators of the IPV programme and the participants. Viktor suggests the value of time and empathy from the facilitator. Alex speaks of understanding, and the non-judgment which the facilitators give to him, despite him being less interactive than the rest of the men in his group. Furthermore, the respect and encouragement, forms part of the unconditional positive regard within the core conditions of a strong therapeutic rapport which forms the therapeutic process within psychological therapy. These conditions appear to form a collective experience amongst the men, which supports their interactions and feelings of being understood by the facilitators.

5.5.2 Comrades

This subordinate theme looks at the commonality, validation and the reinforcement gained from each other, which influenced their ongoing engagement in the interventions. This subordinate theme shows the relationship between the men and specific interventions of which some men felt a sense of connection to their peers.

Rohan suggests that he felt his peers were influential on his own engagement due to being engaged themselves.

'Very highly because they were all very engaged themselves.' (Rohan)

For Jacob, the sense was that his peers allowed him to see that he was not alone and therefore offered reassurance. He speaks of a sense of solidarity between his peers whereby a mutual open-mindedness amongst each other, appears to form an unspoken bond between them.

'I met other people who were in similar unfortunate situations that I was in. so I think it was really good you know to meet other people and to feel I wasn't alone... I'd say that the other members err the other people on the course were as open minded as I was... You know I think there was certain amount of solidarity between the other people on the course.' (Jacob)

Alex also spoke of the understanding that he felt the others had of him which allowed him to feel at ease and less pressured in the group setting.

'They didn't, they didn't sort of push me to be outgoing as well, sort of understood my personality... it just allowed me to be a lot more relaxed... Whereas, if I kind of, if I'm called out in and made to feel bad for being shy or whatever. then it just makes me even more shy. Makes me more withdraw. And I find it harder to join in, so it helped a lot that they were understanding in that sense.' (Alex)

Here Alex further notes the difficulty he would have faced with his engagement, if the others were not as accepting of his personality type, as they were. It seems important for Alex to have had others be understanding as he reflects on his level of comfort, and openness in the group.

Steven further exemplifies the connection between the group by considering the process as an emotional journey and the support they offered each other. Steven uses the word 'defending' when he refers to what appears to be reassurance to another, and acceptance of the range of emotions which come from the programme.

'Working together as a team, seemed to kind of, work, because everybody there were, clearly on an emotional journey... being a presence of the people how are going on an emotional journey and defending on the type of emotions they are currently expediting'
(Steven)

He further goes on to explain the relationship he felt with some of the other men on the programme, which he described as a bond, which came through the sharing of emotive stories and being a part of each other's journey. He says he noticed this bonding as beginning as curiosity to then becoming trust.

'You kind of form almost like forming a bond... You build a rapport during that. Even though it, you may be very different people, from very different backgrounds. It's interesting that when you share certain content and certain narrative about their certain life experiences, which they don't have to, but they did, because them. You know. Going from. From more, feeling of curiosity, to trust.' (Steven)

Chapter 6- Discussion

6.1 Overview of the Research

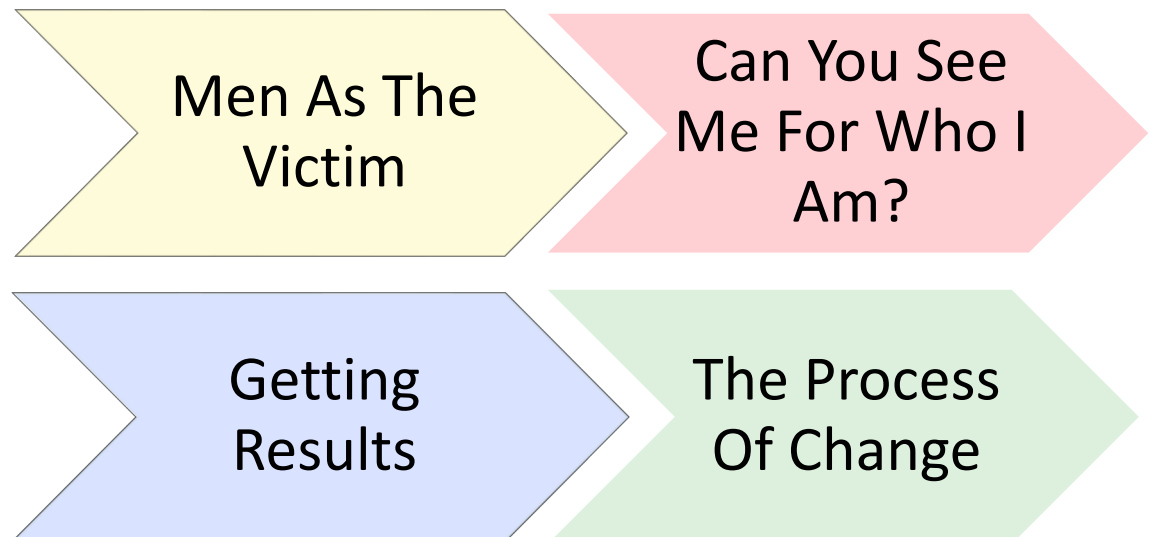
The purpose of this study was to explore the motivations, perpetrators of intimate partner violence had for attending and engaging in voluntary treatment programmes for IPV perpetration. As highlighted in the literature review, there is a lack of research into this area and most research done into IPV treatment programmes has focussed on the effectiveness and recidivism rates as a result of attending these programmes. The aim was to close this gap and to begin normalising treatment programmes for IPV, from a strength-based approach and illuminate service providers as to the reasons why people attend such programmes.

The findings of the current study gave four superordinate themes; 'Getting Results', 'The Process of Change', 'Men as the Victim' and 'Can you See Me for Who I Am?'. The superordinate theme *Getting Results* saw the narratives of men finding attendance as a means of either gaining access to their children or to fulfil the suggested but not mandatory requirements of family courts or social services. The superordinate theme, *Men as Victims*, looked at the stigma faced by the men and their feelings of being victimised and blamed by others. This was an important superordinate theme as it showed a contrasting view compared to the superordinate theme *Can you See Me for Who I Am?* This superordinate theme highlighted a narrative whereby the men felt others saw beyond the stigma and labels and were able to understand and destigmatise them. Lastly, the superordinate theme *Process of Change*, looks at the personal journey the men took while on the programme and identified both personal

development and re-inventing their own identity as part of the process. This theme is vastly different to the ideas presented in *Getting Results*, as one presents the narrative of feeling that they have no choice, to then the narrative of seeing change in themselves. The findings show a complex but intertwined motivations of men on the programme. Figure 3 depicts the nature of the relationship and illustrates the link between the superordinate themes, which can be seen as a continuum reflecting a through the door and into the room process.

Figure 3

Superordinate Themes: Motivations for Joining and Engaging in Voluntary IPV Programmes



This chapter will examine the results of the current study in relation to the literature review given, discuss implications and limitations of the current study and to highlight the application of this research to the field of counselling psychology.

6.2 Motivations for Joining the IPV Programme

The aim of this study was to understand the motivation behind joining and engaging in voluntary IPV programmes, through interviewing 7 male attendees of such a programme. The findings suggest men saw the programme as means to gain some result. They spoke about gaining access to children and or being able to go back to the family home. More distinctly, they saw attendance as being a pre-emptive measure to protect them against future court-mandated programmes.

Firstly, one of the most important themes which came up in this study was the importance of children. All of the men were fathers and had at some stage gone through or were going through family courts. As per the literature, fatherhood and the role of family was seen as both intrinsic and extrinsic motivating factors in attendance on such programmes (Stanley et al., 2012). Specifically, the study by Stanley et al. (2012) found that attendees thought attendance on the programme facilitated a 'revised image of themselves as a father'. This was in line with the findings presented in the previous chapter, whereby the idea of being a positive role model was influential in their decision making for attending the course. Being a better father surrounded this theme and seemed to underly the reason for initially attending the programme.

The desire to secure child access and avoid future problems with access, was also noted by Stanley et al. (2012). This served as an extrinsic motivation to attend the programme and avoid negative consequences of their IPV

behaviours. In contrast, the men also described feelings of wanting to be a better father, and to model pro-social values as opposed to the current view their children may have had, therefore suggesting an intrinsic motivation to want to change. Fatherhood therefore playing an important role in both forming an extrinsic and intrinsic motivation. However, little was considered as to whether it was helpful for the children to have access to their fathers. Although questions around abuse were not asked, an assumption was made that the men who attended this programme were doing so as a direct result of their own IPV behaviour. Taking this into account, it is clear that the men also assumed that having contact with their children was valuable for their children and that they either did not pose a risk to them or did not wish to be conscious of any risk they may pose. The findings from the current study are consistent with findings from other studies where fatherhood was seen as a factor for attendance (Broady et al., 2017; Stanley et al., 2012). However, unlike the studies of Broady et al. (2017) and Stanley et al. (2012), the current study explores the meaning of being a father in relation to their motivation in attending IPV programmes. The current study suggests an addition to the findings of the previous literature, particularly that the men felt it was their fatherly right to have access to their children. This may have been a response to the ongoing custody battles some were facing through family courts and therefore a projection of the justification for their need to be a father, through having access to children, might be seen here.

Similar to the findings of Stanley et al. (2012), Schmidt et al. (2007) suggested the motivation to change was rooted in the realisation of the negative impact of abusive behaviour on others. In the current study, intervention in the way of a

role play aimed to bring awareness of the impact of abusive behaviours onto children and partners. One of the men spoke about his experiences of this which he said he was able to see the hurt that children feel when witnessing IPV. Not only did the role play appear to evoke an emotional impact of others to the men, but also allowed for a better understanding of their own emotions. Understanding their own emotions and an increased awareness of the impact of their actions, seem to be key here. Despite there being an element of gaining access

An interesting theme which was noted in the current study, which was not as present in previous literature, was the idea that attendance was seen as a way to 'tick a box' and as a pre-emptive measure. The men felt they needed the attend to 'tick' a metaphorical 'box'. This specific language was also used on numerous occasions when describing initial reasons to attend. The reason why this theme may not have been present in previous literature could have been due to the fact that previous studies looking into the research topic have been mostly located in the US and Australia, where regulations for family courts and the mandate of IPV treatment programmes differ to here in the UK.

The idea of 'ticking a box' may also be specific to the research population, as one of the ways in which the programme helped to 'tick the box' was that the programmes should be recognised and fulfil the requirements of the courts, without being a mandated or court ordered decision. Some of the men had attempted to sign onto other programmes, with one reason for their discern from said programmes, being their lack of willingness to acknowledge that they had an anger problem. Other models of IPV programme require attendees to

own up to the fact they are perpetrators of IPV. The men on the current programme although initially did not need to comply by this notion, but it was found that some of the men came to this realisation themselves, as shown in the subordinate theme 'the self as a perpetrator'.

'The self as a perpetrator' was a particularly insightful theme gained from the narratives of the men, as it adds to the already complex understanding of motivation of men on voluntary IPV programmes as demonstrated by Muldoon and Gary (2011) and Rasanen et al. (2014). It is clear that the reasons why men might attend and engage such programmes is a combination of various aspects of factors. This also means that previous research whereby fatherhood had been identified as a motivating factor, may need to re-evaluate how fatherhood in particular might be understood. Fatherhood as a motivation may be multifaceted, as suggested in the current research.

6.3 Minimising, Denying and Blaming

The men showed similar characteristics as those proposed in the Power and Control Wheel (Pence & McMahon, 2008) whereby one of the tactics used by IPV perpetrators is to minimise the abuse, deny violence and blame the victims for the abuse. In the current study, the findings show a similar pattern whereby the men are seen to somewhat minimise and deny their need to attend the programme and rather blame services for the unfairness of having to attend such programmes. This is seen through the suggestion that they didn't need to be on the programme, and rather they were doing it to appease others

(including services). This could be explained by the men being in the second stage of DiClemente and Prochaska's (1983) Transtheoretical Model of Change (TTM), the 'contemplation stage', whereby they are still evaluating their decisions to change behaviour, and therefore have not yet fully accepted themselves in need of change, which is seen as the preparation stage or action stage of the TTM, therefore explaining their denial and minimisation. However, as explained by Daniels and Murphy (1997) being in contemplation stage of the TTM allows participants to become open to the ideas of change in behaviour and process future development of thoughts and behaviour, thus enabling them to move from to the next two stages of the TTM, the preparation and action stages. This also might also explain the development of some participants from showing in-door processes found in the current study as seen in themes 'Tick Box Exercise' and 'No Choice' to some of the more, in-room factors as described in themes 'The Stigma' and 'Non-judgment'.

There is an initial resistance to attendance, and it appears that although the attendance is voluntary, there is a sense that attendance is somewhat obligatory rather than an attempt to rectify their own actions and or prevent future violence. This could also be explained through a psychodynamic perspective whereby it is less distressing to acknowledge oneself as a 'perpetrator of IPV' and therefore denying and or minimising their behaviours so much so that they do not recognise the need to amend these. Resistance was also noted by Boira et al. (2013) who further highlighted the importance of understanding the incentive to change by the attendees. Boira et al. (2013) explained that engagement into the interventions within programmes for IPV,

grew as motivation grew. This is seen in the current study, as despite this initial resistance, the participants were seen to continue engaging in the programme.

Another perspective could be that the men did not wish for the researcher to view them as perpetrators. Due to the stigma, they already faced from others, an assumption could have been made that the researcher would also stigmatise them. Therefore, presenting an inauthentic, less demonised version of themselves, whereby they minimise an IPV within their relationships. However, it is noted that there is a shift in this paradigm during the course of the programme, which is further discussed in the next section.

Further to the resistance seen, the men were also found to hold others responsible for their own behaviour. Due to nature of the current study, the men were not directly asked about their perceptions of their own abusive behaviour, however through the interviews, the men were seen to struggle to take full responsibility for their own actions and rather felt that the role of the women, was ignored. There was the complicated aspect of feeling as though IPV is a man's problem, and little thought given to the role of their female partners, in difficulties within the relationship. Tarzia et al. (2023) also found similar feelings, whereby participants externalised responsibility by holding others account, for their behaviour.

Feelings of shame may also have been another factor which might have contributed to the minimising and denying seen in the men in the current study. Gray et al. (2014) spoke about factors which might prevent engagement on IPV programmes, in particular relevance, they identified the need to overcome feelings of shame within the therapeutic process. Viewing the self in

a negative light, creates resistance and a barrier in self-reflection as suggested by the findings in Tarzia et al. (2023). The men in the current study discussed feeling unable to view themselves as perpetrators, however found that the level of non-judgment they found through the facilitators and peers, helped in developing a self-reflection and being able to accept blame for their behaviours.

These issues might also explain the low success rates within programmes which require attendees to hold responsibility for their actions prior to accessing treatment, as this can alienate those who are help-seeking but feeling unable to reach a level of acceptance without support (Coulter & VandeWeed, 2009; Tarzia et al., 2023). As suggested, despite the prevalence of minimisation, denial and blame of others, the men were seen to continue engagement and a shift in their perception of themselves became a valuable finding in the current study.

6.4 A Shift in Self-portrayal

The findings showed a contrast in the self-perception of the men. The narratives suggest the men saw themselves as a victim as opposed to a perpetrator. There is a sense that services keep their children away from them and do not understand the role their partners may have played in the IPV. However, a shift is then seen with some of the men whereby as a result of engaging on some of the interventions, they began to question their identity of a perpetrator. This gives clear indication of the impact of the interventions of the programme. Gaining insight and reflecting on the impact of their behaviours

on their children and partners, seemed an important learning in the shift of their self-perception. A period of self-reflection in understanding beliefs about IPV behaviour, is a key element in developing change as described by the Theory of Planned Behaviour (TPB) model discussed in earlier chapter (Ajzen, 1991). Specifically, this leads to a development in subjective norms and personal attitudes therefore leading to a potential change in the perception of the men's behavioural control.

It also seemed important for the men to gain something from the course in relation to their own personal development. The content and intervention were seen to aid growth in some way, particularly emotional growth. Being more self-aware and viewing situations from other perspectives, were some of ideas which came in the themes. It appeared that the men became conscious of some unconscious or subconscious part of their personality and identity.

Literature had previously looked into the subjective view of facilitator measured change through ownership and responsibility taking (Gray et al., 2014). The current study however noted a different perspective of personal development, noting the desire of attendees to learn and gain something from the programme. These involved expectations of learning and gaining meaning from the experience of being on the course, as outlined by the subordinate theme 'personal development'. More specifically, the theme considers a development in the men's own awareness of their behaviours towards their partners. This theme also shows a change in the way one of the men may deal with a conflict.

The findings also suggested, a level of understanding and a process of working through any embarrassment, was needed prior to the men's ability to learn

from the interventions. This direct link has not previously been highlighted outright in the literature presented in the literature review, although research has looked into the effectiveness of engagement on the course, as being dependant on the relationships with facilitators and therapists.

6.5 The Relational Influence of IPV Programmes

Previous research identifies the value of a relationship with programme facilitators. The relationship between therapist and client was seen as a 'key factor' in the aiding positive outcomes post completion of IPV programmes (Boira et al., 2013). Increasing confidence, engagement and overall being understood and in turn being accepted was seen as factors which aided engagement on the programme. The current study further supports this, as the superordinate theme of 'Can You See Me for Who I am?' was rooted in the understanding and acceptance given to the men from both facilitators. Not only did they speak of the ongoing connection they had during the programme, but also when undergoing the initial interview, it was suggested that the acceptance and normalising the notion that IPV is not just a 'male issue', was further important in the decision to attend that specific programme.

The findings here show use of Rogerian core conditions; empathy, congruence, unconditional positive regard, as described by the Person-Centred model (PCT) (Rogers, 1946, 1951 & 2012) in the competencies of the therapist. Therapeutic alliances are found to be most beneficial when recognising the impact of relational interventions in programmes. Currently, most programmes in the UK

who offer IPV programmes, make use of The Duluth Model, Cognitive Behavioural Therapy (CBT) and Dialectical Behavioural Therapy (DBT). The use of Person-Centred therapies (PCT) and a relational approach were not seen in the IPV programmes offered in the research literature.

Despite the fact that relational approaches were found to be a key finding in the current study and previous literature (Boira et al., 2013; Chovanec, 2014; Roy et al., 2013), Ardito and Rabellino (2011) suggest that there has been little research into the therapeutic alliance on the effectiveness of IPV programmes, and therefore there is currently little evidence base for the interventions offered on IPV programmes. Further to this observation, the researcher suggests future research consider adding to the research base for relational approaches to be a key core modality when developing IPV programmes.

Positive group discussions and helpful peer dynamics was also highlighted in the literature. Another aspect of peer support was noted in the idea of being understood by others and hearing the words 'I have been there', knowing that they are not alone. These themes were noted in the literature review in research by Chovanec (2014). The findings in the current study also made note of the role peers played, in particular was the theme of 'comrades' whereby commonality, validation and reinforcement were influential in the ongoing engagement on the programme. A sense of connection with peers was also seen in the findings, which is supported by previous research by the idea that positive relationships with peers can be seen to reduce and normalise shame and acknowledge own abusive behaviours (Gray et al., 2014).

The need for positive relationships can also be explained by viewing this need through the Good Lives Model (GLM) (Ward et al., 2007). The model assumes that the majority of human action is an attempt to meet a need. While the model is used primarily to deliver offender treatment and rehabilitation interventions, the model can also be used to understand how behaviour aims to meet such needs. One of the primary needs, or 'goods' as described by Ward (2002) is relatedness. The need of relatedness here links in with the findings of the current study, whereby relatedness with facilitators and peers was seen as valuable in engagement of the men. Whilst also the relationship with their children, was seen as an important factor, as described above. Not only does the relationship with peers lead to the good of relatedness to be met, but also the good of community, as connecting with social groups is another inherent need which lead to human wellbeing. Langlands et al. (2009) argue men who perpetrate IPV, have flawed or limited goods that are being met in their life at the time. They propose that in order to reduce risk, interventions should work to build on their goods which in turn will support a better wellbeing. Understanding which goods can be met through IPV programmes and intervention, can be helpful in developing a more meaningful and risk free live for the men.

6.6 Implications for Counselling Psychology

This study adds to the limited but growing number of studies within psychology and offers an alternative perspective on the already researched efficacy of IPV treatment. It has become more socially acceptable to partake in therapy and

become more attuned with your own emotions. The current research offers ideas to build on, when working with those who come for therapy as a means to understand and reduce abusive behaviours.

This research also highlights the need for those working with IPV perpetrators to offer understanding and recognise the issue of IPV to be not just a 'male issue'. Much of the findings was embedded in the need for others to offer genuine empathy for the men to be able to then engage more effectively onto the treatment programmes. Ideas from the current study can be incorporated in to new and accessible programmes for people.

At the moment, support is mostly given to victims and survivors of IPV, where less resources are often made available to programmes for perpetrators. As valuable as supportive services are, in response to the lack of funding offered to treatment programmes, can often be seen as a way to minimise and ignore the need for treatment. The purpose of the current research was to normalise and advocate for treatment programmes being more easily accessible by people, and knowing which factors helps people feel more able to attend treatment voluntarily, is a positive step towards this.

Not only is the current study useful for promoting and advocating for IPV treatment programmes, but also learnings from which factors help men stay engaged, such as the value of group dynamics, validation from peers and usefulness of emotionally challenges interventions, to support their engagement, which in turn is an influencer of recidivism.

As a therapist the dilemma of having clients who attend therapy to either work through their own abusive behaviour, or rather 'anger' which is often presented in the room, knowing fully that the defence mechanisms of shifting blame and minimising impact of behaviours, can interfere in therapy. Having a better understand of what factors have influenced them entering the door can be helpful in helping both the therapeutic alliance as well as the engagement during challenges to behaviour.

A common thread in the present study has been the idea of being 'accepted' by others. It is not a secret that society demonises those who hurt other, however as a therapist it is fundamental that our work requires a level of unconditional positive regard, empathy and congruency. This is rooted in counselling psychology as person-centred therapy as described by Rogers (1946, 2012) and forms the basis of many interventions used in psychological therapies.

The study also shows a problem with current IPV programmes. As highlighted in the literature review, the reasons why people commit IPV is complex, multifactorial and non-linear. Current IPV treatment programmes might be missing the importance of the cohesion between all of these factors. Using a relational approach to destigmatise, understand and validate men, can lead to an increase in attendance, engagement and learning.

The current study further facilitates learning about the importance of understanding the stage of change a person may be in, whilst working therapeutically. Motivation and reasons for change shifted throughout the process of the programme, where initially there was resistance, the relationship with facilitators and peers seemed to enable a transition in the self-perception

and motivation to engage in meaningful interventions such as role play exercises. Therefore, stages of change should be seen as a progressive factor and work to reduced barriers to attendance may also prove valuable within a therapeutic context.

6.7 Limitations of Present Study

All of the participants in the present study had gone through or were going through family courts and attendance formed some part of this. Although not mandatory, there was an element of attendance not being truly voluntary. This would have shaped the motivation as attendance was not purely out of choice. There was either an assumption or suggestion that this programme would help them to be seen in a positive light in front of a family court judge. As a result of this, the research was skewed and does not allow for a through exploration of true voluntary motivation. Although the TEMPER course is not a court-ordered course, many of the participants had completed the programme as a precaution against future court-mandated interventions for IPV prevention. This is evident in the themes ('Tick Box Exercise' and 'No Choice') as described in the analysis.

Further to this, the TEMPER programme was considerably shorter than other programmes offered in the UK (30-week My Time Domestic Violence Perpetrator Programme) and those described in previous literature (ranging from 9 to 27 sessions). This factor was seen to be important by some of the men in the current study as the shorter length, meant less investment of time and therefore seemed appealing in comparison to lengthier programmes.

However, length of intervention may also have been to be a barrier to attendance, as less time commitment may allow someone to shift from contemplating attending said programmes, to action as described in the Transtheoretical Stages of Change model (DiClemente & Prochaska, 1983).

Further to this, all the participants were male. Although the specific programme where attendees were recruited, offered services to all genders, the sample group only included men. Despite the aim of the findings being not to generalise, the themes presented in the current study do not encapsulate perpetrators of other genders and only focusses on heterosexual relationships. The current research is therefore likely to have only considered a specific typology of IPV, such as *intimate terrorism* and *common couple violence*, which is usually seen to be perpetrated by mostly males and is characterised by being *family-only* and *dysphoric-borderline* perpetrators. This also therefore means, the current study may have mostly missed the typology of perpetrator which appears to be gender symmetrical and is characterised by instinctive reactions towards abuse, specifically referred to as *violent resistance* (Johnson & Ferraro, 2000).

Future research into motivations for female perpetrators and whether there is a difference in the same for men, is suggested in order to widen the scope of our understanding of IPV perpetration across the board. Sampling was further biased as the type of perpetrator who would be in attendance of IPV programme is likely to be in contemplation, preparation and action stages of change as described by the TTM. This suggests some factors which facilitated a shift from pre-contemplation to contemplation stages, had already been

processed by the men attending the programme. The current research was then unable to capture said processes and therefore unable to understand how the men might have developed acknowledgement of the need to change.

Another factor to consider is the fact that only severe and serious forms of IPV come to the attention of systems such as social services and or the police.

Therefore, the current research is not inclusive of all of the types of IPV perpetrators and all of the types of IPV. The purpose of the current study was to support an understanding of how we can gain early engagement from those who perpetrate IPV, through understanding what factors that attract and develop a buy-in from said people. It is therefore useful to consider IPV behaviours at the initial point where such behaviours come to the awareness of services, rather than the point where change is motivated through a reduction of consequence such as shown through the current study.

Despite efforts being taken to limit this, there were elements of researcher bias present. As a female researcher working with male perpetrators of abuse against women, it needs to be acknowledged that this would impact interpretation. The very nature of an IPA is an interpretation of someone's lived experiences. In this case, the lived experiences of male perpetrators of IPV being interpreted by female researcher cannot go ignored. The themes were checked by the researcher's supervisors and use of bracketing and reflection process (which is given in more details in the critical appraisal) was also used to help limit biases.

Due to many struggles with recruitment; lack of services, services opting out last minute, geographical issues and restrictions of timings, it was difficult to

spend time building a therapeutic rapport and gaining the trust of the men. The researcher found initially some of the men were hesitant and needed much prompt to discuss their experiences. This could have been avoided if the researcher had the opportunity to form a working relationship with the attendees, whereby it may have been easier and more natural to gain richer and more detailed understanding of the men. This is a factor which the researcher would consider for further development on the current study, as the trustworthiness of the study may have been questioned by this issue. This is explored more in the critical appraisal chapter of the research.

6.8 Recommendations for Future Research

Future research should look at a larger scale of participants and to consider a population which is not involved in any legal proceedings or family courts. The fact that the men in the current study, had gone through or were going through family court, influenced their motivations to attend such programmes. A population of those who do not have such circumstances may offer an alternative perspective. Therefore, it is suggested that further research into other factors also be considered.

It also needs to be acknowledged that the current study and all literature presented in the literature review, looked into male perpetrators of IPV. Not only this, but the majority of research into IPV looks at heterosexual relationships. This is further limited and does not allow for a full representation of IPV perpetrators in society. Research into understanding why female IPV

perpetrators join IPV programmes is non-existent. Future research should consider all genders of perpetrators and evaluate differences in motivating factors across the spectrum and to consider the motivations of people joining IPV programmes and consider the specific profiles of each person's perpetrator typology and type of IPV perpetrated as described by Johnson and Ferraro (2000). Further to this, to also consider the predisposing factors which might explain their reasons for having anti-social attitudes and behaviours. Having a more thorough examination of the process of IPV from the lens of the perpetrator, may offer some value lessons for future IPV programmes. Currently the focus of IPV programmes has been on looking at the victim's experiences and IPV behaviours in the context of the relationship. Whereas a more holistic view of IPV can offer a deeper and better understanding and inform more effective IPV programmes, whilst also considering the value of early engagement and exploring factors which might support those who perpetrate IPV, to help seek at earlier stages.

The current study may act as a preliminary study to a much larger scale research project whereby motivations of attendance, learning and measurement of change and then rates of recidivism measured at specific intervals across the lifespan, can be looked at. On an individual basis, research into the effectiveness of IPV programmes and recidivism rates has been done. As has research into factors which impact effectiveness of programmes, however research looking into motivation to join said programmes and how this impacts the learning, process of change and effectiveness of programme, is limited.

Chapter 7- Critical Appraisal

7.1 Introduction

I have gained many skills which I have previously did not have. I have grown as a practitioner, professional and researcher whilst on this course. The most valuable of learnings for me, has been my internal growth and my newfound ability to reflect, be curious and hold more than one perspective about something. For this reason, I have compiled a critical appraisal based on personal reflections of my learnings and growth during the course of completing my thesis.

This chapter presents a reflection in the way of an internal dialogue, of various factors which impeded on my journey as a researcher through this thesis. Some parts show learnings and realisations of my inner journey, whilst other parts bring to light problems to which I still have much to learn from. The chapter is split into sections, which seem important in telling the narrative of my journey. The structure of this chapter is so that, it depicts a journey of my internal processes as they occur. I loosely follow the ERA cycle (Jasper, 2003) whereby an experience follows reflection, which leads to taking future action. Within this model, I present a sort of memorandum of reflections based on the above model, that I have whilst in various stages of the research journey. The sub sections follow an order of initial thought processes before, during and after completing the interviews with the men, as the interview process seemed the most poignant during the entire thesis.

7.2 Me as a Trainee Psychologist

I had not realised that I wanted to work with perpetrators, offenders, people who have hurt others, but I think I have found my niche. Seeing the distress and struggles of the men, I felt empathy and a yearning to want to help. All it took was for John to empathise and hear them. They just wanted someone who wouldn't blame them and instead see beyond their actions and see them for the person they were, not the behaviour. A colleague in the field said that the people we work with are more than the worst thing they have done. And this also resonated with me through this journey. I don't make the assumption that IPV is the worst thing they have done, however it is towards the top of the list. Noticing my own judgment and not ignoring this was another lesson I learned as a result of this research. Through the training, we were told, that we are human, and humans will judge, and have ideas, however you must reject this, as person-centred therapy holds dear to the value of being 'non-judgmental'. In most if not all of my assignments I included a reflection of me as a therapist being 'non-judgemental' to my client. This was easy to do when the client was suffering and in pain as opposed to have caused someone else suffering and pain. Although, working with the men, hearing their stories, understanding their perspectives, I realised how difficult it actually is to be 'non-judgmental' and how normal and human it is. I recognised that it is ok to hold judgement for a behaviour and action, but this does not need to interfere in the 'non-judgment' and empathy I have for the person and their life story. The study was not about finding out whether the men did what they were accused of doing, and the selection criteria did not include them needing to admit to abuse. Therefore, it did not impact my research questions or interview. However, I understand, it impacted me as a researcher and as a therapist.

Learning to understand someone doesn't mean I need to agree with their behaviour. I can still hold the core conditions, which I value very much in my practice, and be as genuine and congruent with a victim or survivor, as I am with a perpetrator. As impossible as that sounded originally, through the limited interaction I had with the men, I heard them. I heard the desperation and shame and guilt and need to be accepted. They must have faced rejection and negative responses from the victims, families, services, society, and other professionals. They didn't need it from me too. This learning of the need for acceptance and hearing the person in front of me, is something I aim to hold in mind, for my own future practice, in order to better my understanding of working with complex feelings such as the above.

7.3 Me as a Researcher

I ran from statistics and maths and anything to do with numbers. The SPSS survival manual (Pallant, 2010) still haunts me till date. This is probably why I chose research which I could do a qualitative piece of work with. I feel a little more able to align my skills with qualitative research rather than quantitative. I fell in love with the idea and topic I was researching but fell very quickly out of love with my thesis. I heard this was normal, although, because I chose this research myself, I didn't expect to dislike it so much. Coming nearer to the end I find myself starting to love it again as I am reminded of all I set out to achieve. I know I have not changed the world (as of yet), but I have made a small dent in it at least, I think. I have also started to get excited about further research as part of my job. I have run focus groups with the service users of

the service I work in, and the aim is to publish the findings at some point. I also have written and developed a group intervention based on a specific model, and the idea is to evaluate and publish the findings in the near future. This doesn't scare me as much as it did before. I also feel much more confident in my ability to conduct and write a study as a result of the work I have put into this. I feel more skilled. Dare I say it, I feel more confident in doing interviews.

7.4 My Supervisory Relationships

I had no idea what a supervisory relationship would look like. At work, supervisors were uninterested, good at telling you what you had done wrong and were members of the team who just got paid a bit better than you. On my first placement on this course, my supervisor was present for supervision but didn't seem present at any other point. Supervision was also always group, so a relationship wasn't easy to develop.

I came into this with every intent to work hard and not let anyone down. The pressure and other factors meant I did indeed let myself and my supervisors down on numerous occasions. I also just assumed the role of the supervisor was to just 'mark' the work and advise on implementing research ideas. I didn't realise the supervisors would act as a therapist, supporter, mentor and tutor. The ongoing and constant support I gained from them, the non-judgement, and the empathy I was fortunate enough to receive, helped me to get to this point. As cliché as it sounds, I would have struggled even more than I did, if it was not for them. I lost belief in myself a few times, but they didn't.

Not only did this journey teach me how to be a better researcher, but also how to be a supportive and nurturing supervisor to someone on this journey.

7.5 My Research Idea

I am a strong believer in the idea that as a society we need to normalise and fund services for perpetrators. We cannot only offer victims support and expect the issue to resolve with that. We need to offer the perpetrators support with managing their behaviour and understanding why they feel the need to be abusive in a relationship. IPV is too common for us to think it is something which only impacts a select few and to then demonise these select few.

Perpetrators are our family, colleagues, neighbours, shop assistants, friendly men who walk their dog, young teenagers who sit in the park, taxi drivers, car salesmen, hotel receptionists, doctors and even therapists. I wrote a poem which I submitted to the Journal of Health and Social Care Improvement 2020 (appendix O) which highlights my view of supporting men who abuse as a shift in current societal norm.

7.6 The Internal Conflict

This research topic would cause a conflict for anyone surely. The conflict of seeing people as more than the abusive behaviour but also seeing the reality of the suffering said people can cause to others. The conflict is presented all thorough this chapter. I cannot say I have successfully been able to shift from a judgmental to a non-judgmental stance. However, I have been able to be

aware and consciously attempt to separate this during the course of the interviews, analysis and practice. How successful I have been, is not measurable. Although being aware is the first step. I do have empathy for the men I spoke with. I saw them, I heard them, and I tried my best to accept them.

7.7 What does Feminism mean to me and how does this fit in with my Ideals of Wanting to Work with Abusive Men

Although this has already been touched upon, further exploration on this is warranted. One theme which came up was the idea that the men wanted others to know that IPV was not just a 'male issue'. This theme stuck with me more, as I agree, although there is another part of me which holds the story of male dominance and power, being the root of violence against women. And there is so much violence against women, throughout time. Which seems to be brushed under the carpet a lot by society, media, culture, academia and politically. A few times I have seen women who feel like they are knocking their heads against a brick wall when talking of this topic. And so, even more reason to shout louder and raise my voice. However, how do I balance this new ability to value more than one perspective.

CBT, integrated with Attachment. Attachment integrated with psychodynamic theory. CBT integrated with psychodynamic perspectives. DBT, CFT and Humanistic theory all moulded together. My teachings taught me, I can merge different perspectives and understanding to form a holistic way of perceiving

the person in front of me. And so, I then also take this philosophy into my understanding of men who abuse. More than one view is ok. More than one way of seeing a man is possible. I *can* see them for the abusive man who hides under the shadow of his male privileged. But I *can* also see him for the hurt inner child he holds, which has left him unable to express, understand and cope with his emotions. A little simplistic I realise, but this is what helps me to form both ideas together.

7.8 Working with Male Perpetrators of Intimate Partner Violence as a Female

As much as I thought it would be fine and my own gender identity wouldn't impact on my ability as a researcher. Maybe it didn't, but I guess I wouldn't be such of a psychologist if I was oblivious to the fact that of course it did. Being a South Asian woman, there is another layer to this dynamic which I also became more aware of whilst working with the men. Intimate partner violence/ domestic abuse, whichever term I use, historically (and to date) has been a hugely hushed phenomenon in my culture. Honour killings, sexual abuse, physical and emotional abuse towards women, is generally the story we grow up with. Violence against women, male dominance and just a society wide acceptance of men being superior. All of these shameful aspects of my culture formed part of my preconceived ideas going into the study. And although I am very aware of the biased and skewed Eurocentric narrative talked about such issues being dominant in a South Asian culture more so than other cultures, I also recognise the very real fact that I grew up being aware of many South

Asian people around me who were being abused/ abusing wives, female children and even mothers.

My undergraduate research was also around IPV. I looked at the differences in attitudes of White students and Asian students towards IPV amongst White and Asian victim scenarios. The idea was to see if there was something about the Asian culture which normalises IPV more than other cultures. Research was never my strong suit although I still believe in the idea and value of such research.

I believe it would be valuable to consider the impact of my own cultural influences on my ideas of IPV and how this interlinked with the role I played in research. In future research projects, I will give more consideration to this and use my intersectional positioning as a tool within the research, as opposed to just acknowledging it, as I have done within this project.

7.9 Talking to the Men

I was excited, I knew I wanted to make a change and make a real difference. I noticed a twinge of scepticism at times, although mostly I was able to see the person for who he was. It was evident they wished things were different and they didn't present with a lack of empathy. I saw hurt, I saw desperation and a twinge of guilt. I saw the urgency to see their children, but I also saw men trying to stick it to the system, ex-wives and just anyone who didn't see things their way.

The previously demonised sector of the population, were now just a bunch of people who all despite causing pain on others, were also hurt and in pain.

I wondered how they perceived me. All of the interviews were done via telephone, and they knew I was a student. I wondered what assumptions and preconceived ideas they had about me. It was evident they valued John (pseudonym given to the male facilitator). I think they tried to see whether I would also be against them, just like they thought everyone else was, or whether I would be like John. I tried to be neutral, but on reflection I think it would have been better if I had tried to make more of a rapport with them. I would have gotten more open and detailed interviews. It was obvious at the beginning they didn't want to really talk to me. Many of them tried to give one-word answers, but with prompting, gave a little more detail. Or did it help that the interviews were so clinical in nature, as this could have helped them separate the emotional distress and perceived judgment. Although, that is probably not what I needed for my choice of analysis. If I were able to redo the study, I would change many things due to what I have learned. But I guess I did learn something which I can still change, my view on men who abuse. Seeing the pain and hurt they feel, is eye opening.

7.10 My Empathy

I question their empathy towards others, however was I able to empathise with them? Being a researcher, I understand my empathy was not in question.

However, being a practitioner, empathy is fundamental. And with doing

interviews, was a rapport not important? And a rapport without empathy, isn't really a rapport. I felt torn between knowing that they have hurt someone and really connecting and understanding their difficult situations. It became difficult to set aside my judgments on the men, with the need to see their perspective. I needed to navigate my interpretation as unbiased as possible. How well does it look that a female researcher who has bias towards male perpetrators of IPV, is interpreting the difficulties of men on treatment programmes.

After reflecting on this I realised that I could empathise with the fact that they have lost contact with their children, and or they feel desperate and frustrated. However, it is also ok for me to feel empathy towards their victims and to separate my empathy for the victim, from the numbness I get from realising they are the ones who caused that woman to be a 'victim'.

7.11 The Barriers I Faced

I had very limited experience conducting research, as only my undergraduate dissertation founded my level of experience. It felt daunting having to complete such a large research study. I had ideas on what I wanted to do, but no knowledge on how to implement these ideas. I felt a little out of depth and although I felt more comfortable with qualitative research compared to quantitative, I still felt clueless. The analysis took most time (naturally) but also became very difficult to know whether I was 'doing it right'. The 'imposter syndrome' got the better of me here, whilst I recognise, I did have little knowledge, I also assumed that I couldn't learn. Reaching this stage now and

feeling confident in my analysis and interpretations, I can recognise how my self-critical narrative initially impacted my work.

I struggled hugely with the recruitment aspect of the research. I anticipated some difficulties as I understand the group is a hard-to-reach group. I had not heard of any IPV programmes in close vicinity, prior to embarking on this research. I became very excited and overly enthusiastic when I found a service in Walsall. However, during the process of gaining permissions from the charity, they ended up shutting down. Due to their contract not being renewed and a change in funding, meant they got taken over by Women's Aid. Women's Aid are a charity who do not work with men and therefore this avenue became impossible. I then found out that Walsall Council also did a IPV perpetrator programme and while initially agreed to approve my research, with staffing issues and delays, my project was not approved by them. I was advised to work with probation services instead, which although I was given a contact of someone who appeared interested in my project, went against the reason for me wanting to pursue this research. It was about people who wanted to change, not people who had to. I then found TEMPER. David and Denise were so kind and had no issues from the onset. I jumped through minimal hoops. Despite some difficulties and delays with the advertising and men getting back to me, I managed to get a lot of interest. This was more than I had imagined as I had previously thought I would be happy with even three men.

Then I had some trouble with the men opening up, initially it did seem that the men were cautious of what to say and were holding off. However, once they got going, there seemed to be more ease in their answers. They seemed to be

opening up more and going in depth about their experiences. It would have been helpful if I were able to form a relationship with the men or introduce myself to them prior to completing the interviews. I believe I would have achieved a richer analysis if I were to have done this. There were various reasons why I was not able to do this, with finances being the first. The programme was run in London, where it would have been very difficult for me to attend. I also would have needed to attend on numerous occasions, which further would have been difficult. I also would have needed to consider the confidentiality and anonymity of myself and the men. At current, the interviews were done via telephone and therefore a sense of distance was given.

For future research it would be valuable to do pilot studies and to seek funding for scoping a variety of agencies. I became limited due to being a single researcher, trying to find a service that firstly existed, and secondly, would let me recruit. I also did not consider the value of pilot studies, particularly the impact this would have on increasing my confidence and interview skills.

7.12 Working During the Covid-19 Pandemic

Covid-19 put a halt on things, although I had completed all of my interviews by then, the mental and physical impact of balancing work through a crisis and writing up my research, was tiresome. Another layer was the increase in media exposure of women and children being killed by their partner, supposedly due to the stress of the virus. It was inevitable this would further impact the view I

had on IPV and the work I was doing. I submitted a reflective piece on this topic to the Journal of Health and Social Care Improvement 2021 (appendix N).

Of course, I knew IPV can lead to death, although for some reason my schema of IPV had more of a non-life-threatening view. To then become privy to the uglier side of IPV, whilst I was writing a thesis to promote help and support for those who abuse, was uncomfortable to sit with. There were a few shocking cases that came to light, and support for victims become even more highlighted in the media. Although, this did not seem to last as now it feels like it has gone back to how it was before, even though that is not the reality of it.

It saddens me to think about the reality of the ongoing issue of IPV and how it seems such a task to get rid of this. I struggle with thinking about how common it is and why it is so common. My teachings tell me that people try their best, and most of the time I believe that. I believe that we are all trying our best with the hand that we have been dealt. But at other times I am reminded of how much suffering and pain we cause others, and surely this isn't us trying our best?

Chapter 8 Conclusion

The current study was able to meet the aims as outlined in the first chapter and has discussed what factors might be influential in joining and engaging in IPV treatment programmes. Specifically, the findings of this study suggest a complex narrative of why men may choose to undertake voluntary treatment for IPV perpetration. The nature of the literature review highlighted commonalities found within this study and factors such as the desire to see their children and the relationship with facilitators. The findings also showed newer knowledge whereby attendance was seen to be a pre-emptive measure for the men and prevent future court-mandated participation on IPV programmes.

The complexity of human nature is well known, and therefore it needs to be acknowledged that those who choose to attend IPV treatment programmes will have complex lives, histories and view of the world. Motivation to attend such programmes is also multi-faceted, as through this study, it was seen, factors that might have led to initial attendance, had the potential to develop into a range of other factors which influenced engagement. Where attendance might have been to gain access to children initially, engagement may also have been based on the encouragement they received from peers and facilitators. The men also were seen to find connection and meaning in their experience, as important in their journey on the programme.

Presenting in the findings also was a contrast in the men minimising and denying any abusive behaviour, with a view that they also began to question their self-concept. Where prior to the programme, they may not have thought

about themselves as a 'perpetrator of abuse', the programme led to them questioning themselves and the role they played in their relationships. This is an important finding for future programmes, as self-discovery and reflection was possible when they felt safe and ready to do so, in comparison to the alternative programmes who required self-acknowledgment as a perpetrator, during assessment period.

Furthermore, the field of Counselling Psychology is well versed in using a relational approach to psychological therapy and can add value to informing development of IPV programmes to ensure they accommodate the factors that might become barriers to attendance, but also what might support attendance and meaningful engagement. Tailoring interventions to promote self-awareness, increased emotional learning, and giving value to the processes within the programme. Not only this, but to consider value in the relationship between facilitators, shared understanding, destigmatising and group dynamics may also prove useful.

Clinicians might wish to consider interventions for IPV perpetration as influenced by the perpetrator and being more 'person-centred' than some of the manualised approaches used currently. Evidently, the motivations of those attending IPV programmes will differ and may develop through time, however it is valuable to acknowledge the typologies of both people attending and the IPV committed. Not only this, but clinicians may find use in understanding acceptance of the self as abusive, as a non-linear and dichotomous. The current approach in IPV programmes require some level of acceptance of themselves as perpetrators prior to completing the programme, however this is not always

very straightforward, as seen in the research above. Manualised group approaches for IPV perpetration might well be popular across the globe, however effectiveness and success rates are less clear. Working individually and or incorporating an individualised treatment package might prove useful for future interventions, whereby clinicals can begin therapy with a clear and holistic understanding of why and how IPV occurs for individuals and why and how people might be likely to change these anti-social patterns of behaviour. Rather than information around the impact of IPV on victims informing interventions, it might be valuable to tackle the problem by gaining a deeper understanding of the perpetrator and their psychology thus creating a more person-centred approach to IPV treatment.

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Appendices

Appendix A- List of Studies Used to Inform Interview Schedule

Table to Show Studies Discussed in Literature Review of Current Study

Study Number	References
1.	Boira, S., del Castillo, M. F., Carbajosa, P., & Marcuello, C. (2013). Context of treatment and therapeutic alliance: Critical factors in court-mandated batterer intervention programs. <i>Spanish Journal of Psychology, 16</i> , e40. doi:10.1017/sjp.2013.43
2.	Chovanec, M. G. (2014). The power of learning and men's stories in engaging abusive men in the change process: Qualitative study across programs. <i>Social Work with Groups: A Journal of Community and Clinical Practice, 37</i> (4), 331-347. doi:10.1080/01609513.2014.901207
3.	Gray, R., Lewis, P., Mokany, T., & O'Neill, B. (2014). Peer discussion and client motivation in men's domestic violence programs: An Australian qualitative interview study. <i>Australian Social Work, 67</i> (3), 390-404. doi:10.1080/0312407X.2013.853196
4.	Muldoon, J. P., & Gary, J. M. (2011). Enhancing treatment compliance among male batterers: Motivators to get them in the door and keep them in the room. <i>Journal of Mental Health Counseling, 33</i> (2), 144-160. doi:10.17744/mehc.33.2.8t2q386453231312
5.	Murphy, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. <i>Journal of Interpersonal Violence, 12</i> (4), 607-619. doi:10.1177/088626097012004009
6.	Rasanen, E., Holma, J., & Seikkula, J. (2014). Dialogues in partner abusive clients' group treatment: Conversational tools used by counselors with differently motivated clients. <i>Violence and Victims, 29</i> (2), 195-216. doi:10.1891/0886-6708.VV-D-12-00064R1
7.	Roy, V., Chateauvert, J., & Richard, M. (2013). An ecological examination of factors influencing men's engagement in

	intimate partner violence groups. <i>Journal of Interpersonal Violence</i> , 28(9), 1798-1816. doi:10.1177/0886260512469110
8.	Schmidt, M. C., Kolodinsky, J. M., Carsten, G., Schmidt, F. E., Larson, M., & MacLachlan, C. (2007). Short term change in attitude and motivating factors to change abusive behavior of male batterers after participating in a group intervention program based on the pro-feminist and cognitive-behavioral approach. <i>Journal of Family Violence</i> , 22(2), 91-100. doi:10.1007/s10896-007-9064-4
9.	Stanley, N., Graham-Kevan, N., & Borthwick, R. (2012). Fathers and domestic violence: Building motivation for change through perpetrator programmes. <i>Child Abuse Review</i> , 21(4), 264-274. doi:10.1002/car.2222
10.	Walker, K., & Bowen, E. (2015). Mentoring serial and high-risk perpetrators of intimate partner violence in the community: Engagement and initiating change. <i>Criminal Behaviour and Mental Health : CBMH</i> , 25(4), 299-313. doi:10.1002/cbm.1964 [doi]

Appendix B- Email to Facilitators of IPV Programme



Tarnveer Kaur Bajaj
Trainee Counselling Psychologist
[e-mail address redacted]

Dear Sir/Madam

As part of my doctoral course in Counselling Psychology at the University of Wolverhampton, I am proposing to conduct a research project into understanding the motivations of people joining treatment programmes and engaging in interventions aimed at reducing intimate partner violence. To do this I require your support with recruiting participants. I aim to do a study which would require a one-to-one interview with 6-8 attendees on your treatment programme. These interviews will be audio recorded.

I would request to complete the interviews at the same location where the attendees take part in group interventions. However if this is not possible then participants will be given the option of telephone interviews. The potential benefits of this research include raising further awareness to the support needed by this group of understudied people and to gain an understanding of the motivations for change.

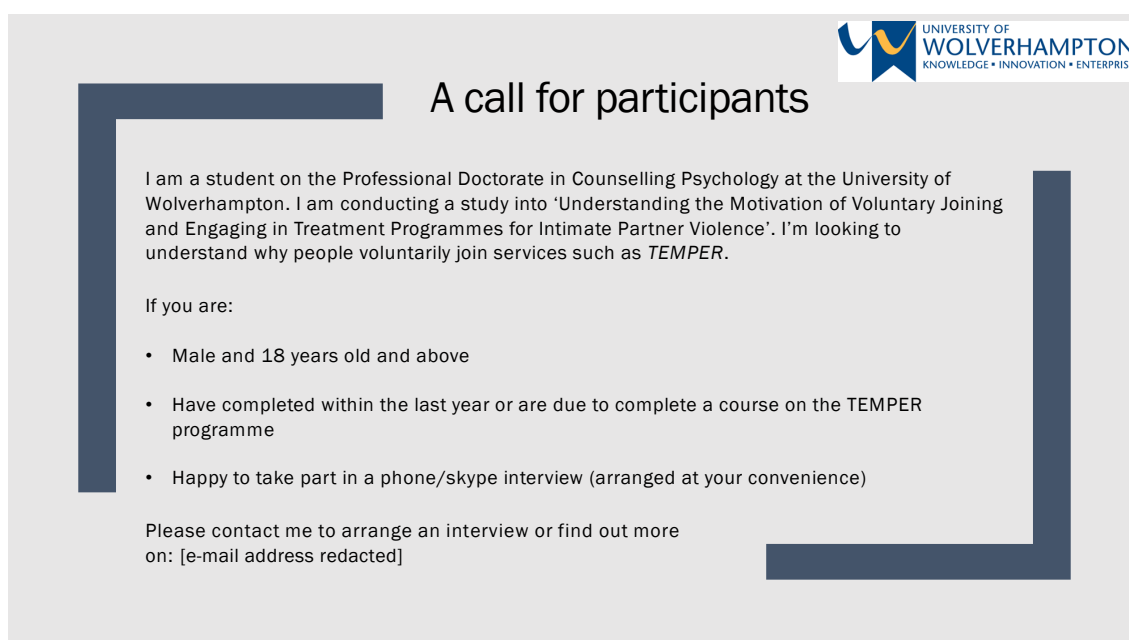
I am therefore writing to seek your permission to conduct this study.


I look forward to hearing from you.

Yours sincerely

Tarnveer Kaur Bajaj

Appendix C - Recruitment Poster



 UNIVERSITY OF
WOLVERHAMPTON
KNOWLEDGE • INNOVATION • ENTERPRISE

A call for participants

I am a student on the Professional Doctorate in Counselling Psychology at the University of Wolverhampton. I am conducting a study into 'Understanding the Motivation of Voluntary Joining and Engaging in Treatment Programmes for Intimate Partner Violence'. I'm looking to understand why people voluntarily join services such as *TEMPER*.

If you are:

- Male and 18 years old and above
- Have completed within the last year or are due to complete a course on the TEMPER programme
- Happy to take part in a phone/skype interview (arranged at your convenience)

Please contact me to arrange an interview or find out more on: [e-mail address redacted]

Appendix D- Recruitment Email



Recruitment email

Subject: *Understanding the Motivation of Voluntary Joining and Engaging in Treatment Programmes for Intimate Partner Violence*

Dear Sir,

I am a student on a Doctoral course at the University of Wolverhampton. I am conducting a study into understanding motivations of men joining and attending programmes aimed to help change abusive behaviour. I am doing this study with the hope to create awareness into how as a society we can further the support available for men and families. In order to do this, it is important we understand what factors contribute towards people seeking help.

I am seeking Men who:

- Are aged 18 years and over
- have completed the Temper programme within the last year, or are due to finish soon
- are happy to take part in a phone/ skype interview (*an information sheet giving clear details about what this involves*)

The study will involve a confidential interview (*via telephone or Skype*), which may last between half an hour to an hour. I will ask questions about why you decided to seek help and also what led to you continuing on until the end of the programme. The study and interview process will be fully explained, and if at any point you feel you do not wish to continue, you can discontinue.

If you are interested to share your experience and are happy to take part please contact me on email [e-mail address redacted].

Please email me your phone number and a convenient day and time to call you.

Thank you for your time.

Kind Regards,
Taran K Bajaj [e-mail address redacted]
Doctorate in Counselling Psychology student, University of Wolverhampton

Research supervisors:
Dr Caroline Wesson [e-mail address redacted] and Dr Satvinder Purewal [e-mail address redacted]

Appendix E- Participant Information Sheet



Participant Information Sheet

Study Title: Understanding the motivation of voluntary joining and engaging in treatment programmes for intimate partner violence

Thank you for expressing interest in taking part in the interview. It is important you are fully aware of the nature of this research prior to making the decision of whether you would like to participate. Please read this information sheet carefully. Please ask the researcher if you are unsure of anything and would like a further explanation of what the study entails. Contact details are given below, should you require them.

What is the purpose of the study?

The study aims to look at the motivations of people joining treatment programmes which are designed to change abusive behaviour towards intimate partners. This study will also look at motivations to engage in the work and content of the group programme/individual work.

The purpose of doing this research is to gain an understanding of why people join such programmes, and what motivates people to engage in the interventions provided within the programme.

Why have I been chosen?

The researcher aims to recruit people who feel they have acted in an abusive manner towards their current or previous partner(s). Participants must have voluntarily joined the treatment programme. If you decide to take part in the study you will not be asked to give information regarding the abusive acts or other personal details relating to your intimate relationship(s); the focus is on your motivation for joining and engaging in the treatment programme.

Do I have to take part?

Participation is entirely optional. It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time during the interview and up to one month after the interview. You do not need to give reason for withdrawing from the study. There will be no repercussion of withdrawing your information. Any decision you make will be respected.

What will happen if I decide to take part?

You will be invited to attend a one-to-one interview with the researcher. This interview will last for approximately one hour but you can ask to stop the interview at any point. The interview will be audio recorded. During the interview you will be asked questions about your motivations to join the programme, motivations to engage in intervention and about what you feel influenced you to voluntarily attend the programme. The interviewer will not ask you to disclose information about the abusive nature of any relationships and or sensitive information relating to abusive acts. The researcher will also allow space for you to talk about anything you feel may be relevant to the research purpose.

You can choose to have the interview via **SKYPE**, or via the **telephone**.

What are the potential benefits and risks of taking part?

There are no direct benefits to taking part. However, your responses may provide beneficial information and aid an understanding of why people join such programmes, and what makes people want to engage in the interventions provided within the programme. Given the nature of the information which may be gained during the interview, participants will be given information at the end on contact details for support if needed.

Will my taking part in the study be kept confidential?

Information you provide will remain confidential and your name will not be associated with the interview recordings. Information will be coded, so as not to associate personal details alongside information gained in interviews.

Confidentiality and anonymity will be maintained throughout this research project. Confidentiality may be compromised only in relation to any safeguarding concerns*. In order to keep you and others safe, the researcher is obliged to follow protocol during the event of any disclosure whereby the researcher feels anyone is at risk. Personal information and details of the safeguarding issue will be shared with appropriate authorities in order to protect all individuals. This is to ensure safety of yourself and others. This will be further discussed during the interview.

*A safeguarding concern is any piece of information which indicates a current or potential harm to anyone.

What will happen at the end of the research study?

After the interview, you will be given time to reflect on the interview process and talk to the researcher of any concerns you have. You will also have the opportunity to ask the researcher any questions and be directed to further support if needed.

If you would like to receive a copy of the published research, please tick the box overleaf.

What if I have a problem or concern?

If you have any concerns or would like further information on any part of the study, please do not hesitate in contacting the researcher. A list of the contact details is presented below. The researcher is also able to provide support in accessing other support networks.

Who has reviewed the study?

The research has been authorised by the University of Wolverhampton Ethics committee.

Contact for further information

Researcher: Tarnveer Kaur Bajaj [e-mail address redacted]

Director of Studies: Dr Caroline Wesson [e-mail address redacted]

Second Supervisor: Dr Satvinder Purewal [e-mail address redacted]

List of external agencies who offer support

- Relate- offers counselling services for every type of relationship nationwide.

Phone: 03001001234

www.relate.org.uk

- Samaritans- Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts.

Phone: 116 123

www.samaritans.org

- Men's Advice Line- confidential helpline for men experiencing domestic violence from a partner or ex-partner (or from other family members).

Phone: 0808 801 0327

www.mensadviceline.org.uk

- Counselling Directory- **Counselling Directory** is a comprehensive database of UK counsellors and psychotherapists

Phone: **0333 3447 990**

www.counselling-directory.org.uk

Appendix F- Consent Form



CONSENT FORM

Title of Project: Understanding the motivation of voluntary joining and engaging in treatment programmes for intimate partner violence

Name of Researcher: Tarnveer Kaur Bajaj

Please initial boxes

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time/up until commencement of data analysis, without giving any reason.
3. I understand that my data will be stored securely and confidentially and that I will not be identifiable in any report or publication
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission
5. I agree for my interview to be tape recorded and for the data to be used for the purpose of this study.
6. I agree to take part in the above study.
7. I would like to receive an electronic version of the final study. (Please give email address below)

..... Name Date Signature
..... Name of person taking consent (if different from researcher, state position) Date Signature
..... Researcher Date Signature

Email (if you would like a copy of the final research study):

Appendix G- Demographics Form



Ref:
Demographics Form

Please complete the following:

1. Age: _____

2. Gender: _____

3. Ethnicity: Choose one option that best describes your ethnic group or background

White

1. English / Welsh / Scottish / Northern Irish / British
 2. Irish
 3. Gypsy or Irish Traveller
 4. Any other White background, please describe
-

Mixed / Multiple ethnic groups

5. White and Black Caribbean
 6. White and Black African
 7. White and Asian
 8. Any other Mixed / Multiple ethnic background, please describe
-

Asian / Asian British

- 9. Indian
- 10. Pakistani
- 11. Bangladeshi
- 12. Chinese
- 13. Any other Asian background, please describe _____

Black / African / Caribbean / Black British

- 14. African
- 15. Caribbean
- 16. Any other Black / African / Caribbean background, please describe _____

Other ethnic group

- 17. Arab
- 18. Any other ethnic group, please describe _____

4. Marital status (*please circle*): Married/ Single/ Separated/ Divorced/ Widowed

5. Do you have any children? _____

6. When did you complete the TEMPER programme?

7. How were you referred to the TEMPER programme?

Appendix H- Interview Schedule

Interview Questions

Introduction: Thank you for being part of my study. My name is Taran and I will be conducting the interview today.

To begin, please confirm you have read and understood the information given on the Participant Information Sheet and are happy for me to record this interview for research purposes? (Wait for response)

Thank you- I would like to remind you this interview will remain confidential, however if you disclose anything which indicates any risk to yourself or others, or indicates any illegal acts, I will be obliged to inform relevant authorities.

Do you have any questions about any part of this interview? If at any point you wish to end this interview, please feel free to say.

Are you happy to continue with this interview?

Yes- *continue*

No- *Thank you for your time (offer debrief)*

Warm up questions.

1. How long ago did you attend the programme?
2. Did you complete the programme (both weekends)?
3. How many others were in the programme with you?

Interview Questions

1. **How did you find out about the TEMPER programme?**

- 2. When did you first decide to attend the programme?**
- 3. How long did you have to wait to attend the first weekend?**
- 4. Why did you decide to sign up for TEMPER?**
- 5. How did you feel about attending the programme?**
- 6. What motivated you to attend the programme?**
- 7. How did you feel about the content of the programme?**
- 8. Tell me about the relationship you had with the facilitators (*David and Denise*).**
- 9. How did your relationship with them (*David and Denise*) impact your motivation to attend?**
- 10. How did others on the course influence your attendance?**
- 11. Do you have any children?**
 - a. No- *Next question*
 - b. Yes- *How did they influence your decision to attend the programme?*
- 12. Were you in an intimate relationship at the time you attended the programme?**
 - a. Yes- *How did this impact your decision to complete or attend the course.*
 - b. No- *next question*
- 13. If anything, what have you gained from attending the programme?**

Thank you for your participation- go to debrief.

Prompt questions:

- Tell me more about that.
- Please elaborate on this
- How did this impact your decision to attend?
- Did this help?
- Was this useful for you?
- This seems interesting, please could you tell me more?
- Thank you for telling me this, could you give more detail of how this impacted your decision to attend the programme?

Appendix I- Ethical Approval Letter a



Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS
Dean of the Faculty of Education Health and Wellbeing

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Gorway Road
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WS1 3BD
United Kingdom

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UK: 01902 Abroad: +44 1902

Switchboard: 321000

Internet: www.wlv.ac.uk

8th January 2019

Tarnveer Bajaj (Caroline Wesson)
University of Wolverhampton
FEHW

Dear Tarnveer Bajaj (Caroline Wesson),

Re: Understanding the Motivation of Voluntary Joining and Engaging in Treatment Programmes for Intimate Partner Violence: An Interpretative Phenomenological Analysis submitted to the Chair Faculty of Education, Health and Wellbeing Ethics Sub-panel (Health Professions, Psychology, Social Care & Social Work)

Upon review by the Chair of the Ethics Sub-panel your Resubmitted Research Proposal was passed and given full approval (**Code 1 - Pass**). You are free to continue with your study. We would like to wish you every success with the project.

Yours sincerely

Angela Clifford

Dr Angela Clifford (BSc, MSc, PhD, CPsychol)
Chair – Ethics Panel



Appendix J- Debrief Sheet



Debrief Sheet

Thank you for taking part in the study. Your co-operation is appreciated. Please be aware you can request to withdraw your information from the study within one month of the date of interview.

Your responses will be used in part of a research project aimed to develop and understanding of motivation behind joining and engaging in treatment programs. We understand this is a sensitive issue for many and assure you of your confidentiality. The information you have provided, will be used in a sensitive manner. The research will look at the information with a positive perspective and will attempt to reflect the same candour of information you have provided.

If you have any further questions or wish to contact the researcher, please email Tarnveer Kaur Bajaj at [e-mail address redacted]

Once again, thank you for your participation.

If you feel you would like to talk to someone regarding of the issues raised in the interview, please see overleaf for a list of agencies.

List of external agencies to contact

Here are details of agencies who provide support:

- Relate- offers counselling services for every type of relationship nationwide. Phone: 03001001234

www.relate.org.uk

- Samaritans- Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts. Phone: 116 123

www.samaritans.org

- Men's Advice Line- confidential helpline for men experiencing domestic violence from a partner or ex-partner (or from other family members).

Phone: 0808 801 0327 www.mensadviceline.org.uk

- Counselling Directory- **Counselling Directory** is a comprehensive database of UK counsellors and psychotherapists

Phone: 0333 3447 990 www.counselling-directory.org.uk

Appendix K- Ethical Approval Letter b



Date 25th April 2017

Tarnveer Bajaj (Caroline Wesson) University of Wolverhampton FEHW

Dear Tarnveer Bajaj (Caroline Wesson)

Re: Understanding the Motivation of Voluntary Joining and Engaging in Treatment Programmes for Intimate Partner Violence: An Interpretative Phenomenological Analysis submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) has considered and reviewed your submission.

On review your Research Proposal was passed and the Panel believes that the ethical issues inherent in your study have been adequately considered and addressed. Therefore the Panel is giving you full ethical approval for your study (**Code 1 - Approved**). We would like to wish you every success with the project.

Yours sincerely

H Paniagua

Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM Chair – Ethics Panel

Richard Darby

Dr Richard Darby PhD, BSc Chair – Ethics Panel

Appendix L- Example of Annotations for Transcripts

<i>Initial Notes</i>	<i>Interview Transcript</i>	<i>Emergent Themes</i>
<p>Kids were a motivator, but also learn from self. Two reason, two layers. Kids and learning about self. Self-awareness. Being in tune with self. Recognition he needs to learn something. Taking responsibility, it takes two? Use of metaphor- defence? Minimising impact, blame on ex-partner. Her role in this. Her role in his actions.</p> <p>Time to think, reflect. How he treated her, recognition he treated her wrong? Talking to someone helpful. Being heard. He understands if two people argue it impacts children. Own trauma, own experiences of abuse within family. Minimising barny, comparing own situation to parents. Justification for own actions? Learned behaviour. Wants to understand, professional opinion. Profession opinion is different to his own opinion?</p>	<p>A: Erm, my kids. Just my kids, to see my kids and also as well to learn about myself. Where I went wrong.</p> <p>T: Ok, tell me more about that, that's interesting.</p> <p>A: Basically, it takes, it takes, it takes two hands to clap. You know so, it takes two for an argument.</p> <p>T: Right</p> <p>A: And, I had a lot of time to think about myself and what I went wrong and everything like that. Like what I was doing and how I treated her, how I spoke to her and. How she spoke to me. And I thought to myself. Is there any. I just just had to find out, for example. If you speak to someone like a professional in a sense. Like David is and Denise as well. Just to speak to them, you know. I I thought to myself what have I got to lose. I'm going on the course regardless because of my kids. But also, I wanted to go and see what I was doing. Like how how how was life. like everything liked that. I'm not a stupid stupid, if two people argue, if mother and father argue it affects the kids. It used to happen to us when I was younger. You when I was younger, mom and dad used to have a little barny and I used to feel scared. You know and all that kind of stuff. And I wanted to see you know, how it is in a professional capacity.</p> <p>T: Right</p>	<p>Responsibility Recognising of being 'wrong' Minimising</p> <p>Role of ex-partner in his IPV</p> <p>Recognition of own behaviour and impact on ex-partner.</p> <p>Own trauma Minimising own trauma Learned behaviour from parents</p> <p>Wants to understand an alternative view.</p>

Appendix M- Super and Sub-ordinate Themes for Participants

<u>Superordinate Theme</u>	<u>Getting Results</u>		<u>The Process of Change</u>			<u>Men as the Victim</u>			<u>Can You See Me for Who I Am?</u>	
Participant Pseudonym	Seeing the Children	Tick box exercise	Personal Development	Role Model	The Self as a perpetrator	Male issue	No Choice	The stigma	Non-judgment	Comrades
Viktor										
Rohan										
Jacob										
Alex										

Steven										
Aaron										
Aman										

Appendix N- The Ugliness of Domestic Abuse During Lockdown

Submission to Journal of Health and Social Care Improvement 2021 May: Issue

Vol 3

Journal of Health and Social Care Improvement 2021 May: Issue Vol 3 (4)

The Ugliness of Domestic Abuse During Lockdown

Tarnveer Kaur Bhogal - Counselling Psychology Doctoral Student
University of Wolverhampton

My research involved interviewing self-confessed perpetrators of domestic abuse. The interviews looked at understanding why such men, voluntarily attended psychologically informed intervention programmes for the desistance of domestic abuse. I hold a somewhat overly optimistic view that it is possible to end domestic abuse. I am not too sure whether that is something that would happen in my lifetime, but I am hopeful that someday domestic abuse will be a thing of the past. In the most simplistic sense, I believe most people need guidance on how to be in a relationship.

I was intrigued whilst talking to the men and felt a sense of understanding of their experiences. However, this changed when news articles and media reports highlighted a significant increase in domestic abuse related deaths during lockdown. This left an intense feeling of shock and discomfort inside of me. During my research I needed to be empathetic and accepting towards the experiences of the men. Many of the men had lost contact with a child due to their abusive behaviours. It was hard not to be saddened by their emotive accounts of how they missed their children and desired nothing but to be able to see them again. But now I was reminded of the ugliness of domestic abuse and the very real extremes of what domestic abuse can lead to. Being in lockdown, having no escape, having no access to support systems and the fear of what could happen if the wrong thing was said or done. A very bleak image occupied my mind whilst I went over the interviews, transcribed and analysed my research.

It might seem naive, that I was so surprised by the reality of domestic abuse resulting in death. But I also recognise, at times we create a 'box' in which we contain certain information, in order for us to be able to cope with the difficult information which lies ahead. This is what I did while I spoke to the men. How else would I been able to understand a man who had hit, stalked and controlled a woman but also was so very desperately trying to better himself for his child?

Appendix O- Abusive Men: A Small Attempt at Social Change

Submission to Journal of Health and Social Care Improvement 2020 November:

Vol 3 Issue 3

Journal of Health and Social Care Improvement 2020 November: Vol 3 Issue 3

Abusive Men: A Small Attempt at Social Change
Tarnveer K Bhogal Counselling Psychology Doctoral Student
University of Wolverhampton

Abusive Men: A Small Attempt at Social Change

Why do some men abuse?
Some say it's the power they don't like to lose,
I'm not so sure,
Others say it's because they are insecure,
Whatever the reason why,
I think we ought to try,
And work together as a whole,
Because it's not just theirs to own,
Let's try to support the men,
Rather than thinking about the why, what, where and when,
Let's work together,
To support them better,
To have the right places,
Where they don't need to show their fake friendly faces,
Where they feel free of the judgement,
And can work on making the adjustment,
Needed to be non-abusive, non-abrasive,
Non-seductive and non-offensive,
Healthy men.