More than Meets the Eye:
A Guide to Understanding the
Complexity of Male Violence in
Intimate Relationships
and its Implications
for Programming

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Preface

Initial family violence research and services focused on women victimized by their intimate partners. Specific agencies subsequently formed around women's programs. Investigations into the effects of family violence on children followed, and some of these same agencies offered programming for children. These programs emphasized the effects of and recovery from experiences of victimization and the primary concerns were for the safety of women and children.

When the focus of family violence research evolved and shifted towards prevention, programming for men who behave abusively began to appear. Men's programs were based on women's experiences and women's shelter programs rather than men's experiences. Thus the focus was primarily on violence, abusiveness, and an analysis based on a model of power and control (LaViolette, 2001). Concerns for the safety of women and children led to men's programming being housed in different agencies and organizations. Therefore, a separation of services for men and women was created, and it enforced the dichotomous view of women as "victims" and men as "batterers". This segregation of services has often led to misunderstandings, competition, and tensions among agencies working with women and children and those working with men.

While the power and control model initially used to inform the understanding family violence made important contributions in the field of family violence prevention it also oversimplified the dynamics of family violence, the numerous factors that contribute to family violence and did not take into account the complexity of relationships and men's experience. An understanding of family violence must take into account the experience of women, men and the uniqueness and dynamics of each relationship.

Further, this dichotomous view led to differential intervention approaches and emphasis. As stated, safety became a large part of programming for women and children, however, this has seldom been a part of men's programming. Both men and women experience feelings of vulnerability and of not being safe within their environment. Yet, these feelings have been ignored for men, perpetuating the socialization of boys and men to deny these feelings. Furthermore family violence programming has often been organized in a way that fragmented both the issue and services placing relational violence outside of an understanding of the relationship in which it occurred.

As research regarding women and men affected by violence and abuse continues to evolve, it is becoming apparent that previous views have been overly simplistic. Men and women exist in complex social systems that are reciprocally interactive, therefore the process whereby individuals come to behave abusively, and the cessation of these behaviours, are complex. Effective interventions lie in acknowledging and trying to understand these complex processes, and in incorporating this knowledge into approaches to programming. It is also important to recognize that family violence programming is frequently heterosexist and does not always recognize family violence in same sex relationships or assign to it the same degree of meaning and significance.

The Intent of the Guide

This guide was developed through a joint effort of the Evolve Program at Klinic Community Health Centre and RESOLVE Manitoba. Community agencies working with men provided a consultative role. Thus, the guide is based on both research literature and programs and practices in Manitoba.

Contrary to the tendency to identify or define the man by his abusive behaviour, this guide promotes a multidimensional perspective of men who have behaved abusively and raises awareness of programming considerations for these men. It promotes the recognition of all of the human aspects of men rather than seeing them only as "batterers". A multidimensional perspective requires reflection on past and present experiences and circumstances, as well as attention to physical, cognitive, emotional, and spiritual wellbeing.

The complex social and family systems in which individuals live also need to be considered. Bronfenbrenner's (1979; 1989; 1995) Ecological Theory conceptualizes the individual as imbedded in different social systems:

- ► The microsystem: involves the immediate environment, most often in the forms of close relationships with partners, family, and friends.
- ► The mesosystem: consist of the interconnections between the people that form the microsystem, such as the relationship between one's partner and one's parents.
- ► The exosystem: are the social institutions within the individuals' environment such as the media, religious institutions, and the community.
- ► The macrosystem: encompasses cultural beliefs and values, and the economic and government systems that are based on these beliefs and values.

These systems influence and are influenced by the individual and thus they can be important in either condoning abusive behaviour or supporting healthy behaviour. Therefore, consideration of these systems cannot be left out of interventions towards permanent behaviour change. Further, multidimensional programming often combines intervention and prevention programming. Although this manual focuses on methods of intervention, information relevant to prevention programming will be included when appropriate. Thus, this document respects the complexity of human behaviour and introduces means to include this respect into programming for men.

Rather than presenting recommendations or standards of practice, as is often the case with standards manuals (Corvo & Johnson, 2003; Dutton & Corvo, 2006), this manual presents a number of approach and method options. However the ultimate choice will depend on service providers' and/or agency circumstances, resources, participant population, capacity, and preferences. Service providers, however, are encouraged to examine the various options available and not to quickly choose an approach or method because it is the "typical" or the simplest formula for intervention.

As a means of promoting an understanding of the complexity of human behaviour, the reader is invited to think about their perceptions and assumptions of men who behave abusively. Readers can expect and are encouraged to struggle with some of these ideas and assumptions. Frequently service providers can be challenged by feelings of empathy towards men who have behaved abusively because these feelings of compassion can be perceived as condoning the abusive behaviours of the men. Thus, it is understood that many who read this manual will experience the same concerns. Exploration of issues, even if they create discomfort allow individuals to confront rather than deny their own biases, resulting in greater self reflection and understanding. It is important to remember, that having compassion for individuals and all of their experiences does not exonerate or condone their negative behaviours nor does it does it circumvent their accountability. Setting clear boundaries and expectations is also part of a compassionate approach that demonstrates not only regard for others, but for the self as well. Effective family violence intervention and prevention does not require a choice between compassion and accountability. Empathy and compassion are the very foundation of change, and are an essential component of every healthy relationships including the therapeutic relationship. Service providers struggle to balance and make room for compassion, understanding, personal responsibility and accountability is not unlike the very struggle in which they are asking men who behave abusively to engage.

Transition periods are difficult because they require changes that can be challenging in terms of time put in to learning new information, implementing new methods and confronting personal beliefs and biases. Transitions, however, can be a source of growth and improvement. Exposure to new ideas furthers personal knowledge and capacity, even if one does not agree with them. It encourages critical thinking and increases comfort in entertaining new ideas and methods. Even challenging new ideas leads to deeper investigation and understanding of the issue or method. To facilitate this process, the benefits and problems with different methods are briefly presented and a bibliography of reading material on particular topics is provided. Readers are encouraged to access these resources as full discussions of all the literature supporting or refuting a specific method, approach or technique is beyond the scope of this guide.

The guide covers issues from program conceptualization to implementation. An overview of the philosophical perspectives promoted by the guide is given. A section on suggested qualities and characteristics of service providers working with men is followed by a presentation of theoretical and counselling approaches to intervention. Assessment and intake issues, preparation for counselling, methods of intervention, and program content are then covered. Preparation for the program's end, follow-up programs, and program evaluations are included. Appendices and the reference section provide additional resources and information for guide users.

Introduction

Purpose of the Guide

The purpose of this manual is to function as a resource for service providers working directly or indirectly with men who behave abusively towards their intimate partners. The information can

- ► Serve as a guideline for developing new programs and modifying existing ones.
- ► Encourage organizations and individuals to reflect on their current practices, beliefs, values and assumptions.
- ► Assist workers in supporting and meeting the needs of individuals who behave abusively in their relationships.
- ► Promote awareness surrounding issues of men's programming.
- ► Create sensitivities in those who may encounter relevant issues in their practice and/or service.
- ► Offer parameters from which to write proposals for programming.
- ► Function as a teaching aid for training in relevant academic disciplines (e.g., social work).
- ► Act as resource for professional development for organizations working in the field of family violence.
- ► Help inform service providers working with women about the issues involved in men's programming.

The manual provides programming guidelines and possible approaches to intervention. It promotes a high standard of service, responsibility and accountability. Information presented offers a general overview of areas and issues for consideration regarding programming. It covers a range of specific issues, theoretical approaches, formats, procedures and content. The intent is for service providers to be able to select the options most appropriate to their needs, circumstances and community.

Core Beliefs Represented in the Guide

1. Complexity

Few agencies contain programming for both men and women and those that do tend to keep these programs separate. This separation has perpetuated independent approaches to services and has resulted in the subsequent misconceptions and simplified perspectives of family violence. This simplification is reflected in gender lines being drawn for individuals experiencing abuse and individuals behaving abusively, generating a unidimensional view of individuals as "victims" or "perpetrators" (women tend to be perceived as "victims" of violence and men as "offenders"). However, individuals' lives and circumstances are more complex that

this approach suggests. Both men and women, have been abused as well as behaved abusively in their lives as well as in their relationships (Langhinrichsen-Rohling, 2005).

In actuality, women and men are more multidimensional than how they have been portrayed. Women, for example, are no longer considered passive victims of abuse, but rather as active defenders of themselves and their children, who voice their needs, find ways to heal from the experiences of abuse, and create better lives and relationships for themselves. They are also sometimes people who respond aggressively to interpersonal conflict. In a similar way, men's lives and experiences are more dynamic than just their aggressive behaviour. They are parents who love their children; they can be thoughtful and caring; they value their families; and they can be vulnerable. Sometimes they have experienced abuse as children and as adults and sometimes they have behaved abusively. There are also times when partners behave badly towards each other without the behaviour being abusive or violent.

Because this behavioural issue has become gendered, there has been a segregation of services for men and women or those who behave abusively and those who experience abuse. This has also meant that women who behave abusively and men who have been abused often cannot find services that will assist them with these experiences. The issue of partner violence has been made into an individual problem removed from the couple or family context. Although individual issues need to be addressed, there is also a need for recognition of the interactive nature of family violence. Family dynamics that may contribute to aggressive behaviour need to be considered and partners helped to develop new interactive patterns as part of behaviour change.

Family violence is a complex issue and therefore the approaches to services need to reflect this complexity. Acknowledging the complexity broadens understanding and ensures that programming approaches remain current and relevant. It also serves to increase compassion for all individuals, regardless of gender and life circumstances, enabling service providers to be maximally effective in facilitating positive change in individuals' lives.

2. Compassion

Manitoba service providers have voiced support for a more compassionate approach to family violence programming. At the 2007 bi-annual conference of the Manitoba Association of Family Violence Workers, attendees indicated their interest in remaining up-to-date with evolving programming approaches, including working within the framework of compassion. Additionally, service providers supported helping clients facilitate change through a holistic perspective, and focusing on clients' strengths rather than weaknesses. Education and professional development was welcome in order to effectively implement a compassionate approach to programming. A need for self awareness was identified by service providers, in order to limit negativity that may affect their work, and to improve upon self care in order to better cope with compassion fatigue (Proulx & Nighswander, 2007). Compassion fatigue results from handling the pain of others for too long and is characterized by low energy, irritability, low effectiveness, avoidance, and detachment (Stefanakis, 2008).

Because North America is an individualistic society, an underlying philosophy of personal independence is emphasized. People focus on personal responsibility and therefore often ignore contextual contributors to life events. The result is a mental and often physical distancing of selves from people whose lives are characterized by negative circumstances. This allows individuals to protect themselves from facing the reality that adverse events could happen to them. Known as the just world hypothesis, this attributional bias refers to a belief that individuals get what they deserve and by differentiating themselves from people who find themselves in unpleasant situations, people can deny that they are vulnerable to these events happening to them (Lerner, 1980). With reference to intervention for family violence, this distancing allows individuals to retain a position of privilege and expertise.

In regards to traditional service approaches for men who behave abusively in intimate partner relationships, a distinct separation is often found between "us", the enlightened, privileged "experts" and "them", the troubled, pathological offenders. Such a simplistic and unidimensional view tends to dehumanize men and reduce them to their abusive behaviour. The dehumanization process is frequently driven by a fear on the part of "experts" of being seen as similar to men who behave abusively, of being perceived as being "soft" on crime, or of condoning the abusive behaviour (Edin, Lalos, Hogberg, & Dahlgren, 2008; Stefankis, 2008). A sense of privilege and power is thus maintained. Ironically, men are often dismissed, abused, made to feel less than human and powerless while in treatment for behaving this same way towards their partners (Stefanakis, 2008).

The dehumanization of men tends to create the belief that they are inherently pathological and cannot change ((Stefanakis, 2008). This belief is often incorporated into the men's perspective of themselves, as they come to see themselves as damaged and beyond the capacity to change. This perspective denies men and service providers the ability to contextualize men's experiences. Further, men are less likely to take responsibility for their behaviour (an essential step towards change), when doing so may lead to stigmatization, being reviled, and involvement with the justice system.

A compassionate approach to service emphasizes similarities among all humans, and their connection to each other and to the environment. Having a sense of connection with others increases not only empathy, but also a desire to facilitate change toward being healthier and happier individuals. This approach nurtures and supports respect for individuals as whole persons, rather than focusing on limited aspects of their experience or being. This respectful and positive view tends to facilitate an optimistic expectation of change and creates a welcoming environment for men to take responsibility for their behaviour and thus become agents of change in their lives (Jenkins, 1990; Stefanakis, 2008). Men can take responsibility for their behaviour without fear of stigmatization and devaluation by those who are counselling them. In taking more responsibility for their behaviour, men are less likely to blame others (e.g., their partners) for their abusive actions.

Using a compassionate approach allows service providers to challenge a man's use of abusive behaviours while making a distinction between blame and responsibility. Stefanakis (2008) uses the term intelligent compassion which refers to a caring approach combined with a clear view of the abusive behaviour. Thus, compassion and responsibility work together towards change. The

approach also allows service providers to take responsibility for their own behaviour in facilitating change in men, and in the way that they treat men who behave abusively. In being compassionate and taking responsibility for their behaviour, service providers can serve as positive role models for clients and create a therapeutic atmosphere of positive problem solving. The less aversive the therapeutic process, the longer men will remain in a program and the more likely they are to begin the change from abusive to nonabusive behaviour (O'Leary, 2001; Stefanakis, 2008).

Making a change in perspective at a systemic level may help support effective compassion work. This includes the collaboration and cooperation of agencies working to integrate their services and better serve individuals as wholes. This type of collaboration requires agency administrators, policy makers and program funders to make the commitment to more compassionate care (Proulx & Nighswander, 2007). Interconnectedness may be more valuable than the separateness sometimes seen between many frontline workers and policy makers. In this way, a system is created that not only delivers, but also models compassionate care.

3. The Power of Language

As the basis of verbal communication, words shape the way we think. They create impressions, influence perceptions, and evoke both positive and negative emotional reactions. The schoolyard taunt of "sticks and stones will break my bones but words will never hurt me", therefore may not be entirely true. Women have often stated that the verbal abuse they experienced were more hurtful and the effects longer lasting than physical assault (O'Leary, 1999). Word choice and sentence structure carry meanings that influence impressions and thoughts. For example, there are different implications in using the words "problem" or "challenge" to describe a situation presenting some sort of difficulty. The former suggests that the difficulties are negative and arduous; the latter offers a more positive perspective and implies the possibility of triumph and opportunity.

In a similar manner, there are different implications in referring to someone as an "abuser", and referring to them as someone who "behaves abusively". Single terms such as "abuser", "batterer", "perpetrator", and "offender" tend to reduce the individual to a unidimensional entity characterized by only one type of negative behaviour. The resulting impression of the person is as an inherently aberrant being who is always aggressive. This type of reference not only affects the perceptions of others, but also of the man himself. It may also affect expectations of change. If someone is inherently aggressive or faulty, what chance is there for change? If change is not likely, are interventions worth the effort? In reality, however, a person's entire being is more complex than what these labels suggest. Someone's abusive behaviours are only one component of that person and acknowledging this leaves room for recognition of all of their other more positive aspects. Similarly it may be useful to explore the implications of an overreliance on using the term "victim" and the potential to reduce a person to another unidemensional entity and disregard the strength, resilience and daily acts of resistance in which those who are abused actively engage. This manual, therefore, will use language such as "person who behaved abusively" or "person who used abuse" when referring to individuals engaging in abusive behaviours within the context of an intimate partner relationship. This type of language

acknowledges that all people are complex entities and that no one is solely defined by one particular behaviour.

4. A Systemic Approach

Individuals do not live in isolation. They live within a number of systems including families, communities, social and cultural contexts. These systems and the individual exert mutual influence over each other. Therefore individual's reactions to events and attempts at behaviour change will be affected by the characteristics, values and beliefs of these systems (Harvey, 1996). It has been suggested that the process of change is most effective when the Self the person wants to become is valued both by the person himself and by the people within his social systems (Prochaska, DiClemente, & Norcross, 1992).

Contrary to these ideas, many current intervention and prevention programs occur in isolation from family and community, and without regard for the larger social and cultural systems that influence Canadians. Thus men who go through family violence programming are expected to implement and maintain change within systems that have not changed. Part of a systemic approach to intervention includes providing information on how to cope within the social contexts that he is living in, as well as how to deal with his change within a system that changes much more slowly than individuals.

Another part of a systemic approach involves helping men build up their support systems, especially friends, family and community. This will consist of having them identify existing and new sources of support and encouraging them to access these supports. In some cases these natural supports can be brought into the counselling processes. In living up to their socialization of being independent and stoic, men often do not access support systems, thus this may be a difficult step in their process of change. Building these support systems is important to the program goal of having men maintain behavioural change independent of the service provider. It is these supports that will enable men to continue to feel encouraged, cared for, and valued. Men can use these resources when they need someone to talk to, someone to listen to their concerns, advice and ideas, and affirmation of their efforts towards change. Strong support systems buffer stress and thus help maintain both physical and mental health (Cohen, Doyle, Turner, Alper & Skoner, 2003; Hawkley, Burleson, Berntson, & Cacioppo, 2003). They are also essential in implementing and coping with changes in life such as ending violent behaviour (Dobash, Dobash, Cavanagh & Lewis, 2000; Gondolf, 2002).

Intervention may also involve building more supportive attitudes and behaviours within social systems, since non-supportive characteristics can hinder progress towards change. This may involve providing family and others with whom the person has immediate relationships with information and guidance towards more supportive types of perspectives and behaviours. Public awareness about the nature of violent behaviour that would encourage a more compassionate perspective of individuals who behave abusively would help to create a community more supportive of personal growth and change. These efforts at awareness may also serve to change some of the systemic characteristics that contribute to violence.

A systems approach to programming also means addressing prevention as well as intervention. Prevention programming is focused on young people and consists of building healthy support systems as well as re-evaluating contextual components that can serve as precursors to aggressive behaviour through socialization. These contexts include media messages, government policy, educational systems, and cultural beliefs and norms. Although prevention work is often beyond the scope of programming for men who behave abusively, it can sometimes be incorporated into a community awareness component of a program or agency.

5. A Trauma Informed Perspective

Historically attempts to address the issue of trauma in the context of programming for men who behaved abusively were viewed with some concern and suspicion. Recognizing the past trauma of men who behaved abusively was seen as potentially excusing or justifying abusive behavior and therefore providing an avenue to avoid responsibility for ones behavior as an adult. It is now generally understood that a trauma informed approach, rather than diluting accountability, enhances a person's capacity to eventually accept personal responsibility. As the adage says "Those who refuse to learn from history are condemned to repeat it" (Santayans, 1905). Helping someone better understand their own past experience of trauma and the effect it has had on them both physically and mentally, provides not only a more promising and hopeful future it creates a safer environment and therapeutic relationship in which to explore the present, confront problematic behavior and change the future. A trauma informed perspective enhances the capacity of the clinician to become more observant and empathic, exercising what Harry Stephanakis (2008) describes as intelligent compassion. It also makes them more likely to fulfill their obligation to be fully present and authentic and less likely to misinterpret behaviour. A trauma informed client is apt to become more self aware and develop a greater capacity to be self compassionate. Increased self awareness and compassion in both client and clinician will likely transfer into great awareness and compassion towards others.

Separating a person from their own past, and disavowing or ignoring their experience of trauma is detrimental to recovery and change. People live as whole beings and just as it is important to honour and recognizes the interconnectedness of the physical, mental, spiritual and relational aspects of individuals, it is also important to link a person's past, present and future. As with women who have been abused in intimate relationships, men who behave abusively need to know that their future does not have to be dictated by their past. The trauma informed model conceptualizes traumatized individuals as injured rather than as having a problem, disorder or illness. This conceptualization is more hopeful and empowering in its approach, as it is more consistent with the principles of recovery and avoids potentially re-traumatizing shame based approaches.

Programs for men who behave abusively that are not trauma informed are at risk of re-traumatizing men. Trauma affected people frequently encounter services that mirror the power and control experienced in the abusive relationship that caused past trauma. In particular, service providers need to be aware of the dynamics that characterize abusive relationships and ensure that they are not replicated in therapeutic relationship. These dynamics can include: betrayal at the hands of a trusted caregiver; hierarchical boundaries that were imposed, violated and then re-

imposed; the unheard, denied or invalidated voice of the victim, and constructed reality based on the values, beliefs and needs of the abuser (Harris & Fallot, 2001).

Perhaps the most important contribution that the study of trauma has made to society and the delivery of human services is our understanding of the neurobiology of trauma. This knowledge confirms the injurious nature of trauma, as it reveals the changes that occur in the way the brain functions. Among the effects noted in people with post-traumatic stress disorder are problems in the functioning of the cells of the prefrontal cortex, the brain area that filters out unimportant information and inhibits responses to outside stimulation. Over-activation of these cells can result in emotional numbing and dissociation, while under-activation can lead to symptoms such as hypervigilence to trauma related cues, exaggerated startle response, flashbacks, intrusive memories and misinterpretation of harmless stimuli as potential threats. These create distracting thoughts and ideas that make it difficult for the person to concentrate, follow instructions, reason, and make sound judgments and decisions.

Experiences of trauma can also lead to the release of hormones (beta-endorphins) that minimize pain and allow the person to deal with trauma. Any form of re-experiencing of the trauma such as through flashbacks and intrusive memories can result in the continued release of these hormones and thus to further numbing of emotions. Cortisol is a hormone that helps people cope with stress by increasing their sensitivity and attentiveness to stress related stimuli and by processing stress related information into long term memory. There is an increased release of this hormone with the initial trauma and then for individuals who develop PTSD, there appears to be a drop in cortisol production over time to lower than normal levels. In addition to this drop, however, there is an increased release of this hormone to current stress and events that demand thinking, learning, problem solving and decision making.

Low levels of cortisol may negatively affect individuals' ability to process the event into long term memory. Without this ability to process it as part of the past, the memory remains as part of the present, exerting its emotional impact through flashbacks, nightmares and fear. High levels of cortisol, either in response to the initial trauma or to subsequent stresses and cognitive challenges may result in the nervous system becoming sensitized to psychologically threatening stimuli, leading the nervous system to react to even weak stimuli. Thus people who have experienced trauma may react to stimuli that would not cause a reaction in non-traumatized people. Further, non-threatening events may be perceived as threatening because they bare some similarity to the traumatic event through certain sights, sounds, smells etc. Intrusive memories can serve to fuel these associations as the details and sensory experiences do not fade over time as they normally do with memories of the past.

Many of the men seeking intervention programs for their abusive behaviour, may have experienced trauma at some point in their lives through incarceration, child abuse, living on the streets etc. If experiences of trauma go unrecognized, service providers and systems may be applying intervention techniques that are ineffective or re-traumatizing. Interventions that cover trauma related information without addressing the trauma, may lead to intrusive memories and perceptions of threat that in turn may lead to defensive behaviours or a dissociation from the information or situation. Approaches that require a lot of focus and learning of new information

may be difficult if the men are having problems with concentration and modifying emotional responses to the material or situation.

Afifi, Asmundson, Taylor and Jang's (2010) review of trauma and PTSD, report lifetime prevalence rates ranging from 64% to 90% for experiences of trauma and 1.4% to 11.2 % for PTSD. Given these statistics, service providers should assume that at least a percentage of the people they work with have experienced some type of trauma, necessitating the need for trauma informed services from all service systems. "In a trauma-informed system, trauma is viewed not as a single, discrete event, but rather as a defining and organizing experience that forms the core of an individual's identity. This far-reaching impact, and the attempts to cope with the aftermath of the traumatic experience, come to define who the trauma survivor is." (Harris & Fallot, 2001; pg 11). In a trauma-informed system, practitioners assume that when a trauma has occurred, it changes the rules of the game. An individual constructs a sense of self, a sense of others and a belief about the world that incorporates, and is in some cases based on, these experiences. This then informs other life choices and guides the development of particular coping strategies. The impact of trauma is thus felt throughout an individual's life in areas of functioning that may seem far removed from the trauma, as well as in areas that are more obviously connected to trauma (Harriot & Fallot, 2001). Trauma informed services are knowledgeable of and sensitive to trauma related issues present in survivors and have a basic understanding of recovery and how to help in a way that neither causes harm nor ignores the impact and meaning that the trauma has to the person. A trauma informed system uses this information to design services that accommodate the vulnerabilities of trauma survivors, and allows services to be delivered in a way that will avoid inadvertent re-traumatization.

Trauma-informed care provides a new paradigm under which the basic premise for organizing and delivering services is transformed from "What is wrong with you?" to "What has happened to you?". This approach moves away from a "top down" orientation and approach to one that is based on a non-hierarchical approach based on collaboration, partnership, the principles of mental health promotion and empowerment. In this way, services become more individualized, more compassionate, and likely more effective.

Foundational Issues for Programming

1. The Nature of Violence

Definitions are used to guide the understanding of concepts and the relationship between concepts. When dealing with complex issues such as interpersonal violence and abuse it is often difficult to find definitions that are satisfactory to everyone who work in the field. Service providers and researchers often define these terms in different ways and even within each of these fields, individuals have different conceptualizations of these terms. Outlined below are the conceptual understandings of these terms that are used in this document. The use of these conceptualizations does not imply that others need follow these definitions. In fact, it is suggested that prior to beginning work in the area of intimate partner violence, organizations discuss the definitions and/or conceptualizations that will guide their program. Please see appendix C for a list of questions that can be used to guide these discussions.

A. Definitions

i) Aggression
Aggression is part of a normal physiological response to fear. It is the "fight" part of the system's "flight or fight" response. In this respect it is a defensive action. A part of the brain called the amygdala quickly assesses the emotional situation and produces an immediate physiological response that prepares the body for flight or fight. The message is then sent to the prefrontal cortex where the emotional content of the information is further assessed and a more cognitively-based response is generated (Zubieta, Chinitz, Lombardi, Fig, Cameron, & Liberzon, 1999). This part of the emotional response is based on learning. Thus, although a person's immediate response to a feared situation may be to lash out, experience may have taught them that remaining calm and assessing the situation for a solution that will bring about more positive results is more reinforcing. However, in some cases, experience will have taught the person that aggressive behaviour (either physical or verbal) brings about quick and effective reinforcement through desired results. This can occur through direct learning, as when a person behaves aggressively and gets the results they want, feels powerful and effective, or is praised or otherwise rewarded. It can also occur indirectly through vicarious learning, as when a person sees others being reinforced for the use of aggression and expects the same rewards for their use of it. Given the many areas of North American society that demonstrate the accepted and rewarded use of aggression (media, sports, legality of corporal punishment), vicarious as well as direct learning of aggressive responses are likely. When this form of learning occurs, the immediate response to a fear or threat situation may be aggression and the messages from the prefrontal cortex may encourage the use of this behaviour.

ii) Violence
Violence is an act of extreme physical force intended to cause injury (Begun, Shelley, Strodthoff, & Short, 2001). It includes both physical assault and threats of assault, and can be directed towards another person, a group, or oneself. Violence can result in serious injury, psychological harm, impaired development (in all areas) and/or death. When the violent behaviour is directed

towards an intimate partner, it is termed partner violence. In family or domestic violence, violent acts are directed against partners, children, parents, and other family members.

iii) Abuse
Abuse consists of a pattern of violent and/or aggressive behaviours that display a disregard for the feelings and needs of others. Individuals who use abuse consistently place their needs and desires above those of others. The pattern of abusive behaviours exists on a continuum of severity that is dynamic in nature. Relationships can become more or less abusive overtime, as demonstrated in the relationship continuum (from the Broadening Our Lens workshop from Klinic, a copy of which can be found in Appendix A). Different forms of violence or aggression may be manifested including physical, sexual, emotional, psychological, financial, and/or spiritual. Effects will vary depending on the severity, frequency and duration of the abuse, and on the personal and social resources of the person experiencing the abuse. Fear and a diminished capacity for self determination are core components for defining abuse. For more detailed definitions of specific types of abuse please see the government of Manitoba website: www.gove.mb.ca/health protection/docs/ abusedefinitions.pdf

iv) Power
Power has been defined as 'having a controlling influence' and 'exerting or being capable of exerting strength or force' (www.wordnetweb.princeton.edu/perl/webwn). When discussed in relation to violent and abusive behaviour, power has often been associated with one person exerting force or control over another. Further, power is often conceptualized as limited and residing in one person and not the other, however power is more complex than is sometimes presented. In relationships it is not a static entity possessed by only one person, rather it fluctuates between partners over time, situations and manifestations, therefore although it can be a motivation for violent behaviour, it may not always be part of intimate partner violence (Johnson, 1995; 2006a). Individuals have different degrees of personal power over their lifetime and they may choose to exert that power differently at different times and with different people. This power can be manifested in either positive or negative ways. It is often the role of family violence service provider agencies to help individuals, both those who have behaved abusively and those who have been abused to recognize their personal power and to exert it in ways that will facilitate healthy relationships and personal wellbeing.

B. The Effects of Using Violence

The use of violent and abusive behaviour impacts the entire family system, including those who directly experience or are exposed to the violence and abuse, those using violent and abusive behaviour, and external family who are emotionally connected to the individuals directly involved in the violence. Considerable research has been done on the effects of experiencing violence for women and children. Some of these effects are summarized below. Despite the extensive information on these effects, many men who behave abusively are unaware of the full impact of their behaviour. For this reason, many family violence programs for men discuss some of these effects.

i) Children
There are a number of ways that children are affected by family conflict and abusive behaviour. If conflict is part of the intimate partner relationship, most children will be aware of it, despite the fact that many parents state that they do not "fight" in front of the children (Wolak & Finkelhor, 1998). This awareness, along with any witnessing of the abusive behaviour, whether it is towards the mother or other family members, is highly distressing. Parents who behave abusively towards each other may also behave this way towards their children, and thus family conflict and partner abuse, places children at risk of experiencing physical and emotional abuse themselves (Appel & Holden, 1998; Dong, Anda, Felitti, Dube, Williamson, Thompson, Loo, & Giles, 2004; Renner & Slack, 2006). Children may also experience abuse if they try to protect or come between the persons in conflict. Further, even children who are not themselves being abused may experience neglect or other negative effects due to the parents being physically and/or emotionally unavailable or inconsistent in their parenting practices due to their own involvement in the abuse (Jouriles, Spiller, Stephens, McDonald & Swank, 2000; Onyskiw & Hayduk, 2001; Wolak & Finkelhor, 1998). Parents involved in family conflict and abuse may have problems with substance use (O'Leary & Schumaker, 2003; Stuart, Ramsey, Moore, Kahler, Farrell, Recupero, & Brown, 2002), justice system involvement and incarceration, and mental health issues such as depression and anxiety (Campbell, 2002). All of these factors will impact the relationship with their children. Any additional adverse circumstances such as poverty, housing problems, living in unsafe neighbourhoods, and a lack of resources will exacerbate the distress of family conflict (Herrenkohl, Sousa, Tajima, Herrenkohl & Moylan, 2008). These types of adverse circumstances often occur in the lives of women who have left an abusive relationship and therefore will also affect their children. On the other hand, resiliency factors for children such as having good relationships with their mother and with peers can moderate some of the adverse effects of experiencing and/or witnessing abuse and violence in the home (Herrenkohl et al., 2008).

Children's experiences of violence and abuse, whether direct or by witnessing, impact all aspects of their being. Among the most common emotional effects are fear, shame, guilt, depression, anxiety and related symptoms such as post traumatic stress, somatization and sleep disturbances (Osgood & Chambers, 2000; Widom, 2000; Wolfe, Scott, Wekerle & Pittman, 2001). These children may begin to view the world as a dangerous and unpredictable place (Augustyn, Parker, Groves & Zucherman, 1995; McAlister Groves, 1999; Wolak & Finkelhor, 1998). Cognitive effects are seen with delays in achievement, problems with attention and concentration and school related problems (Jaffe, Wolfe, & Wilson, 1990; Fantuzzo & Mohr, 1999; Marks Glaser, Glass, & Horne, 2001; Sox, 2004). Social and behavioural impacts include aggression, poor impulse control, substance use, difficulty resolving conflict, and isolation (Marks, et al., 2001; McCloskey & Lichter, 2003; Sox, 2004). Youth who have experienced abuse often attribute hostile intentions to others and use these to justify their own use of aggression (Dodge & Pettit, 2003). Developmental effects such as insecure attachment to parents and peers, poor empathy development, and delays in verbal, motor and cognitive skills, have been noted (Fantuzzo & Mohr, 1999; Gleason, 1995; Johnson & Rosenby, 1997; Marks et al., 2001). A variety of physical health problems can ensue from physical abuse or neglect. Although the nature and severity of effects vary from child to child, generally both experiencing and witnessing abusive behaviour result in more severe effects (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

Moreover, the effects can also be long term, especially if left unaddressed. Some of the more common long term effects of experiencing and/or witnessing family violence are depression, anxiety, eating disorders, dropping out of school, early pregnancy, criminality, poor impulse control and emotional regulation, delinquency, violence and substance abuse (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998; Herrenkohl, Herrenkohl, Egolf & Russo, 1998; Hulme, 2000; Lichter & McClosky, 2004; Litrownik, Newton, Hunter, English, & Everson, 2003; McCabe, Lucchini, Hough, Yeh & Hazen, 2005; Moore & Peplar, 1998; Widom, 2000). Insecure attachments to peers and partners is more common in those who have formed poor attachments to their parents. Children and youth who experience abuse in childhood are at higher risk for revictimization and behaving violently in adolescence and adulthood (Berman, 1993; Cunningham, 2003; Ehrensaft, Cohen, Brown, Smailes, Chen, & Johnson, 2003; Widom, 2000).

ii) Women
All aspects of women's lives are affected by their experiences of abuse and violence from their partners. As with children who have been abused, the most common emotional effects include: depression, anxiety, post traumatic stress, somatization, shame, lowered self esteem, poor self image, and anger (Bonomi, Thompson, Anderson, Reid, Carrell, Dimer, Rivara, 2006; Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002; Roberts, Klein, & Fisher, 2003). Cognitive effects consist of dissociation, hopelessness, powerlessness, and problems concentrating. Dissociation can develop as a coping mechanism to deal with severe episodes of abuse and can become a method of coping with an increasing variety of unpleasant situations. Social and behavioural effects are observed in problems related to substance abuse, sexuality problems (Bonomi et al., 2006; Plichta, 2004; Roberts, Auinger & Klein, 2005), and problematic relationships with others, including their children and future romantic partners. As mentioned above, focusing on their conflicted relationships may contribute to women being less capable of consistency in their parenting practices and of giving their children the attention they require. It is also important to recognize that in some cases women who are abused by their partners can in turn behave abusively towards their children. Lack of trust and social isolation has also been reported (Bonomi et al., 2006; Plichta, 2004). Women may isolate themselves from others to avoid the embarrassment, pity and shame associated with being abused. In other cases, part of their partner's abusive behaviour may be isolating them from family and friends (Johnson, 2006a). Physical effects are manifested in health related problems and injuries (Bonomi et al., 2006). Although the most common injuries are scratches, bruises and welts (Tjaden & Thoennes, 2000), more severe injuries are also reported including knifing, pelvic pain, broken bones, back pain, problems with pregnancies, sexually transmitted infections (STIs), and cardiovascular or circulatory conditions (Campbell Jones, Dienemann, Kub, Scholleberger, O'Campo, Gielen, Wynne, Soll, & Sees, 2002; Plichta, 2004). The longer the duration of their abuse, the more severe the effects (Bonomi et al., 2006; Johnson & Leone, 2005).

These effects have subsequent impacts on other aspects of women's lives. For example, their ability to maintain employment or education and training is often impaired by anxiety and problems concentrating, anger and poor interpersonal relationships, lack of self confidence, substance use, and chronic health problems. Partners who behave abusively also may come to their work or school and create disruptive, dangerous or embarrassing incidents, or may interfere

with or sabotage their attending work or school (Johnson, 2006a). Thus, women often voluntarily quit work or school or are fired due to the actions of her partner.

Women who leave abusive relationships often face housing issues and lowered income and poverty. This means they might live in neighbourhoods that are unsafe for them and their children. These factors will increase their levels of worry and distress. Some women become homeless (Tutty, Ogden, & Weaver-Dunlop, 2007) and this not only exacerbates their fears, but places them at risk for losing their children and may increase involvement with child welfare. Mothers may have concerns about their children and the impact of the abuse on them and their relationship with them. For some women, even after leaving their partner, there is the added fear that he will obtain custody, kidnap, or harm the children in some way. Women's lack of confidence may lead them to question their skills as a parent and they may experience guilt at having placed their children within an abusive home, and/or unsafe or impoverished conditions. These feelings can compound experiences of depression which can impair their ability to gain employment or training, increase unhealthy behaviours, and further feelings of guilt. Often women will experience difficulties in being able to identify and attend to their own needs. Thus, the effects women experience can feed into each other and create problems long after the abusive relationship has ended. For more information on trauma the reader is invited to visit www.trauma-informed .ca.

iii) Men
The preponderance of research on men who behave abusively has focused on causes of their behaviour and on potential interventions. Very little work has examined the impact of their use of violence on the men themselves. Information gathered from investigations on the causes of violence and the responses of men after the violence seem to indicate that effects may include intense physiological arousal, guilt, shame, fear, anxiety, depression, anger at themselves and/or their partner, the desire to be seen as and/or believe they are a "good" person, and the desire to maintain their sense of masculinity.

In speaking with men who had used violence in their relationships, Reitz (1999) found that many spoke about experiencing a sense of pressure, loss of control and explosion during the violent episode. Along with these reports were descriptions of symptoms of physiological arousal such as heart racing or pounding, dizziness, blurred vision, twitching, muscle tension and tension in the stomach. Some men differentiated the part of themselves who "lost control" and "exploded" from their "true" selves. They talked about having a "good self" and a "bad self". The "bad self" was referred to as an "animal" or "evil"; one referred to himself as Dr. Jekell and Mr. Hyde. Some felt a high degree of guilt when they came out of this intense state of arousal and realized what they had done.

Negative feelings about themselves such as guilt and shame may stem from early childhood trauma and attachment problems with parents. These experiences can lead to a lack of confidence, insecurity, and feelings of being unloved and unlovable, worthless, unsuccessful, ineffectual, and inadequate (Dutton, 1998; Edin, et al., 2008). Not only can these feelings increase the risk of men behaving violently, but their violent behaviour can then confirm and increase these self-beliefs. Related to these negative self beliefs, some studies have reported

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higher rates of depression in men who behave abusively (Hamberger & Hastings, 1988; Saunders, 1992).

Men want to see themselves in a positive light and as a "good" person. Their violence and abusive behaviour and the effects on their partner and children refute this belief and generate a fear that they may in fact be a bad person. In Goodram, Umberson and Anderson's (2001) study of the self perceptions of men who behaved abusively, men felt frustrated when their partners described them as abusive or violent because they felt this behaviour did not represent their "real" self. The men in Reitz's (1999) study also voiced the perception that their "evil" self was not their "real" self. Men's responses after their use of violence are often intended to affirm that they are indeed a good person. When asked to talk about their abusive behaviour, men sometimes make excuses for it, saying it occurred because they were under a lot of stress. Other times, men will minimize the behaviour, either claiming they did not hurt their partner badly or that other men are more abusive. Some men will deny their behaviour, by refusing to face its occurrence or effects. For example, Goodram, et al., (2001) found that some of the men in their study would leave after a violent episode and not return until they thought the physical effects (such as bruising or cuts) would fade or disappear. These responses allowed them to distance themselves from the negative behaviour and continue to believe that it was not reflective of their real or "good" self.

Justification of the abusive behaviour is another common response that takes the form of placing the blame for the violence and abuse on someone or something else, often their partner or alcohol. As with excuses, minimization and denial, justification allows the men to continue to believe or appear to others that they are a good person (Edin et al., 2008; Mullaney, 2007). Related to this justification is Reitz's (1999) finding that men who behaved abusively tended to perceive their world and events in a dichotomous way, dividing events and people as powerful or weak, good or bad, and/or winners or losers. Following this reasoning, for them to be powerful, their partner had to be weak, and if their partner is "winning", then they must be "losing". Thus, for these men to continue to believe that they are good, their partner and/or her behaviour must be bad.

After the violence, men may fear the consequences of their inability to repair the damage they have done. They may fear their own and others' negative view of them, but lack the capacity or the skills to cope with this fear or the situation. Many men have a high, often unrealistic expectation of their romantic relationships. When reality does not meet their expectations, they may not know how to cope effectively (Dutton, 1998; Edin et al., 2008; Eisikovits & Buchbinder, 2000). They want to reconcile and have their partner love them. Their apologies sometimes seem to make the relationship better, but only in the short term as the same issues and expectations continue to exist. Both the unrealistic expectations and the lack of ability to cope with the reality of relationship interactions may stem from early childhood trauma and insecure attachment patterns (Dutton, 1998). Insecure attachments in childhood tend to result in insecure attachments in adulthood. Bartel (1996) found that compared to men who did not behave abusively, men who used abuse in their relationships had insecure attachment patterns. This likely makes them unsure of their partner's love, jealous, and suspicious. Scott (1998) found that men who used violence against their partners had more fear about losing their partner than either men who were under stress but did not behave abusively or happily married men. Johnson

(2006b) and Holtzworth-Munroe (2002) also report a particular personality type in some men who behave abusively that is characterized by dependency and fear of losing their partner.

Although gender role expectations have been changing, society is still gendered and the pressure to adhere to and manifest the masculine gender role is felt by many men. Men's violent behaviour may be a way of trying to exert masculine ideals of strength, control and effectiveness in their environments, particularly in the face of vulnerable or threatening situations. However, the effects of their behaviour may serve to perpetuate feelings of vulnerability that they are trying to overcome. Feelings of losing control, fear, failure and incompetence may result from behaving abusively. These feelings are not commensurate with the male gender role. An early study by Gondolf and Hanneken (1987), found that men who had completed programming, explained their use of abusive behaviour as a reaction to feeling that they had not achieved the stereotypical male gender role. Sugarman and Frankel (1996) found that men who behaved very violently towards their partners tended to have more traditional gender attitudes than men who did not behave violently. For some men, their claims that they only behaved abusively due to provocations such as their partner's infidelity or apparent disrespect may be a way of reinforcing their masculinity while still being perceived as a good person (Edin, et al., 2008; Mullaney, 2007). Further, in discussing violent situations, men sometimes talk about their efforts to protect their partners by not reporting her abusive behaviour or by stating that they restrained their own use of violence towards her. This reinforces the masculine ideals of control and protection (Mullaney, 2007). For some men, violence stems from a need to exert control over their partner (Johnson, 1995; 2006a). Thus, men appear to be trying to retain their sense of masculinity as well as of being a good person. Situations of conflict generate fear of failing in both of these goals.

The commonality in all of these effects is fear and in fact, some researchers report a higher level of anxiety in men who behave abusively (Hamberger & Hastings, 1988; Jacobson & Gottman, 1998; Johnson, 2006a). Thus, as with women, the aftermath of violent and abusive behaviour for men is fraught with fear. The nature of the fear and its manifestation is what differs.

2. Important Facts About Abusive Behaviour

Several prevalent beliefs or myths about men's abusive behaviour have developed over time. The belief in these myths often persists despite research evidence to the contrary. The development and persistence of these myths are likely the result of a simplified view of men's abusive behaviour and a need to distinguish "us" from "them". This distinction creates a safe emotional and cognitive distance or detachment from men who behave abusively, thereby allowing individuals to retain their sense of privilege and status compared to these men. These beliefs can also be tied to a frequent and understandable need to reduce the complexity of an issue to a simple, easy to use and explain set of ideas that enables one to avoid becoming immersed in the emotional turbulence of family violence. However rather than making the work in this area easier, efforts to try and keep things simple has the effect of making it more complicated, longer, more frustrating, and less effective and it diminishes service providers' capacity to be empathic and understanding.

In many cases the myths about men's abusive behaviour are based on research about prevalent characteristics or experiences, but have made the leap from *often* occurring to *always* occurring. This has obscured the diversity of men who behave abusively, and the complexity of the factors contributing to this behaviour. Because these oversimplifications promote the idea of a single solution, rather than different approaches for people with different behavioural characteristics, they may create barriers to effective intervention. The most common of these myths or beliefs are addressed below.

A. Myth: All men who behave abusively come from abusive homes

While it is the case that men who behave abusively in their intimate relationships have a higher rate of childhood abuse and family problems, it is also true that not all men who behave abusively towards their intimate partners have experienced these same traumas (Dobash et al, 2000; Gondolf, 2002; Moulden, 1996). It is also true that not all men who experienced childhood abuse behave abusively themselves (Widom, 1989). Dutton (1998) suggests that histories of childhood abuse may be more likely in men with more severe symptoms of psychological distress and Johnson (2006b) indicates that childhood experiences of abuse are more strongly related to intimate terrorism, but not common or situational couple violence (see number iv below for description of these different behavioural patterns). It has also been pointed out that the sympathy that comes so easily for boys who have been abused ends fairly abruptly when they become men who behave abusively in their relationships (Rosenbaum & Leisring, 2003). They are treated very differently, yet they are the same person.

Evidence: Not all men who behave abusively have been abused themselves

B. Myth: Men who behave abusively are from the poor and working class

Men who behave abusively come from all socioeconomic backgrounds (Gondolf, 2002; Lupri, Grandin, & Brinkerhoff, 1994). Although poverty can add to stresses that lead to family conflict and subsequent abusive behaviour, there are many low income families not characterized by abuse and alternatively, abusive behaviour also occurs in the context of high income families.

Evidence: Men who behave abusively come from every socioeconomic backgrounds

C. Myth: Drugs and alcohol lead to abusive behaviour

Although much of the research has found that substance use is common in men who behave abusively, most do not attribute the substances as the cause of the abuse. Rather, substance abuse tends to play various other, non-causal roles in abusive behaviour. For example, alcohol and drugs can increase the likelihood of a violent response because they reduce people's ability to inhibit or control aggressive responses (Dutton, 1995; Fals-Stewart, 2003; Fals-Stewart, Golden & Schumacher, 2003; Stuart, Temple, Follansbee, Bucossi, Hellmuth, & Moore, 2008). These substances however, can also impair a person's ability to control other impulses such as

being flirtatious or silly and therefore their effects are not exclusive to aggression. The use of these substances can also become the source of conflict in a relationship or a means of coping with conflict (Dobash, et al., 2000). Further, in research examining the effects of substances on intimate partner violence, there are a significant proportion of individuals who do not use substances yet still behave abusively, in addition to situations where abusive behaviour is not accompanied by the use of substances (Dutton, 1995; Gondolf, 2002; Wilson, McFarlane, Malecha, Watson, Lemmey, Schultz, Gist, & Fredland, 2000). Thus substances are a correlate and potential contributor to, but not the cause of, abusive behaviour.

Evidence: Difficulties with drugs and alcohol is not always related to abusive behavior

D. Myth: Men who behave abusively are evil monsters

People often believe that only someone evil or suffering from psychopathy could manifest some of the abusive behaviour that men have displayed. This belief implies that these abusive behaviours are inherent and unchangeable. While some men who behave abusively do suffer from severe pathology, most do not (Dutton & Golant, 1995; Gondolf, 2002; Johnson, 2006a; Rosenbaum & Leisring, 2003). A recent Swedish study of individuals working with men who use abuse found that the majority of the men were perceived as "ordinary men with deviant behaviour" (Edin et al, 2008). Much of the research on men who behave abusively identify a number of different behavioural characteristics (Langhinrichsen-Rohling, 2005; Holtzworth-Munroe & Stuart, 1994; Dutton & Golant, 1995). Johnson (1995) proposes different behavioural categories for men who use violence in their relationships. S*ituational couple violence*, results when a conflict becomes out of control and either or both partners use abusive behaviour. The violence is seldom severe and tends not to escalate over time. *Intimate terrorism* is characterized by a partner deliberately applying tactics to control their partner. It usually escalates to severe proportions over time. Holtzworth-Monroe's (2000; 2002) work concurs with this distinction. She categorizes men who use violence as *family only* (similar to situational couple violence); *borderline/dysphoric* (these men have a lot of fear; they are highly dependent on their partners; they are very jealous; and often exert control over their partner to keep her from leaving them); and *general violent/antisocial* (these men are not emotionally connected to their partners; they use violence to control their partner in order to get their own way; their needs and desires are placed above others; and they are often violent with others as well as their partners). Johnson (2006b) terms these as dependent intimate terrorists and antisocial intimate terrorists, respectively. Other researchers have also confirmed these categories (Graham-Kevan & Archer, 2003a; 2003b; Jacobson & Gottman, 1998). Understanding these different behaviour patterns humanizes men who behave abusively and allows for more individualized interventions.

Evidence: Men who behave abusively are human and multidimensional

E. Myth: Men who behave abusively can not change

Research on various forms of intervention with men who behave abusively demonstrate that change is possible (Dobash et al, 2000; Dutton, 1998; Gondolf, 2004). Even instances where

recidivism rates of 49% are reported, this leaves 51% who have made long term changes (e.g. Gondolf, 2002). There may be instances where change is unlikely due to the severity of the mental illness or organic causes such as head injury. However, in many cases change is possible with appropriate intervention. Many have suggested that rather than focusing on the best form of intervention for men who behave abusively, the key is to apply forms of intervention that may work better for some men, based on the types of violent behaviour they manifest as well as other social and personality characteristics (Whitaker & Holditch Niolon, 2009). Programming and interventions must be designed to fit the man rather than expecting the man to fit the program. One size does not fit all and customizing the intervention begins with developing a full, both in depth and breadth, understanding of each person and their uniqueness.

Evidence: Men who behave abusively can change

F. Myth: Abusive behaviour is all about power and control

The literature on men's use of violence and abuse originated as a branch of research on women's experiences of violence. Early research and programs for women who had been abused focused on patriarchy and its accompanying male power and privilege as the main cause of their abusive behaviour towards women. The patriarchal approach, laid out in culture and tradition, created a belief in men that they had the right and were in fact expected to exert power and control over women (LaViolette, 2001), especially women identified as "belonging" to them such as wives and daughters. This perspective focuses on men's violent behaviour as a means of exerting, maintaining or retaining control in the relationship.

As indicated above, recent research has identified different behaviour patterns and characteristics in men who behave abusively, with a wide array of feelings and experiences within each of these different patterns (Holtzworth-Monroe, 2000; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003; Johnson, 1995; 2006a; 2006b). Although for some men, power and control is their main motivation and they exert these over their partner and others, other men use these tactics to cope with dependency and fear of abandonment. A sense of ineffectualness and fear that result from a variety of life experiences such as childhood abuse, bullying, and insecure attachments are often evidenced in men who have been abusive in their relationships (Dutton, 1998; Dutton & Golant, 1995; Rosenbaum & Leisring, 2003).

Furthermore, common or situational couple violence is believed to be the most common form of violent and abusive behaviour (Johnson 1995) and it is not based on the application of power and control. In these cases, abusive behaviour can stem from frustrations during a conflict with their partner, compounding of stresses with few effective coping strategies, and a loss of control when emotions have been high (Johnson, 1995; 2006b). Some of these men may have had poor relationship models and/or due to socialization, formed false relationship expectations such as: looking to one person to fulfill all their needs, or expecting that their partner will automatically know what they need and how to meet those needs. These can then result in dissatisfaction in a relationship and few skills in understanding or resolving, problems and conflicts with their partner.

Current research is revealing that as with most human behaviour, violent and abusive behaviours result from complex interconnections between personal, situational, and contextual factors (Edin et al., 2008). Reducing causes to only issues of power and control oversimplify these behaviours. This oversimplification impacts not only understanding but intervention as well.

Evidence: Abusive behaviour has many causes

G. Myth: Men who behave abusively do not love their partner or children

Love and abusive behaviour are not mutually exclusive, and can and usually do co-exist. Many men talk about the love they have for their partner and their children in counselling. The men in Goodrum, et al.'s, (2001) study talked about feeling sad when their children witnessed their violence. Believing that men who behave abusively cannot or do not love their partners and children dehumanize men by considering them as incapable of love and ignores the inherent complexity of relationships and human behavior.

Evidence: Abusive behaviour does not preclude feelings of love and attachment

H. Myth: There is no value in a relationship where abuse occurs

Research regarding reasons why women stay in abusive relationships have found that the main reason given is love (Kearney, 2001; Langhinrichsen-Rohling, Schlee, Monson, Ehrensaft, & Heyman, 1998). Further, many women prefer to have their partners end their abusive behaviour and to retain the relationship, and it is seldom the men that leave the relationship (Gondolf, 2002). Therefore many of these relationships have some redeeming qualities that are valued by the people within them. Dismissing these relationships as completely without value is both disrespectful and disempowering to individuals within that relationship, particularly when the partners indicate their desire to improve and continue the relationship. Just as decisions to end the relationship must be respected, so must decisions to stay in the relationship.

Evidence: Relationships where abuse occurs can have many redeeming and valuable qualities

3. Culture and Violence

In the literature, culture is often defined as a set of common characteristics, including beliefs, practices, values, norms and attitudes shared by members of a group (Kasturirangan, Krishna, & Riger, 2004; Marmion & Faulkner, 2006). Through these common features, culture can influence the ways in which people perceive and interpret both themselves and their world. An essential element of culture is the transmission of these characteristics, and the passing of information down and across subsequent generations (Marmion & Faulkner, 2006).

Culture is more than a static entity that merely represents the attitudes and beliefs of a group of people that are passed on through socialization. It is an active and dynamic force that both shapes and is shaped by the people within it. People are influenced by their culture without often realizing the extent of this influence. It becomes part of their way of viewing and understanding the world and the people in it. However, people interpret and select cultural norms and ideals, and over time norms, values and expectations change, thereby changing the nature of the culture.

The patriarchal nature of North American culture and of many ethnic cultures existing within this larger society can perpetuate violence and violent behaviours. Patriarchy refers to a particular societal structure that differentiates between male and female gender roles and places value and privilege on males and masculinity and devalues females and feminine characteristics. Males are expected to be strong, independent, logical, stoic, successfully competitive and financially successful (Marmion & Faulkner, 2006). Females are expected to be dependent, submissive, emotional and nurturing.

Although this system gives men an advantageous position, it is also limiting. From the time they are young, males in patriarchal societies are expected to be "tough" and to not show emotional or physical vulnerability. The only emotion allowed free expression is anger, thus often more vulnerable emotions such as fear, hurt feelings and humiliation get converted into displays of anger. Men often don't experience the sense of power, strength, control and success that they are expected to have within a patriarchal society and some feel that the traditional male gender role does not fit for them. However, many don't want to talk about these feelings lest others question their masculinity. There are strong social pressures to remain within the rigid norms for male behaviour, enforced with negative consequences. For example, deviations from the male gender role are often met with name calling, ostracism, ridicule, disdain, and sometimes physical assaults. Thus men are fairly tightly bound by their gender role, giving them little leeway to express their true selves.

Further, the individualistic nature of North American culture emphasizes independence, self-reliance, self-confidence, and competitiveness, and deemphasizes cooperation and collaboration. Weight is placed on individual status and hierarchy, and there is a focus on searching for and wanting *more*. One consequence of this is the emergence of a status hierarchy. This hierarchy maintains the ideas of *getting ahead*, and creates a social context of judgment; people are constantly being evaluated and placed along this status hierarchy, with 'winners' at the top and 'losers' at the bottom. Those relegated to a lower status because of low income, unemployment, dependence on others or the system and unsuccessful relationships are devalued by others and feel devalued within themselves. They are considered to be unsuccessful and lacking in personal and political power. Men who behave abusively towards their intimate partners can be devalued by others and thus experience a decrease in status. It is they, rather than their behaviour that is negatively judged. They may also feel the compounded effects of a recent shift in North American perspective towards the denigration of men, whereby men are increasingly being portrayed by mass media outlets as being less intelligent and less refined (i.e. T.V. commercials). This message is subsequently promoted and accepted within the culture. Because they are seen as outside the masculine ideal these men are ridiculed. For men who may already feel they don't fit the traditional male ideal, this may be especially uncomfortable or threatening.

Men are expected to solve problems and deal with these fears on their own, thus they often don't seek the help they need to overcome these issues. Their failure to deal with these concerns on their own increases their sense of shame and they can become even more isolated. In addition, culture can become such an integrated part of people's lives that they are not aware of it or its role in their behaviours and functioning. Hence they are unable to step back and view things more objectively and thus be more flexible in selecting courses of action that would be more suitable or beneficial to them.

Media is one of the agents through which culture is transmitted to people. North American media messages provide a supportive environment for violent behaviours to emerge and be maintained, including intimate partner violence. Movies, music videos and video games often have aggressive, violent and misogynistic themes; these themes can both be representative and influential of general societal behaviours. In many cases, the messages about violence portrayed through these mediums are not accurate. When the "hero" uses violence to solve problems, there are no negative consequences for him, sending the message that if violence is justified, it is "right" and even commendable. There is a lot of positive attention and validation given to this "hero" for having the strength and fortitude to use the necessary violence. More peaceable approaches either are shown not to work or are not even attempted. Of course, providing a potential supportive context for violent behaviours, should not be confused with causality. Assumptions that ethnic cultures or North American culture cause violence and abuse is erroneous, and simplifies a number of interrelated and complicated issues, including but not limited to poverty, socioeconomic status, racism, class, individual differences and social structures (Marmion & Faulkner, 2006; Michalski, 2004). These issues along with culture can contribute to violence, depending on how men view them.

The need to maintain the masculine image and mask emotions, the subsequent conversion of many emotions into anger, the pressure to be in control, and the frustration of not meeting the masculine ideal can contribute to the development of violence and abuse in relationships. The social devaluation of women and cultural sanctioning and glorification of violence, often against women can condone it once it occurs (Vandello & Cohen, 2003; Vandello & Cohen 2008). Furthermore, intimate relationships between men are discouraged often by sexualizing such emotional intimacy. This lack of close social relationships creates further complications and disadvantages for men. Thus the contributors to violence are varied and must be taken into account when considering the cultural effects on violent and abusive behaviour.

What implications does the relationship between culture and violence have for service providers working with men who behave abusively, and on programming issues for these men? First, it is important for service providers to be aware of the cultural norms and influences experienced by their clients. This may require acquainting themselves with cultures other than their own and beyond the larger North American culture. Service providers may consult or work with other service providers, elders or other cultural leaders to discuss cultural issues relevant to programming.

Beyond this form of cultural awareness, it would be valuable for service providers to be cognizant of themselves within their own cultures, and to be aware of visible and invisible cultural influences on themselves as well as their clients. These influences can create biases and

barriers to understanding people from different cultural backgrounds. For example, ethnocentrism, or a belief that one's culture is superior to others, is common among all people, but can lead to negative views and stereotypes about other cultures. Service providers need to step back and be willing to explore these biases within themselves. Identifying biases will not stop them from occurring, but it will make people more vigilant about minimizing their influence in therapeutic interactions. Understanding one's own culture and its influence is the starting point to helping others examine and questions themselves within their own cultural experiences. Men who behave abusively must continue to exist within the same cultural contexts that have shaped their behaviours. Identifying men's perceptions of the norms of their cultures and helping them to recognize their interpretations of cultural teachings will be an important part of intervention programming and the process of selecting different behaviours and maintaining these behaviours within an unchanging and sometimes unsupportive culture.

4. Perceptions of Mental Health

Because mental health is associated with behaviour, it is an important consideration in programming. Programming for men who behave in violent ways has not typically considered their mental health, unless it has been to focus on psychological disorders that can be used to categorize them and impact on their ability to benefit from different forms of programming. However, mental health encompasses much more than just an absence of mental illness.

Traditionally, the focus of mental health has been on ensuring that it is addressed or "treated" in some way. Fields such as psychology emerged based on a disease-model, and essentially tried to identify what was wrong with people and how to fix them. Treatments were aimed at the removal of thoughts or behaviours that caused distress and/or disability in order to help people reach a 'normal' level of competency and functioning.

Recently there has been shift in conceptualizations of mental health and distinctions are now being made between mental illness and mental health. Mental illness refers to a psychological disorder that is characterized by varying degrees of impaired cognitive, social or emotional functioning. Mental health refers to a sense of wellbeing, fulfillment and happiness. Individuals who do not have a mental illness, may still not be experiencing good mental health and conversely someone with a mental illness may experience good mental health. The work of Keyes (2002, 2003; 2005; 2007) has introduced terminology that describes the continuum of mental health. One end of the continuum is characterized by "Flourishing", while the other end is characterized by "Languishing".

Flourishing refers to positive emotions such as happiness, a sense of fulfillment and life satisfaction such that the person is living their life rather than just existing. It involves psychological functioning including self acceptance, personal growth, a sense of purpose and meaning to life; flexibility and resilience; and social functioning including being socially accepted and included (Keyes, 2002). One's connection with themselves, other people, and the world around them is the larger element of this concept. These elements help individuals cope with challenges and stressors, achieve goals, be productive and improve their quality of life. People who are flourishing miss less days of work and are more prosocial (Keyes, 2007). In

youth they do better academically and stay in school longer (Jane-Llopis & Braddick, 2008, as referenced in GermAnn & Ardiles, 2008; Moodie & Jenkins, 2005). These individuals are also physically healthier as they are more proactive about their health (Keyes, 2007). Further, a positive outlook has been linked to improved immune system functioning (Raikkonen, Mathews, Flory, & Owens, 1999; Segerstrom, Taylor, Kemeny & Fahey, 1998). Keyes has developed indicators of flourishing that can be found in Appendix A. Flourishing individuals contribute to social and economical stability by being productive and contributing members of society. In turn positive social factors such as employment opportunities, freedom from oppression, and supportive resources contribute to the flourishing of individuals. Thus, it may be that the self awareness and positive perspective that comes with flourishing would counteract abusive patterns of behaviour.

Languishing refers to poor mental health, and not the presence of mental illness. The individual's life is characterized by despair and a lack of positive emotion. Feelings of guilt, helplessness and hopelessness are common. Languishing can lead to physical health issues, as individuals who are languishing are less likely to display proactive health behaviours. Further, negative emotions, pessimism and lack of enjoyment in life have been associated with suppressed immune system functioning (Raikkonen et al., 1999; Segerstrom et al., 1998). In addition, social factors such as poverty, prejudice and social disadvantage are associated with languishing and these are also associated with poor health. Although languishing is not mental illness, it can lead to depression and anxiety two conditions that share some of the social and emotional correlates of languishing such as hopelessness, poor health and social disadvantage. Because they don't have a mental illness, many who are languishing do not seek services and so this state continues and has a greater likelihood of developing into depression and anxiety symptoms.

Although one in ten Canadian men is diagnosed with depression, the actual number is likely much higher (Alberta Health Services, 2006). Men are less likely than women to report symptoms of depression and seek help and therefore for many of them their symptoms go undiagnosed (Alberta Health Services, 2006; University of British Columbia, 2008). Even fewer men seek help for languishing mental health. In fact many may not recognize this condition or the ways that it affects their lives. Many men who come into intervention programs for family violence are so entrenched in a languishing condition that they know of no other state of being and remain unaware of how this condition impacts on other aspects of their lives. The lack of awareness about languishing mental health and its source, can lead to displacement of negative emotions onto others and subsequent abusive behaviours. Further, depression is sometimes manifested as hostility, irritability, abusiveness, feeling discouraged, substance use problems, or promiscuity in men (Alberta Health Services, 2006; Centre for Addiction and Mental Health, 1999). Because these are different than the crying, sleeping and eating disturbances, and sadness that are typically thought of as depression symptoms, the men and others in their lives may not identify them as depression and therefore not seek help for them, thus the condition goes unaddressed.

Although treating depression and other psychological disorders would be done by a mental health professional, other service providers can encourage and support flourishing mental health. Keyes (referenced in GermAnn & Ardiles, 2008) believes that making the person aware of the

indicators of both languishing and flourishing are critical to recovery of mental health. This awareness will encourage men to examine their quality of life in a variety of areas including their relationships. Teaching coping skills and problem solving strategies will assist them in taking control of their lives and emotional awareness will further steps towards managing their emotions and behaviours. Building self awareness and skills tend to increase individuals' confidence in their capacity to succeed at tasks. This confidence then promotes further skill building, personal growth, and positive feelings about themselves. In this way individuals move closer towards flourishing mental health and maintaining this state of wellbeing.

A supportive environment that is characterized by the values associated with mental health will facilitate the change from languishing towards flourishing. These values include: equality, freedom of choice, social responsibility, equal distribution of power, respect, and human dignity (GermAnn & Ardiles, 2008). Service providers can achieve this by establishing a collaborative, compassionate and equality based relationship with the men. Self confidence will be built if the men have the opportunity to make choices for themselves. Emphasizing men's strengths, assets and resources and respecting their experiences and abilities can assist in this confidence building and further men's sense of competence and responsibility for changing their lives. Addressing family, social and community factors that play a role in men's mental health is essential (GermAnn & Ardiles, 2008). Some of these resources can help men flourish, while some will increase their tendency to languish. Helping men identify and access helpful resources and cope effectively with social factors that increase their risk of languishing will further their progress towards mental health. Further, networking and collaboration with all systems for an integrated approach will facilitate systemic responsiveness to men and their efforts towards mental health and wellbeing. It is therefore important that programming include conversations about mental health and screening for depression.

5. Perceptions of Spiritual Health

Spiritual health is often omitted from the therapeutic context. One possible explanation for this omission is the easily misunderstood and controversial nature of the definition of spirituality. In the literature spirituality and spiritual health are closely aligned with religion and the terms are often used interchangeably (Aten & Leach, 2009), although it has been suggested that the two represent distinct concepts and experiences (Sperry & Shafranske, 2005).

Various definitions of each of these terms have been proposed, with spiritual health and spirituality conceptualized as broader constructs than religion (Aten & Leach, 2009). Spirituality and spiritual health refer to a search, either for the sacred (Aten & Leach, 2009), or a searching for significance through the sacred (Sperry & Shafranske, 2005). Religion generally refers to an organized belief system which involves a faith community, and shared beliefs and moral values around a deity or higher power (Walsh, 1999). Spirituality may or may not include a deity, and can be experienced within or outside of formal religious structures (Aten & Leach, 2009; Walsh, 1999). It is an overarching construct that is related more to an experience *within* the individual (Shafranske & Sperry, 2005). It "includes one's values, beliefs, mission, awareness, subjectivity, experience, sense of purpose and direction, and a kind of striving towards something greater than oneself" (Frame, 2003, p. 3). Spirituality can be very much linked to finding meaning in ones

life. Although not exclusive to, an individual's spiritual health can include an affiliation with an organized religion, personal practices of meditations, an alignment with Buddhist philosophies, or New Age beliefs (Walsh, 1999).

The literature suggests that the omission of spirituality and/or religion in a therapeutic context results in part from a historically tenuous relationship between psychology and religion; conflicting assumptions between science and religion/spirituality; and a lack of formal professional training in incorporating such issues with clients (Arveson, 2006; Helmeke & Bischof, 2002). Spirituality is a protective factor, for example those who are involved in spiritual practices are at much less risk for suicide. While most people identify spirituality as being important to them few clinicians actually include the issue of spirituality in there therapeutic conversations. Consideration of an individual's spiritual health, however, can provide value and benefit to therapy. A sense of morality or moral awareness often emerges from a spiritual belief system (Josephson, 2003; Walsh, 1999). In addition, spirituality can influence an individual's sense of meaning and purpose (Josephson, 2003). As a result, spirituality can contribute to a person's overall orientation and approach to the world (Shafranske & Sperry, 2005), and should therefore not be overlooked within the context of programming and therapy.

The consideration of spirituality represents a more holistic approach to programming. By addressing all aspects that are important to the self, a greater likelihood exists of enhancing mental health and well-being. Many service providers may feel uncomfortable including spirituality in programming (Helmeke & Bischof, 2002). This may be due to limited training and subsequent low confidence in how to effectively achieve this incorporation; a tendency towards pathologizing spirituality and/or minimizing the possible significance of it for clients; or perhaps an unfamiliarity with their own values, beliefs, and spiritual orientation (Helmeke & Bischof, 2002; Wiggins, 2009). Effective integration of spirituality into programming involves service providers (Schlosser & Safran, 2009; Wiggins, 2009):
  ► having a greater understanding of spirituality and its importance for some people;
  ► understanding the many forms of spirituality;
  ► being aware of the difference between spirituality and religion;
  ► being aware of spirituality within themselves;
  ► dealing with their own issues regarding spirituality.

The literature introduces some guiding principles to help develop spiritually sensitive therapeutic alliances. Some of these include (Griffith & Griffith, 2002; Young, Dowdle, & Flowers, 2009):
  ► respecting clients' spiritual ideas and ideals;
  ► creating an environment where clients feel free and safe to talk about spirituality and beliefs;
  ► using a nonjudgmental approach;
  ► creating an environment where disagreements or conflicting views can be discussed openly and in a nonthreatening way.

Despite the above cautions and suggestions it is important to recognize that spirituality need not always be a part of therapy or counselling. For some people, it will not play a significant enough role in their lives to necessitate its consideration in therapy and in fact they may not want it included as part of their therapy. In these cases forcing the issue of spirituality would be

disrespectful and detrimental. However, for those for whom, spirituality is an important aspect of their lives, and therefore of their healing process, it will be important to incorporate spirituality into the therapeutic approach. Counsellors may want to assess the importance of spirituality/spiritual health in client's lives during intake to determine its role in the therapeutic process. Counsellors and therapists do not have to agree with the client's spiritual or religious view point, but rather need to respect it and be open to incorporating it into therapy. The benefits of doing so may include increased understanding, motivation, sense of direction and meaning, all of which can facilitate and help maintain positive change.

6. The Process of Change

Although the process of change is individualized and will develop differently for each person, there are some common aspects to change that service providers can consider within their work with men. Some of these issues are outlined below. Be advised that the list below is not exhaustive and therefore, service providers may think of other issues they may want to consider in their own practice. Further, the topics listed are in random order, thus one is not more important than the others.

A. Trauma Recovery

The process of change often involves trauma recovery. One in four people has experienced trauma while one in ten will go on to experience post traumatic stress (Canadian Mental Health Association, 2011). Men who behave abusively often themselves have experienced trauma in their lives, both as children and as adults (Dobash et al., 2000; Dutton, 1998; Gondolf, 2002; Johnson, 2006b), and these experiences may come out in counselling. Discussion of these experiences are sometimes avoided or discouraged, because the focal point of counselling is the men's own abusive behaviour. In addition, men often have difficulty identifying themselves as victims and service providers may also experience discomfort around conceptualizing men in the victim role. However, in many cases exploring these experiences is essential to furthering the progress of counselling and the process of change. Consideration of earlier experiences can create a sense of continuity of self and behaviour, where men can begin to understand the link between past and current behaviour and between current and future behaviour. Helping men explore their own victimization does not negate their taking responsibility for their current behaviour. Rather, it allows them to understand their behaviour and reinforces the need for change. This also represents a more holistic and integrated approach to counselling. It is important that programming integrate trauma informed practices including some understanding of the neurobiology of trauma. Trauma does directly impact on the brain and therefore effects the ability to process information and intense emotions. This understanding can reduce misunderstandings, misinterpreting behaviours and increases service providers capacity for empathic, nonjudgmental responses.

Because men have not been encouraged to talk about experiences related to their own vulnerability, they may not have discussed these experiences with anyone else. Alternately, previous disclosures may have been met with indifference or negative responses. It is therefore

important that they feel safe talking about these issues. A trauma-informed toolkit for service providers has been developed by Klinic Community Health Centre (2008) that can be used to facilitate this process (see the attached bibliography for how to obtain a copy of this document).

B. Assumption That People Can Change

Belief in the possibility of change brings integrity to counselling. Although there are some people who cannot change (often due to physiological causes) and those who have no intention of changing, there are a large number who are capable of and want to change. Recognition of this intent and encouragement through the difficulties of change are important forms of support. Further, men will pick up on this genuine belief in their capacity to change which will not only help to motivate them, but will help develop a trusting relationship between them and the counsellor.

C. Change is Not Always a Linear Process

The process of change is difficult and it is subjective. For most individuals change is not a linear progression of increasing positive change, rather it often includes relapses or regression to previous behaviour as well as plateaus where a level of change is maintained for a length of time before further progress is made (Prochaska, DiClemente & Norcross, 1992). Change can be both exhilarating and frightening because new thoughts, skills and behaviour are explored and selected, old ones are relinquished. The process involves both losses and gains and the fears associated with the losses can lead to relapses or plateaus. Planning for relapses and plateaus and accepting that they will occur in a nonjudgmental way, will decrease the likelihood that men will see them as failures and give up on their efforts towards change. These plans include how to deal with these events, using them as opportunities for learning, and move forward again (Prochaska, et al., 1992). Change, even when positive can be frightening and confusing for partners and family and can create uncertainty and stress. When men begin to change in ways both they and their partners view as positive it can result in reactions on the part of the partner that may be distressing and surprising for men. As men change and partners begin to experience a greater sense of security and confidence it is not unusual for them to begin expressing themselves more with their partner including challenging partners to a greater degree. Just when men begin to think that their changes will result in more harmony and contentment they may be confronted by the very opposite.

D. Integration and Cooperation Among Services

Depending on the issues presenting for men, service providers may find it beneficial to work collaboratively with other services. Many men who behave abusively also manifest problems with substances (Fals-Stewart, 2003; Leonard & Blane, 1992; Testa, Quigley & Leonard, 2003), childhood trauma (Dutton, 1998; Gondolf, 2002; Johnson, 2006b), and other experiences that may make it difficult for them to address their violent behaviour and thus hinder the process of change. Sometimes the presenting issues are beyond the service provider's mandate or capacity.

In these cases, creating a system of support with other service providers that can address these concerns, will be important to a more holistic approach to change. Incorporating informal sources of support, such as family and community organizations, within this system, may further encourage change and give men the assurance that they are not alone in this process.

E. Examining the Intimate Relationship

Part of behavioural change comes from cognitive understanding and restructuring. Therefore to change relationship behaviour, men have to understand the nature of their relationship and what aspects of the relationship contributed to their use of violence and abuse. This involves realizing the complexities of their relationship and all of its characteristics and components, not just the abuse. A series of questions have been developed by Klinic Community Health Centre for an interactive workshop to help individuals orient to issues in their relationship. These can be used to help men focus on the nature of their relationship. These questions include:

1) What influenced how you have chosen partners?
2) Why do you want to be in a relationship?
3) Why seek love?
4) Why did you choose your partner?
5) Why do you think your partner chose you?
This list can be used as it is, modified, or used as a guide to composing other questions.

A full understanding of the relationship also includes their identifying the antecedents to their actions and taking responsibility for that behaviour. Below are a list of questions that can help men explore their negative behaviour in their relationship. These have also been developed by Klinic Community Health Centre as part of an interactive workshop with men who behave abusively. The questions can be used as they are, modified or used as a guide to develop other questions.

Think of a time in your life when you behaved badly towards your partner or someone else.
1) What were your feelings leading up to it?
2) How did you justify/explain your behaviour?
3) How did you feel about yourself after?
4) How did your actions affect your relationship with that person?
5) What were the rewards for your behaviour?
6) What did you do to heal the relationship?

Taking this type of responsibility is frightening because the sense of remorse, guilt, and shame can be overwhelming. However, it can also be empowering, because recognizing that they chose this behaviour means that they can also choose other behaviours. Service providers can be a key factor in helping men focus on the latter while dealing with the former.

In addition, examination of the relationship consists of employing a variety of theories to understand all aspects of a relationship. For example, theories of attachment and empathy development can be used to understand the nature of the emotional connection to their partner.

Utilizing a family systems approach where actions in one component or person can affect the other, which in turn incurs further changes in the first person, can also be helpful. Consideration of theirs and their partner's role in this system is important to understanding how violent behaviour can develop and escalate as well as how it can be de-escalated. Attachment and family systems approaches are discussed in more detail in the section on theoretical approaches to intervention.

F. Stages of Change

A number of Manitoba agencies are finding that applying the Stages of Change Model (DiClemente &Proschaska, 1982) has been beneficial to their meeting the needs of their participants. This model has been applied in a number of different treatment areas including addictions, weight loss, exercise programs, and abusive behaviour. The model outlines five stages of change:
1) Pre-contemplative, where the person does not acknowledge that they have a problem.
2) Contemplative, where the person realizes that they do have a problem that needs to be addressed.
3) Preparation, where the person starts getting ready to implement change.
4) Action, where plans towards change are implemented.
5) Maintenance, where the person keeps up with the changes made.

Using this model, services can be matched to the individual's current level of readiness for change. It is believed that this will maximize the effectiveness of the intervention as it will not introduce change that is dramatically different from the person's current level. Programs that are only geared towards taking action will likely not be helpful to those at earlier stages. Moreover, it has been suggested that different treatment modalities and techniques may be needed to more fully respond to individuals' cognitive and emotional capacities at different stages (Prochaska, et al., 1992). Utilizing the same approach to individuals at different stages ignores the diversity in their personal circumstances, abilities and cognitive awareness.

An instrument, the URICA, that assesses at which stage the person is currently situated has been developed (McConnaughy, Prochaska & Velicer, 1983). The popularity of this scale is based on its reference to a general "problem", whereas other instruments that assess change are more focused on a specific behaviour such as smoking. For a summary of the benefits and problems with this scale please see Sutton (2001). This instrument is available on the internet and a copy is included in Appendix B.

Implementing change, especially for behaviour patterns with people at different stages of readiness for change is best done gradually (Prochaska, et al., 1992). Forcing large scale change such as demands that the person never do the behaviour again when he is at the point of just beginning to realize he may need help (contemplative stage) can be too overwhelming and can set him up for failure leading to low self efficacy and negative self perceptions. On the other hand, going from a place where he does not see the need for change, to identifying that change may be necessary is a smaller step, but a less intimidating one. Reaching that step makes it easier to begin planning for the process of change and proceeding through the next steps. At

each step the person gains a sense of confidence that he can make change and feels better about himself for making this progress.

It is important to realize that progression through these stages is not linear (Prochaska, et al., 1992). Many men will slip back to a previous stage before moving on again. The maintenance stage is perhaps the most difficult stage, because it involves the daily actions and decisions that will maintain the changes implemented without the momentum, enthusiasm and continued encouragement that often accompanies progression through the other stages. It is therefore important, as previously stated, to prepare and plan for the relapses that may occur so they do not create a sense of failure and discourage continued efforts towards positive change. It is also critically important that service providers work with men to develop a support network that both supports and encourages change.

G. Self Care and Change

Just as self care is important for service providers' wellbeing and effectiveness in their work, it is important for people who are dealing with issues of violence and abuse. Self care can assist men in dealing with stress by allowing them to remain calm and feel better about themselves. When individuals are calm they can more easily think things through rather than reacting impulsively in stressful situations and perhaps falling back into old patterns. Further, remaining calm and positive helps to reduce stress's negative effects on physical and mental health (Folkman & Moskowitz, 2000).

Self care techniques can be taught in programming, but may be difficult at first, because many men have not learned or been encouraged to engage in self care. Further, once they have learned self care techniques, it will be easier for them to apply them when things are going well, but much more difficult when they are in crisis. Thus, teaching self care may also have to include strategies to maintain self care behaviours even in the face of stress and crisis situations.

In keeping with a holistic approach, self care should address all aspects of the person: physical, emotional, cognitive, and spiritual. Specific behaviours will vary from person to person, as everyone has different ideas about what would be relaxing, rejuvenating, and pleasurable. Thus, time needs to be spent finding out what would be perceived as beneficial to each person. These may be activities that they enjoy doing already such as treating themselves to a movie or taking a relaxing walk with a friend. Service providers may also want to introduce new techniques such as meditation. Because meditation takes time, it necessitates a slowing down, relaxing, and thinking about what one is doing and experiencing. Studies have shown that meditation increases brain activity that is associated with positive emotions and improved immune system functioning (Davidson, Kabat-Zinn, Schumacher, et al., 2003). Thus, a calm mind is beneficial to the body. There are a number of ways meditation can be done. For example, one method involves "mindfulness" or the act of being in the moment, attending to all of the sensory experiences of that moment, and generating emotional calmness (Kabat-Zinn, 1990; MacCoon, Imel, Rosenkrantz, Sheftel, Weng et al., 2012). For men who are used to "living for the moment" rather than "living in the moment" where they are oblivious to everything except themselves and what they can get from an experience or an activity, mindfulness exercises will

shift their focus to the outside world and their connection to it. It is the difference between seeing the world and people as peripheral to one's self and seeing one's self as an integral part of a whole that includes the world and the people in it (for more on mindfulness see the section on theoretical approaches to intervention, variations in cognitive-behavioural techniques).

The connection between mental health and physical health is also demonstrated by other self care activities such as massage which lowers stress hormones, depression, anxiety and pain and increase immune system functioning (Field, 1998). Physical activity such as taking a walk has been associated with a reduced risk of developing chronic diseases (Vita, Terry, Hubert, & Fries, 1998) and reduced depression, anxiety, irritability, physical symptoms and colds (Hendrix, Steel, Leap, & Summers, 1991). Self care activities encourage men's connection to their world and the objects and people in it. It provides them with an opportunity to stop and appreciate the small pleasures and to become aware of experiences they often take for granted. Self care allows men to prioritize their health and wellbeing in a way that furthers their personal development.

H. Emotional Self Regulation

Emotional regulation involves the ability to manage emotions, especially negative emotions, in terms of the cognitions, physiological responses, and behaviours associated with those emotions (Siegler, 2006). This ability allows individuals the flexibility to respond to environmental demands and therefore be more stable, calmer, and functional both mentally and physically, in their daily life (Charney, 2004; Thompson, 1994). It also is associated with more adaptive responses to stressors (Putnam & Silk, 2004). Many perceive that the ability to effectively regulate emotions is necessary to the development of attention span, identity, social interaction and behaviour, the ability to learn (Cole, Michel, & Teti, 1994), positive emotions, empathy, prosocial behaviour, adjustment to different social situations and social competence (Eisenberg, Smith & Spinrad, 2011).

Emotional dysregulation is the inability to manage one's emotions to the point where it impedes life functioning. It impairs one's ability to cope with stress and thus many individuals will experience chronic stress, anxiety, hypervigilence, fear, recurring negative memories and thoughts, and acquire feelings of helplessness and hopelessness, thereby placing them at greater risk for high blood pressure and heart disease. Emotional dysregulation also contributes to impulsiveness, uncontrolled anger, relationship problems, poor self image, suicidal ideation and attempts, and some personality disorders (Putname & Silk, 2004). Given that practitioners and researchers like Dutton (2000) have found that a subgroup of men who use abuse in their relationships manifest personality disorders, emotion dysregulation becomes especially salient with this group. Further, people with a predisposition for anxiety have a greater number of negative emotions and thus may be more prone to emotional dysregulation (Campbell-Sills, Simmons, Lovero, Rochlin, Paulus & Stein, 2011). The Difficulties in Emotion Regulation Scale (DERS) (Gratz & Roemer, 2004) assesses six aspects of dysregulation: lack of emotional clarity, lack of emotional awareness, non-acceptance of emotional responses, impulsivity, difficulty with goal directed behaviour, and a lack of emotion regulation strategies. This scale can be found in Appendix B.

The capacity for emotion regulation begins in childhood and progressively develops over time. Its development is dependent on the responsiveness of the caregiver, parenting and disciplinary styles, the supportiveness of the caregivers, and the socialization process they use with their children (Eisenberg et al., 2011). These parenting behaviours are characteristic of a secure attachment which has been liked to the healthy development of social and personal skills. Initially the child depends on their caregivers to regulate their emotions through soothing behaviours (rocking, singing, patting their back). By six months children begin to use self soothing and distraction techniques to calm themselves down (babble, watch or hold a toy, suck on a soother, rock themselves). Distraction through shifting their attention to more pleasing or calming objects or activities increases from one to two years of age (Schore, 2003; Thompson, 1994). The techniques applied continue to grow in sophistication to match the child's cognitive, emotional, and physiological development. Throughout childhood caregivers provide children with effective strategies for emotion regulation, reinforce the use of these strategies, and serve as models for their application in real life situations. As they reach adolescence, there are more connections between the prefrontal cortex, the part of the brain that modifies the physical responses associated with negative emotions, and the amygdala, the part of the brain that assesses if an event is positive, negative or neutral, and then triggers corresponding physical responses (Thompson, 1994; Wade, Tavris, Saucier, & Elias, 2013). With the help of caregivers and with changes in brain development, as they age, children become capable of modifying their negative emotions through refocusing their attention to more positive things and alternate behaviours, reinterpreting events and their own physical arousal, accessing coping resources, predicting and controlling the demands of familiar environments, and finding adaptive ways of expressing emotions (Eisenberg, et al., 2011; Thompson, 1994).

As indicated above, caregivers are essential to the development of healthy self regulation, therefore childhood maltreatment, rejection, neglect and abuse are associated with problems in development self regulation (Dankoski, Keiley, Thomas, Choice, Lloyd & Seery, 2006; Putnam & Silk, 2004). Not only do these experiences interfere with the development of self regulation, but they are also linked to insecure attachments that create fears of abandonment and a fear and avoidance of intimacy, which themselves are associated with violent behaviour in men (Godbout, Dutton, Lussier & Sabourin, 2009). More directly, emotional dysregulation has been implicated as a mediating factor for intimate partner violence (Dankoski et al., 2006; McNulty & Hellmuth, 2008). Dankoski and colleagues (2006) found that attachments and family chaos predicted emotional dysregulation in children and in turn emotional dysregulation predicted violent behaviour against women in later life. These findings indicate a need to understand and address this issue in intervention programs.

Different models have been proposed to understand emotional regulation and therefore to finding means of addressing issues of dysregulation. Gross's (1998; 2001) process model proposes that when people encounter an event that results in a negative emotions they may try choosing situations that are less emotionally charged for them or altering the situation to make it less emotionally charged. These strategies may be applied before the onset of the negative situation and thus avoid anticipated negative events (Koole, Van Dillen & Sheppes, 2011).

Another strategy that people will turn to is distraction which consists of focusing on events other than the one that is generating the negative emotions. For example, some people divert their

attention to computer games, or sports to deal with stress at work, or work rather than dealing with a problem in their relationship. Using time-out methods to leave a volatile situation and gain a better sense of calm or control over negative emotions like anger is another example of the distraction technique. This emotional disengagement from the situation reduces the intensity of negative emotions such as anger, depression, stress and physical effects such as high blood pressure (Koenigsberg, Fan, Ochnser, Liu, Guise et al., 2010; McRae, Hughes, Chopra, Gabriele, Gross, & Ochnser, 2009).

A third strategy that is employed in emotional regulation is reappraisal. Reappraisal involves a reframing of events in a more positive way. It is one of the most effective strategies for regulating negative emotions and is often used in cognitive-behavioural therapy (Gross, 2002; McRae, et al., 2009), as when individuals are asked to evaluate the accuracy of their thoughts or to list some positive outcomes of a negative situation such as gaining a sense of their own abilities or strengths. The reframing activates the part of the brain that applies cognitive strategies whereas distraction reduces the immediate negative reaction to events and the selective attention to negative events. Studies have found that reappraisal is more effective in reducing negative emotions in the long term than distraction (Kross & Ayduk, 2008; McRae, et al., 2009). It has been suggested that reappraisal changes the meaning of the event and therefore if the event is re-encountered, its emotional intensity remains reduced. Distraction does not alter the meaning of the event, and therefore if the situation is re-encountered it will have the same emotional intensity as the first time. These findings indicate that reappraisal or reframing may be a better strategy for personal trauma like family violence, that reoccurs over time, while distraction may be more effective for uncomfortable situations that are not likely to reoccur (McRae, et al., 2009).

Response modulation is a fourth strategy used in regulating emotions. It involves changing the way emotions are expressed. This could include modifying facial or verbal expressions to suppress or exaggerate an emotion, directing behavioural expressions onto a different stimuli (walking, painting, writing or journaling, talking to a friend), controlled breathing or progressive relaxation. Encouraging more positive actions is often part of intervention for men who use abuse. For example encouraging them to use assertive rather than aggressive statements or otherwise enhancing their communication skills.

Other models of emotion regulation can be found in Campos et al., (2004), who propose that emotions and the act of regulation occur at the same time and therefore the emotion that is expressed has already undergone the regulation process. Past experiences, goals, appraisal of emotional stimuli and assessment of ability to cope with negative events are part of the entire emotional experience rather than a secondary process, thus regulation occurs at a core level and is part of the experience.

Regardless of the model used to understand emotional regulation, intervention programs for men who use violence and abuse are interested in promoting it as a means of developing healthier behaviours. Among the many methods that have been applied to help individuals develop emotional regulation skills are mind-body training techniques such as progressive relaxation, breathing exercises, mental imagery and mindfulness, all of which have been found to reduce negative emotions (Koole, et al., 2011).

Mindfulness, a technique described later in this guide (see section on cognitive-behavioural approach), promotes behaviours such as accepting without judgement, acting with awareness, full engagement in the current activity, and increased observation skills. Accepting without judgement can increase acceptance of emotional responses, a characteristic of emotional regulation. The idea of accepting without judgement is the ability to take a step away from your thoughts, to see that they are mere "mental events" or assumptions or perceptions but not actual truths. Acting with awareness and engagement in the present can improve goal directed behaviour, something that is problematic for individuals with emotional disregulation. Further, increased observational skills and the capacity to be able to describe these skills are linked to greater emotional awareness and emotional clarity, both of which are lacking in individuals who have problems with emotional regulation (Vujanovic, Bonn-Miller, Bernstein, McKee & Zvolensky, 2010).

Service Provider Qualities and Characteristics

1. Rapport

The rapport between therapist and client has been identified as a significant variable in the process of change (Ackerman & Hilsenroth, 2003). Various aspects of this alliance, such as therapist attributes and techniques have emerged in the research as playing important and positive roles in developing and maintaining rapport (Ackerman & Hilsenroth, 2003; Marshall, Serran, Fernandez, Mulloy, Mann, & Thornton, 2003). Early on in the therapeutic relationship, the therapist's ability to encourage confidence and trust influences the development of an alliance. Being flexible, honest, respectful, interested, and alert help maintain rapport. Aspects of empathy such as being warm, open and friendly are also important attributes (Ackerman & Hilsenroth, 2003). Empathy consists of a wide range of behaviour that generally includes being concerned for others that generates feelings of wanting to help them and taking the perspective of others which often leads to experiencing the same emotions and thoughts that they are expressing (Batson, 2009; Decety & Jackson, 2004; Decety & Meyer, 2008; Eisenberg & Fabes, 1990; Schwartz, 2002). Some research suggests certain therapist characteristics correlate with positive client outcomes. Although there is some overlap with general therapist characteristics (e.g., empathy, warmth, flexibility), additional influential therapist attributes associated with treatment outcomes include being directive, asking open-ended questions, encouraging participants through the process, and using both appropriate body language and speech (Marshall et al., 2003).

In addition, some techniques used by therapists can enhance rapport. These techniques include (Ackerman & Hilsenroth, 2003):
- ► Being reflective, thereby helping the client explore and understand their issues.
- ► Having effective listening and communication skills.
- ► Being supportive and being able to communicate that support to clients.
- ► Being attentive to the client's experiences - being in the moment and not allowing other thoughts to intrude and distract them.
- ► Affirming and validating the client's experiences and perceptions.
- ► Being more actively involved in therapy rather than taking a passive role.

2. Education and Training

Although formal post-secondary education is not always required for providing programming for men who behave abusively, in some cases, it may be appropriate. Because there are a variety of skills, experience, and education that can be sought, agencies must be aware of their programming needs and seek out the person(s) who best meet those needs. Given adequate resources, agencies may wish to hire a number of different individuals with different areas and levels of expertise. Two issues that will factor in this decision making process will be education and experience.

A number of different educational background can be represented in individuals who work with men who behave abusively, including graduate degrees in psychology or social work (Ph.D, Masters), undergraduate degrees (Bachelors), certificates (counselling certificates), or less formal community based training. These different educational paths will translate to different approaches and areas of expertise. Some of these individuals may specialize in family violence, relationship counselling, or even men who use violence, while others may have a more generalized educational base.

Experience will also vary. Some individuals will have extensive experience in working in the social service field, whereas others will have little experience beyond their educational training and practicums; some will have extensive education and/or training in domestic violence, while others will have less experience with this topic. Experience working with men will vary, however given that Manitoba offers few programs specifically for men and fewer specializing in men who use violence in their relationships, this experience may not be extensive. Regardless of their experience, upon hiring individuals many agencies offer training specific to their program and their needs. Domestic violence and information on men who behave abusively would be an important part of this training, particularly for those individuals with little experience with this topic. Some also utilize other community or educational training as part of their own training or as professional development opportunities throughout the counsellors employment. Continued training of any form is important in keeping up with new research, approaches and techniques and helps service providers and agencies from becoming stagnant in their programming. If on site clinical supervision is not available clinical consultation and mentoring may be available through other organizations.

3. Qualities and Characteristics

Beyond education and training, there are a number of additional therapist qualities and characteristics that may specifically facilitate therapeutic work. A list of these qualities and characteristics is presented below. These are generally applicable in all types of counselling programs and thus can be transferred to different therapeutic situations. Thus, their presences is a valuable regardless of the person's level of education and training. This list can be used as guidelines by:
- ► Prospective employers looking to hire qualified counselling staff.
- ► Novice counsellors thinking about entering into this line of work or experienced counsellors considering a move into this speciality areas needing to gauge their skills and capacities for this type of work.

A. List of Qualities and Characteristics of Value in Counsellors:

- ► Both an appreciation of and value for men and women.
- ► An openness to and acceptance of being supervised and accountable to a qualified clinical supervisor (including being receptive to feedback).

► Clinical skills to develop and manage an appropriate client treatment plan, including helping clients construct and implement personal plans for change (e.g. responsibility plans)
► Clear and effective communication skills, including an awareness of the possible effects of nonverbal cues (e.g. facial expression, body language, etc.).
► An awareness of the differences between privacy and confidentiality, and a value of both.
► An ability to use language in a way that is accessible and non-patronizing.
► An understanding of the distinction between a person and his behaviour.
► A genuine concern about issues of domestic violence, and for those involved in it.
► An ability to convey empathy and compassion, and to monitor personal reactions.
► A belief in people's abilities to make changes, while cultivating a climate of realistic hope. This is especially important when working with men who use violence, as there is a common perception that these men cannot change.

Because the above characteristics are valuable to working effectively with men, evidence of their presence is important before the counsellor begins working with clients. However, as with any role, it is expected that counsellors will build upon these skills and will continue to develop and mature with time and experience. There are some other attributes that are essential in providing quality services, but that are much larger in breadth and depth. Although the potential for these characteristics would be expected to be evident in counsellors as they begin working with men, their development with experience would be indicative of quality counselling. These attributed include:

► A commitment to professional development (e.g. continuing to develop current skills and knowledge in the area); a curiosity and willingness to learn new information and to be flexible with incorporating new ideas into their belief system.
► An openness to self-awareness and self-reflection, and a willingness to explore and deal with their own issues that may potentially affect the therapeutic situation.
► A flexibility for meeting the needs of the client while remaining structured and focused in their work together.
► An ability to maintain clear boundaries while building and sustaining rapport.
► An ability to present themselves as supportive allies, rather than imposing authority figures.
► An appreciation for the complexity and intricacies associated with abusive behaviour; a level of comfort with the complexities of the situation and with maintaining a non-polarized victim/offender viewpoint.

Appendix C provides a list of interview questions that has been used by Klinic Community Health Centre when hiring individuals for their counselling program for men who behave abusively.

Theoretical Approaches to Intervention

Below are several theoretical approaches to intervention. It is important to note that there is no one best approach that is applicable or appropriate in all situations. Every approach and theory can contribute to understanding people and support them in their unique process of change.

1. Family Based Approaches/Systems Theory

The family based or systems approach sees the family as a unit whose members form interrelated and mutually influential components. Because of their interrelationship what happens to one family member or the behaviour of one family member will affect the family unit and its members (Murray, 2006). The family based or systems theory approach to programming places importance on examining the whole family system including the children and partners (Becvar & Becvar, 1999). The person who behaves abusively is not the sole focus of therapy. Rather, therapy examines the behaviour and its impact on the family as a whole, providing a larger picture of abusive behaviour beyond just a problem with the person. Because the abusive behaviour has caused problems in the entire family system, the family as a whole is part of the intervention. Thus, the person who behaved abusively does not have to go through the intervention process alone. This form of intervention provides men and their partners better insight as to the underlying issues which contribute to the incidents of violent behaviour. The process creates an environment that is conducive to men accepting responsibility for their actions and offers an opportunity for families who want to stay together to improve their interactions.

In the process of the family based approach, any aspect of family interaction that is perceived as dysfunctional or maladaptive is addressed. For example, increasing effective communication within the family is often an area of significant focus in intervention (Murray, 2006). This focus is based on the belief that a breakdown in communication within the family is a contributing factor to escalating conflict. Thus by dealing with communication issues and practicing new skills in a controlled therapeutic environment, the family will be better equipped to deal with problems and conflicts in the home, hopefully preventing escalation into violence. Other issues such as assertiveness training, safety planning and self esteem building are also often part of the intervention process.

Although the family systems approach to intervention with men who behave abusively has been popular with some counsellors, it has weathered criticisms from feminist scholars. These individuals claim the systems approach ignores the power dynamic within the family system and not only blames the victim but provides the person who abuses with personal information about the victim which may be used to manipulate her in the future (Murray, 2006). Practitioners of the systems approach have countered that this approach is only used under the strictest guidelines with emphasis placed on the safety and wellbeing of all parties involved in the process (Becvar & Becvar, 1999). Additional safety measures that can be applied include the availability of security personnel and crisis intervention counsellors; multiple forms of participant monitoring;

participant screening guidelines; informed consent from the partners and the use of reflecting teams.

The inclusion of children in family systems therapy should only done with great caution. Children's safety need to be considered as top priority when considering a systems intervention. Therapy may begin with partners and other adult family members before considering including children in the process.

An additional concern surrounding the utilization of systems theory is the person who is abused must want to participate in this form of intervention. If she does not want to participate in the therapy, this avenue of intervention would pose a risk to her wellbeing and safety. The approach may best be used as a complimentary form of intervention after the person who behaves abusively has received individual counselling and is better prepared for joint intervention. As well, it is would be best applied in situations where both partners want to continue the relationship or need to maintain contact because of the children. Even if the relationship is over therapy may lead to more cooperative and respectful interactions which will benefit the children. If the relationship is considered over by one or both partners and they no longer require or desire contact with each other, a systems approach may not be an appropriate form of intervention.

The rates of success for the systems approach appears to be similar to those of men's groups (Scott, 2004). Success rates may increase through using a systems approach alongside other forms of intervention. For example applying a solution focused therapy between couples is found to be effective following the completion of an individual or group intervention program for men who behave abusively (Stith et al., 2000). However, there are no empirical studies on the dropout rate or the effects of the family systems approach to intervention. Therefore conclusive statements about expected outcomes are limited.

2. Attachment Theory

Attachment refers to an affection based bond between individuals. Early studies and theories focused on attachment and its development and significance in childhood. Thus most of the attention was on the child/caregiver attachment. Physical closeness and caregiver responsiveness to the child's needs were the primary mechanisms of attachment building. Much of the early work in the field was done by Bowlby (1953; 1969; 1979; 1988; 1999) who researched the importance of attachment to survival as well as to social and biological development. Later, Ainsworth (1973;1979) identified different secure and insecure attachment patterns that developed in children based on the type of care provided by parents. Beginning in the 1980s researchers began to make the link between childhood and adult patterns of attachment (Hazen & Shaver, 1987).

Sonkin and Dutton (2003) summarize the process of attachment development and the subsequent patterns of attachment that form depending on parents' responsiveness to their children's needs. Development occurs in three steps. The first step occurs when the infant becomes upset by some source of discomfort such as being wet, cold, or hungry. This discomfort activates the attachment survival system where the infant seeks comfort and care from their parent/caregiver.

The state of alarm or upset will not end until the parent has addressed the child's need, comforted and soothed the child. Parental response is the second step and if done consistently in reaction to the child's discomfort will lead to a secure attachment where the child comes to trust that the person who they depend on will care and be there for them. If the parent/caregiver is not responsive to the child's needs, the child will engage in a multitude of behaviours intended to get the care they need, including expressing fear, anxiety, anger, and sorrow. This is the third step in the primary attachment process. If the parents do not respond to the child's needs, are neglectful or rejecting, the child learns that there is no benefit to expressing these emotions so they learn to suppress them. The child will avoid or become indifferent to the parent (insecure-avoidant attachment). If the parent's response to the child's needs is inconsistent the child learns that sometimes love and care is forthcoming and sometimes it is denied them, therefore they become focused on ensuring they get the care and love they so badly want and need. The child becomes preoccupied with the parent and engage in behaviours meant to elicit a care response such as clinginess or aggression (insecure-ambivalent attachment). Children whose parents are abusive come to fear the attachment figure (disorganized/disoriented attachment).

These childhood attachments will be reflected in adult relationships. Secure attachments in adulthood are characterized by individuals' positive view of themselves and their relationships as well as a healthy balance between independence and intimacy. Insecure-avoidant attachments become dismissive-avoidant patterns in adulthood where individuals avoid intimacy and maintain a high level of independence. Many have a negative view of their partners and of intimate relationships. They tend to suppress their emotions, and deal with rejection by being emotionally distant. Interventions for this style often consists of identifying and addressing these emotions and understanding the role they play in current relationship behaviours. Insecure-ambivalent attachments develop into anxious-preoccupied adult patterns where individuals are very dependent and seek approval from partners. They fear abandonment, and distrust their partner's feelings for them. This creates worry, jealousy, high emotionality, and impulsiveness in relationships. Interventions for individuals presenting with this style involve helping them become more self reliant, capable of self soothing, and meeting their own needs. The disorganized/disoriented attachment coincides with the fearful-avoidant adult attachment pattern. These individuals want intimacy with a partner but it makes them fearful and uncomfortable because emotional closeness had been associated with pain and abuse. These men often do not trust their partners and thus are jealous (Hazen & Shaver, 1987). The insecure and disorganized attachment styles have been identified in males who behave abusively (Dutton, 1998; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003; Magdol, Moffitt, Caspi, & Silva, 1998) as men learn to use violence to deal with their fears. Interventions address the childhood trauma and teach more adaptive responses to this fear within adult relationships.

Including attachment theory in programming can help men understand their patterns of response within their intimate relationships. Understanding how these patterns developed can alleviate perceptions that they are "evil" people and give them hope and encouragement to develop new patterns of response. Linking past experiences to present behaviour may also enable them to see how their behaviour affect their own children and others in their lives.

There is no one type of intervention that will address all the issues in all of the attachment styles. Therefore, identifying the person's style of attachment will facilitate the therapeutic process by

focusing on those particular issues that need to be addressed. A number of questionnaires have been developed to identify presenting attachment styles, including: The Adult Attachment Interview (Main & Goldwyn, 1998; http://www.psychology.sunysb.edu/ attachment/measures/content/aai_interview.pdf); Experiences in Close Relationships Questionnaire (Brennan, Clark & Shaver, 1998; http://www.drjenna.net/ checklists/attachment_relation/ECR.pdf); and The Relationship Questionnaire (Bartholomew & Horowitz, 1991; http://www.valueoptions.com/spotlight_YIW/pdfs/quizzes/Relationship _Questionnaire.pdf).

Once the person's style has been determined the therapist can explore the men's current relationships with attachment figures; examine the connection between early childhood attachment and current attachment issues; and help the men learn to regulate their anxiety once their attachment system has been activated (Sonkin & Dutton, 2002). Because issues related to childhood trauma and vulnerability are explored, it will be important for the counsellor/therapist to establish trust with the men (Sonkin & Dutton, 2002). This trust will create a safe and secure environment for the men to share their stories. For a comprehensive 16 week program targeting attachment issues in men who behave abusively see work done by Dutton (1998).

3. Feminist Theory and the Duluth Model

Feminist theory focuses on gender and patriarchy (Caesar & Hamberger, 1989). Gender is understood as constructs of masculinity and femininity, while patriarchy is the institutionalization of power based on gender. In a patriarchal society males are perceived as dominant which leads to preferential access to material and symbolic resources. Women are subsequently devalued as secondary and inferior to men. In order to combat this inequality feminist scholars are dedicated to the advocacy of all women in the fight against patriarchy. Feminist approaches stress the power imbalance between the person who abuses and the person who is abused. Feminist scholars propose that abuse which takes place in the home is continuously accepted and tolerated due to society's acceptance of women as an inferior class. The person who abuses, utilizes violence in order to control his partner and exert his power over her. The violent acts are considered justifiable to the person who abuses because they are reasserting their male domination within the home (Paymar & Barnes, 2010). Therefore, feminist theorists consider the abusive behaviour as a product of social learning through the family, community and cultural structures.

In order to combat domestic violence feminist scholars have highlighted the need to educate the person who abuses. Intervention strategies include presenting a coordinated multi-dimensional approach, with a strong educational component. The majority of programming is aimed at helping persons who abuse to better manage their anger, cope with stress and improve their communication skills. Further, because feminist theories stem from a sociological perspective of domestic violence, they seek changes not just within the person who abuses but also in the social structures of society. Feminist programming believes peer group education is the best way to reinforce the message that domestic violence is a learned behaviour, with its roots in patriarchal social norms.

An example of an intervention strategy that has a feminist theory approach is the Duluth Domestic Abuse Intervention Project (www.theduluthmodel.org), a community-based program that aims to protect women by reducing men's violence through re-educational programming. The focus is on the motivation for violence and the aim is to help men take responsibility for their violent behaviour and eventually eliminate it. Coordination with the justice system is a large part of this program, as many of the men are mandated to the program from the justice system and a return to the legal system is enforced for program non-compliance. The program runs for 26 weeks, usually including 12 weeks of counselling and 12 weeks of peer support meetings (Paymar & Barnes, retrieved 2010). The Duluth Project has been adapted at various locations throughout the United States, Canada, and the United Kingdom with varying degrees of success (Dobash et al., 2000; Gondolf, 2004).

The feminist approach and the Duluth Model has generated both strong support and strong criticism. Supporters of the model have included Dobash et al., (2000) and Gondolf (2004) who report success rates in the range of 70% or over. Paymar and Barnes (retrieved 2010) defend the model as challenging men's sexist beliefs, encouraging critical reflection of those beliefs, and understanding the impact of their violence, all which are intended to create the impetus for change. Among its strongest critics have been Dutton and Corvo (2006; 2007), Jackson and colleagues (2003), and Babcock, Green and Robie (2002). Small effect sizes, high recidivism rates (40%-50%), lack of evidence that male attitudes supporting intimate partner violence are normative, a focus on shame, a lack of consideration for the role of anger, attachment and mental health issues in intimate partner violence, and polarized perspectives of females as good and males as bad have been some of the criticisms levelled by these researchers and practitioners. Dutton and Corvo (2007) have also suggested that the legal consequences imposed for not following the program's dictates leads more to learning temporary compliance rather than long term attitude and behaviour change. An additional problem may arise with more educational approaches. Men who have been traumatized in their life may have difficulty concentrating and learning new information due to the neurological effects of trauma (see section on Trauma Informed Perspective above).

Because many evaluative studies of the Duluth model fail to meet the criteria for experimental research (these criteria are very difficult to meet in counselling settings, see the section on Evaluation) it is difficult to find a definitive answer as to its effectiveness. Therefore the debate continues. Despite the problems with the feminist approach and the Duluth model, they have expanded the understanding of the complex nature of domestic violence. They have brought attention to the patriarchal nature of society and identified how socialization can contribute to abusive behaviour. This has emphasized the need to take a broad view of the contributors to abusive behaviour. It has also introduced the idea that in addition to individual behaviour, the social structures of society need to be addressed as part of an overall plan to end intimate partner violence.

4. The Cognitive-Behavioural Approach

The cognitive-behavioural approach is based on the idea that thoughts, feelings and behaviours are mutually influential and therefore changes in one will result in changes in the other.

Inaccurate or irrational views and poor behavioural management skills are seen as the catalysts for problem behaviours including relationship violence (Lawson, 2010). The approach includes cognitive and/or behaviourally based interventions and is goal oriented and focused on the present (Rachman, 1997). The past may be explored as a way to understand how certain behaviours developed, but the emphasis remains on the choices made at the present.

A variety of therapeutic techniques are used. Some of these center on thoughts such as, journaling, critical thinking, relaxation, mindfulness (see below), and self distraction. Unrealistic thoughts, assumptions, expectations, beliefs and judgements are taken through a critical thinking process. Others are more focused on behaviours such as learning new coping strategies, improving communication skills, and identifying and changing situations that may be cues to the behaviour as well as things that are reinforcing the behaviour. Previously avoided activities and/or thoughts are confronted and new reactions and behaviours are explored. Homework exercises and practicing new skills both in a therapeutic group setting as well as outside of counselling are often part of the process. It is generally believed that changing maladaptive behaviours to more appropriate ones is a longer term process, as old patterns are unlearned and replaced by new ones.

Used in individual and group interventions, this approach has demonstrated effectiveness in a variety of both clinical and nonclincial areas such as mood disorders, substance abuse, insomnia, eating disorders, and anxiety disorders (Butler, Chapman, Forman, & Beck, 2006; Cooper, 2008; Sivertsen, Omvik, Pallesen, 2006). In addition computer mediated CBT has been used to treat mild to moderate depression as well as phobias in the UK (National Institute for Health and Clinical Excellence, 2006). This alternative form has been applied in locations where a therapist was not available, where in-person services would be too costly, and where the participant cannot attend counselling in person.

In the mid to late 1970s the cognitive-behavioural approach began to be used in criminal populations (Yochelson & Samenow, 1976). The main objective was to identify patterns of thought that justified and sustained undesirable behaviours and replace these maladaptive thoughts and behaviours with more adaptive ones. Among some of the cognitive behavioural therapy (CBT) programs used in criminal and violent populations are: the Reasoning and Rehabilitation program that teaches cognitive skills and values related to prosocial behaviour (Ross & Fabiano, 1985); the Moral Reconation Therapy that seeks to help individuals reevaluate their decisions and increase moral decision making (Little & Robinson, 1986); and Aggression Replacement Training that helps participants deal with aggressive behaviour by teaching social skills, anger management and moral reasoning (Goldstein & Glick, 1994). These are mainly used in correctional settings and the latter is used with adolescent populations.

CBT and CBT blended with psychodynamic therapy have been used successfully with men who behave abusively (Babcock, Green & Robie, 2004; Lawson, 2010; Landenberger & Lipsey, 2005). Rapport between the therapist and participants, participant compliance with program activities, and cohesion among group members were all found to be related to better outcomes in CBT intervention (Taft, Murphy, King, Musser, & DeDeyn, 2003). Dutton's (2003) intervention program combines CBT with psychodynamic therapy. It exemplifies some of the cognitive-behavioural characteristics of intervention as well as how it can be effectively combined with

other approaches. The psychodynamic component addresses unresolved childhood issues such as insecure attachments and experiences of abuse and feelings of abandonment and how these are related to current relationships The CBT component has men engaged in numerous exercises (such as diary logs) and sessions aimed at teaching cognitive skills such as problem-solving (with information gathering, developing alternative solutions, and evaluating outcomes as crucial steps), abstract thinking, critical reasoning, causal thinking, goal setting, long-term planning, and social perspective taking. Because men who behave abusively often demonstrate higher rates of anger management issues (Dutton & Corvo, 2007; Dutton & Starzomski, 1994; Dutton, Saunders, Starzomski, & Bartholomew, 1994), anger management training is provided. This training helps men monitor the thoughts that lead to their angry outbursts and learn to change these thoughts and the resulting behaviour.

Proponents of the cognitive behavioural approach cite its cost effectiveness as a beneficial feature. This cost effectiveness comes from its goal oriented nature and its capacity to be used in group settings. As evidenced from the research, CBT can be and often is blended with other approaches, reflecting its flexibility. In fact in most forms of intervention it is difficult to extricate or fail to utilize some cognitive and/or behavioural techniques.

Although the potential benefits of utilizing a cognitive-behavioural approach make it an attractive treatment option, one must also be aware of recent criticisms concerning the approach, Evaluative research reports discrepancies regarding its effectiveness in reducing recidivism rates (Gondolf, 1997) and dropout rates tend to be high (Gondolf & Foster, 1991). In addition, some studies have found no evidence that improved communication decreases incidents of violence (Scott, 2004). Critics also point to a neglect of power-control issues in gender relations. They feel this constitutes a neglect of social context of intimate partner violence and an over emphasis on individual psychological causes of abusive behaviour (Paymar & Barnes, retrieved 2010). A related concern about these psychological causes is raised by Dutton (2000). He has found that there is a sub-group of men who behave abusively that suffer from borderline personality disorder. For these individuals, a more intensive approach such as dialectical behaviour theory (DBT) may be more appropriate to their psychological capacities. This approach is a variation of CBT and is described in a following section.

4a. Mindfulness

Mindfullness, originally a construct used in Eastern spiritual and philosophical traditions, has found new utility in therapeutic practice. Mindfulness involves paying attention to the present moment without judgment and invites people to be fully present, open and available to others. It also consists of increased sensitivity to and awareness of multiple sensory experiences and contexts (Chatzisarantis & Haggar, 2007). During the process, several domains, including bodily sensations, states of mind and interactions between ones behavior and the world around them become points of focus. Attention to private experiences is intended to cultivate calmness and stability (Kabat-Zinn, 1990). Langer (1989) stresses that mindfulness places emphasis on how people process inputs from the external environment to create new perceptions. In other words, it allows the individual to break away from their past ways of seeing things and become active in creating new ways of experiencing their world as a result of becoming aware of their present

reality. The focus is on living and experiencing in the here and now (Langer, 1989; Coffey & Hartman, 2008). Mindfullness can result in four possible consequences, 1) a greater sensitivity to ones environment, 2) increased openness to new information 3) creation of new categories for structuring perception and 4) an enhanced awareness of multiple perspectives in problem solving (Follette, Palm, & Pearson, 2006).

Mindfullness has been applied in the treatment of many psychological and health related problems and research has shown successful outcomes for interventions incorporating mindfulness practices (Follette, et al., 2006). Research within this field initially focused on three broad categories of interest: health, business and education. Within each area there is evidence that efforts towards increasing awareness and mindful behavior does reduce the frequency of mindless behavior (Langer, 2000). Further, mindfulness has been found to alleviate psychological distress (Langer, 1989; Coffey & Hartman, 2008), improve people's ability to identify and manage emotions, increase self awareness, and improve people's ability to cope with everyday life (MacCoon, et al., 2012). The Mindfulness Research update of 2008 pointed to achievements in utilizing a mindful approach to help people quit smoking, decrease binge eating, and reduce alcohol and illicit substance use (Greeson, 2009).

Although the research on using a mindful approach in relation to programming for men who abuse has been minimal, given the findings mentioned above, it has the potential for cognitive and behavioural benefits. Developing mindfulness skills may help these men to better cope with their present circumstances; it may alleviate their emotional distress; and it may help them achieve a more positive state of mind from which to work on behavioural issues. For those employing mindfulness therapies and techniques with men who behave abusively, conducting research on the impact of these methods would be a valuable addition to any program evaluation as well as to the mindfulness literature.

There are a number of therapeutic approaches that utilize mindfulness. Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1990; 2005) combines mindfulness meditation and yoga to help individuals deal with chronic pain and stress. Mindfulness-Based Cognitive Therapy (Germer, Siegal, Fulton, 2005; Segal, Teasdale, Williams, 2002) is a form of MBSR that is intended to help individuals deal with depression by understanding and being mindful of the connection between negative thoughts and feelings and how one can lead to the other. Acceptance and Commitment Therapy (Hayes, Luoma, Bond, Masuda, & Lillis, 2006) helps individuals focus on the present and to make decisions to select behaviours that are in line with their values and to change or not persist with behaviours that are not consistent with their values. It help individuals become more aware of their values as well as thoughts, feelings, memories and physical sensations that have generated fear and thus avoidance in the past. Dialectical Behavior Therapy (DBT) teaches mindfulness techniques and skills along with interpersonal, emotion regulation and distress tolerance skills to help individuals deal with maladaptive thoughts and behaviours characteristic of borderline personality disorder and spectrum mood disorders (Linehan & Dimeoff, 2001).

These therapies use a variety of mindfulness techniques and exercises such as meditation, deep breathing, listening to music, and observing one's thoughts. Whatever the technique, the intent is to help the person be more aware of the present and to behave and experience things more

consciously. Thus, anything can become a mindfulness exercise, even eating. Mindfulness exercises can be introduced at any point in the therapeutic process as it combines well with other approaches. Appendix D describes common mindfulness exercises with a link to a website with more options. Service providers can also introduce their own exercises or encourage program participants to develop their own and possibly share them with others if using a group intervention.

4b. Dialectical Behaviour Therapy

Dialectical behaviour therapy (DBT) was developed by Linehan (1993) as an intervention for borderline personality disorder. Since that time it has been used to treat substance abuse, eating disorders, PTSD, and depression. Recently, it has been used as a form of intervention with men who use abuse in their relationships (Fruzzetti & Levensky, 2000; Waltz, 2003). The therapy combines cognitive behaviour techniques with acceptance, validation, mindfulness and emotion regulation. Individual and group sessions as well as phone consultations are involved in DBT.

There are different structural components to this approach beginning with a pre-treatment stage that focuses on building the person's commitment to change and to the therapeutic process. This is based on the belief that the individual must accept that they are not functioning as well as they could in some aspect of their life and be willing to change. The commitment to change involves understanding what this approach involves and making a decision as to whether or not to proceed with this form of intervention. Like the contemplation and preparation stages in the Stages of Change model, DBT is based on the premise that change can only begin with a recognition that it is necessary and a commitment to action.

In the first stage of DBT, the goals are to build rapport between the service provider and the participant, and to address concerns related to maladaptive behaviour and change. Individual sessions are hierarchically structured to address four issues. First, any life threatening issues, whether to themselves or others are discussed. When dealing with men who use abuse in their relationships, this may involve examining the use of this behaviour in the time since the last session. Second, behaviours that interfere with the process of therapy are addressed. Third, issues in the person's life that interfere with their quality of life are discussed. Fourth, improving and/or building skills and dealing with impediments to achieving these skills are considered (Waltz, 2003).

A variety of skills are taught and practiced in DBT: core skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance skills. Core skills include being more mindful of emotions, thoughts and behaviours. Mindfulness exercises are practiced in building these core skills. Interpersonal skills can include communication skills and assertiveness skills. For men who behave abusively, goals related to interpersonal skills may include building empathy and learning how to validate others' feelings and perceptions. Emotion regulation involves learning how emotions and behaviours are linked and how they influence each other. For men who behave abusively this may include examining what reinforces or maintains their use of abuse and the discrepancy between these goals and the goal of having healthier and happier relationships. Distress tolerance involves learning self soothing skills to change negative emotional states to

more positive ones. The incapacity to manage their emotions and distress may contribute to the violent behaviour of some men and therefore these skills are often effective in reducing violent responses. It also has been suggested that work with men who behave violently may benefit from adding a psychoeducational component to build knowledge about intimate partner violence issues (Fruzzetti & Lenvensky, 2000; Waltz, 2003).

In stage 2, the focus shifts to helping individuals overcome post-traumatic stress issues. The safety issues established in stage 1 are necessary for the confrontation of trauma experiences in stage 2. Stages 3 and 4 of DBT are for individuals who want to continue with more advanced therapy. Stage 3 helps the person work on advanced goals for career, education, and relationships as well as increasing respect for self. Stage 4 focuses on helping the person thrive and find joy in their lives (Waltz, 2003).

Throughout the process of therapy, counsellors are compassionate, accepting, and validating. The counsellor stays away from assigning blame for the incidents of abuse and violence. They take a position of acceptance of the person's reality, while still identifying the need for change. Validation does not mean condoning all ideas, beliefs or behaviours, but rather involves validating feelings and perspectives that are reasonable given the circumstances (Linehan, 1993; Salsman & Linehan, 2006; Waltz, 2003). For example, feelings of fear and panic when one's partner threatens to leave is a common response, and a therapist would validate these feelings. This therapeutic process is consistent with the movement towards more compassionate approach to counselling with men who behave abusively described earlier in this document. Like the compassionate approach, it builds the rapport that is so essential to a successful therapeutic relationship.

Because DBT is often used with individuals who present with more severe psychological issues and is therefore stressful, it has been recommended that a consultation team be in place. This team may consist of an individual counsellor, group facilitators, a supervisor, and other individuals that may be involved in the intervention process with the men. This team allows for debriefing, case consultation, and support for service providers (Waltz, 2003).

There are a number of reasons why DBT may be appropriate for use with men who behave abusively. First, as Dutton (2000) found, there is a subgroup of men who use violence in their relationships that are borderline personality disorder and DBT was originally intended to assist individuals with this disorder. Second, it deals well with comorbidity, and many men who behave abusively have problems with depression, substance abuse and other mental health issues. Third, this approach assists individuals to regulate their emotions and men who behave abusively sometimes have problems managing their anger and other emotions, have intense and long lasting emotional responses, and have increased sensitivity to social rejection and invalidation. Fourth, men who use abuse in their relationships sometimes have a history of being invalidated by others including family members and DBT therapists are accepting and validating. Fifth, abusive behaviour patterns are difficult to change and DBT directly targets behaviour patterns that are not easily changed. Sixth, stage 1 of DBT directly addresses life threatening behaviours such as violence to self and others. Seventh, men who behave abusively are often resistant or noncooperative and are prone to dropping out of intervention programs. DBT specifically deals with behaviours that interfere with therapy and utilizes techniques that build

rapport. Finally this approach coincides with the nonjudgmental, compassionate approach promoted by Stefanakis (2008) and others (Waltz, 2003).

Despite these advantages, it is important to keep in mind that this form of therapy is very intensive and may not be necessary for men who do not have borderline personality disorder or do not manifest severe forms of violence. Further, the training in the use of DBT that is required and the higher cost of utilizing DBT must be considered before choosing this approach.

4c. Narrative Therapy

Begun in the 1970s and 1980s, narrative therapy is a well established form of intervention. It is based on the idea that reality and truth are subjective and thus a person's belief will determine their emotions and their behaviour. Because people use language to construct and represent their reality, the stories they tell themselves and others about their experiences will reflect their subjective view. Typically people tell different stories in different contexts and with different people. Gender, class, race and culture will also impact the nature of the narratives. What is included and left out of these stories will result in a particular emotional and cognitive focus. Because individuals are always revising their stories through the re-telling of their experiences, sometimes a particular focus can become dominant. For example, some people become focused on negative or problematic themes and these dominate their view of themselves and their world (Etchison & Kleist, 2000). These then become part of a negative identity. For men who have behaved abusively this may include a view of themselves as being a "bad person", an "abuser", or "a monster". At this point they may only talk about experiences that reflect this identity. These descriptions can be influenced by the views of others that then become adopted by the person. Morgan (2000) describes these as "thin" narratives because they are very narrow views that leave out the detailed complexities of life. All other experiences may then be filtered through this narrow view and thus it becomes magnified. These narratives affect current feelings and behaviour and future actions.

Narratives are not only a means of understanding the person's reality, but also the vehicle for change. Narrative therapy helps people explore the parts of their lives and experiences that they have left out of their stories and encourages the development of richer narratives with more balanced and positive themes. The process begins with the participant telling the therapist about themselves and their problem. This story will reveal the meaning they are giving to their experiences and how this is affecting their view of themselves. Individuals are then asked to explore different stories about themselves based on different possible reactions, perspectives and/or contexts (Augusta-Scott & Dankwort, 2002). Sometimes they are asked to tell the story the way they would like themselves or their lives to be in reality. For example, if the person feels they would have made better decisions if they were more confident they maybe asked to tell their story as if they were more confident. Making their stories fuller and richer in detail and complexity is also encouraged to overcome the tendency to narrowly focus on one theme. By constructing these alternate stories individuals build the skills necessary to construct narratives of events according to desired outcomes (White & Epson, 1990). These more complex narratives inclusive of positive themes and outcomes affect emotions and behaviours in more adaptive and beneficial directions.

Narrative therapy is not appropriate for all individuals as it relies on capacities for either writing or verbal exercises and not all men are comfortable with these types of activities. Further, the process of narrative therapy is slow and thus not appropriate for short term forms of intervention. However it can be an effective part of more long term programs (Milner & Jessop, 2003). Because narrative therapy is a guided process, service providers using this method must be aware that they can influence participant's narratives through the alternative views they suggest.

5. The Aboriginal Approach

An Aboriginal specific approach will be an important consideration for some programs due to the large Aboriginal population in Manitoba. The Aboriginal community in this province has been active in providing family violence programming for women and men, with programs available through agencies such as Ma Mawi Wi Chi Itata Inc. Some community agencies include participants from a variety of backgrounds, and have combined Aboriginal and mainstream approaches to increase their applicability and appeal to both Aboriginal and non-Aboriginal participants. Utilizing an Aboriginal approach or adding culturally-based program components can increase Aboriginal men's participation in programming (Kiyoshk, 2003).

Components of the Aboriginal approach have universal applicability, particularly when pertaining to violent behaviour. Aboriginal teachings promote the same compassion in programming encouraged by individuals such as Stefanakis (2008). Seven sacred teachings are found within the Aboriginal tradition: love, respect, truth, patience, honesty, wisdom, and humility. Living in accordance with these concepts is consistent with a violence free life (Ellerby, 2000).

A core component of the Aboriginal approach is a holistic view of individuals. Therefore men are conceptualized as complex beings with a wide range of characteristics, qualities and capacities rather than just as abusers or batterers. Introducing balance and wellness into cognitive, emotional, physical and spiritual realms is important in helping men to live healthier lives. As a result intervention tends to be more attentive to integrating all components of a healthy, thriving individual rather than only addressing certain maladaptive behaviours (Kiyoshk, 2003). Part of counseling may involve increasing men's awareness of the imbalance that exists in their lives. Thus, a health rather than a sickness model is the basis for intervention as individuals strive to gain healthier lives rather than overcome behaviours deemed abnormal (Ellerby, 2000).

Part of the holistic approach involves the consideration of contextual factors in people's lives, such as their connection to the social and physical world (Ellerby, 2000). This consideration fits well with the systems approach, in which individuals and the social systems they exist in exert mutual influence over each other (Kiyoshk, 2003). To understand their place and influence in the world, men will be encouraged to take responsibility for their role in the lives of others, and in the well-being of their community and the world. The sense of community is particularly important within this approach.

The Medicine Wheel guides the holistic approach to programming. It can represent a variety of gifts and lessons, including: the four directions, times of life, time perspective (past, today, tomorrow, future), the four aspects of the holistic perspective (physical, social, emotional, spiritual), and stages of healing and change. Some of the Medicine Wheel teachings are presented in the form of stories and symbolisms. For example, an animal is often used to represent each of the four directions although the animals will differ depending on the particular Aboriginal culture or nation (the animals used by the Cree Nations will differ from those used by the Dakota Ojibway Nations). Traditional ceremonies mark milestones, transitions, and self-exploration. Elders are often included in programming, through teachings, ceremonies, and/or individual sessions with participants. The Aboriginal approach utilizes more verbal teachings and exercises rather than written ones due to the predominance of an oral tradition (West Region Child and Family Services, 1993).

Rituals are also an important part of the Aboriginal approach, as they set the "tone and energy for the activity to follow" (Kiyoshk, 2003, p. 246). A number of different rituals can be used, with the most frequent ones being: smudge, sweatlodge and talking circle. In a smudge, medicines such as sage, sweet grass, cedar, and/or juniper are burned and the smoke is used to cleanse participants and the surroundings of negative thoughts and energy. The sweatlodge is also used for purification and cleaning. It is particularly beneficial after emotionally difficult sessions as it allows participants to let go of guilt, shame and other negative feelings, and to feel renewed. Talking circles utilize a sacred or powerful object such as a talking stick, a rock, or a feather; this object is passed to each group member, and only the person holding the object can talk. This process allows individuals to share their feelings and thoughts without being interrupted or questioned by others in the group. In some men's groups, after sharing their thoughts and feelings, each group member places the object in the centre of the group and others give him their feedback (Kiyoshk, 2003). Pipe ceremonies are also sometimes used at important events. The pipe stem and bowl represent males and females working together towards a healthier world. It emphasizes working cooperatively rather than being adversarial or competitive (Kiyoshk, 2003).

Utilizing an Aboriginal approach, or blending it with other forms of programming, may involve helping men understand the various experiences of both themselves and of Aboriginal people that may have contributed to their behaviour. This may include understanding the histories of colonization and residential schooling, and their effects. Learning about contextual factors, such as individual and institutionalized racism and oppression, and the impact that these aspects can have on thoughts, beliefs, emotions, bodies and behaviours, can take individuals beyond blame and shame. With greater knowledge comes an understanding and selecting of an alternate path towards healing and thriving.

Regardless of the degree to which an Aboriginal approach is integrated into programming, service providers can make efforts towards building cultural competency by learning about Aboriginal culture, colonization and its effects, residential schooling and its effects, and current issues facing Aboriginal people (Zellerer, 2003). Identifying biases in themselves, in their profession and in society is also part of a more culturally competent approach (Sue, Arredondo & McDavis, 1992; Weaver, 1998; Weaver & Wodarski, 1995). Cultural competency increases overall understanding, which in turn encourages a more empathic and compassionate attitude.

Part of this increased empathy also involves not making assumptions about the importance of cultural beliefs and traditions in the lives of Aboriginal participants. Service providers will need to ask participants how important Aboriginal traditions and spiritual beliefs are in their lives and how important they feel it is to their programming. Varying degrees of importance will be reported and this information can be used to more effectively tailor programming to individual needs. For some participants, this may mean a referral to an Aboriginal specific program in cases where the program does not incorporate an Aboriginal approach and where cultural beliefs play a large role in the person's life.

Programs wanting to incorporate an Aboriginal approach are directed to the literature referenced in this section for more detail regarding the application of the Medicine Wheel and other teachings and traditions. In addition to written information, service providers may wish to access the assistance of elders and service providers in the Aboriginal community. Participants themselves are often helpful in informing counsellors and other participants (in group counselling) about their culture, and thus may be helpful in interpreting information through a cultural perspective for themselves and others.

Intake and Assessment Issues

In the past men's programming was intended to get men to understand women's experience of violence. Consequently, intake assessments involved disclosing his most violent episode with his partner and full admission of his guilt. The approach was often shaming and aversive, likely making men resistant to programming and prone to dropping out. As the understanding of violent and abusive behaviour increased, interventions for men who behave abusively became more comprehensive and more compassionate. The nature of intake and assessments reflect this change, as the process is now more gradual and involves more rapport building.

Intake provides the opportunity for service providers to gather information to:
   a. determine if the program is appropriate for the person (Dutton, 1998); and
   b. help service providers better understand the person's specific needs and issues.
These will reduce dropping out of the program due to a poor fit and make service providers better prepared for issues that may surface in either group or individual intervention. Because intake for men who have used violence can be fairly detailed, it is preferable that the service providers conducting the intake interview be familiar with the program, trained in domestic violence and men's domestic violence programming, and skilled in dealing with disclosures. Making the man feel at ease will facilitate the intake process, especially if a lot of information is being gathered (Bell, Browning, & Hamilton, 1992). Allowing him to ask questions and voice concerns will help to create at atmosphere of open information sharing as well as give service providers clues to some of the person's key issues and concerns. It is important that the intake process contribute to establishing the counsellor as an ally. Identifying the person's needs is particularly important in this early stage. How he goes about having those needs met, how successful those strategies and behaviours are in getting those needs met, and unintended consequences can also be explored.

The information gathered at intake varies widely depending on the particular program. Below are some of the intake and assessment issues that service providers may want to consider when talking to men about program participation. They are categorized as basic information exchange, background information, personal and behavioural information, and programming assessment.

1. Basic Information Exchange

There is some basic iinformation that service providers may want to cover before progressing to more detailed issues. This basic information can often help determine whether or not services are appropriate for this individual and thus whether or not intake should progress. Among the issues that may be covered are:
   ► Why he has come in or called for programming? (Dutton & Sonkin, 2003). This question may reveal situations where a) this program has been recommended, either appropriately or inappropriately by another person or agency; b) situations where there have been misunderstandings of what or whom the program is for, c) cases where he is calling for information for another person. Gathering this type of information may reveal other relevant concerns, for example there may be cases where the man has been assessed to

determine access to children and the assessor has recommended he attend this particular program. He may not be aware of or speak to the specific reasons why this particular program has been recommended. Assessors will have sent him a letter or report making this recommendation and their reasons for the recommendation. Service providers may want to ask for this letter or report to accurately understand why their program was suggested to him.

► Basic program information could be provided to the man indicating the nature of the program, its goals, and what participation involves (i.e. commitment to attending a certain number of sessions), and its participants (Dutton, 1998). This can help the person determine program fit and appropriateness to his situation.

► If there are fees for services they should be revealed in this initial stage, in the event that the person cannot afford the fee. The person may ask for information about services that are free or more affordable, thus knowledge of other community agencies may be beneficial.

► The agency's confidentiality policy can be described at this time as well. This will alleviate concerns about revealing information and withholding of information during the intake process.

2. Background Information

The information below assesses sources of stress as well as resources that may exist in men's lives.

a. Contact Information. This could include name, address, phone number(s), email, and alternate contacts such as a family member or friend.

b. Referral Source. If the person was referred by another agency or organization it is beneficial to have a record of the referring person and/or agency as well as their contact information (Bell, et al., 1992). This will be particularly important if agencies are working concurrently with a man and/or one or both requires updates on the man's progress.

c. Personal Information. This can consist of information about income, occupation, educational history (Dutton & Kropp, 2000; Gondolf, 2002), and immigrant status. Collecting educational history such as grade level achievement and learning difficulties may be important in determining how the person will work within certain intervention approaches such as psychoeducational approaches that consist of reading and homework. Educational history can also include questions about experiencing bullying and capacity to make friends, which can provide clues as to the man's comfort in group settings.

d. Family History (Dutton & Kropp. 2000; Gondolf, 2002). A section of questions on family status can be as broad or narrow as desired. In some cases it covers issues of relationship status, the number of children the man has and the extent and type of contact he has with his (ex) partner and children. Others will include information on the man's family of origin, the extent of his contact with them, his relationship with them, whether they are sources of support for him,

and the reasons behind any family related problems. Abuse within his family of origin is also explored in some program intakes.

e. Social Involvement (Dutton & Kropp, 2000; Gondolf, 2002). Some have suggested asking questions related to social involvement with friends, patterns of social interaction, and community involvement. These questions can help identify informal support systems that may be helpful in effecting change or social groups that may be encouraging maladaptive behaviour patterns.

3. Personal and Behavioural Information

The information gathered in this section involves the behaviour that has brought the man to seek services and information to help assess his fit with an agency's particular intervention.

A. Assessment of Use of Violence

Service providers may want to ask a few basic questions about the man's abusive behaviour such as:
  ► What is it about his behaviour that brings him to the program?
  ► When did this behaviour start?, either in his current relationship or with previous relationships.
  ► When does the behaviour tend to occur?

More detailed questions may be best left for the programming itself.   However, there are other types of violent behaviour that if present, may make a man's participation either in the program or in particular forms of intervention inappropriate. For this reason, some programs may wish to include these as part of the intake process. These questions include:
  ► Does he use violence outside of his intimate relationships? If so, a group format may not be appropriate, as his violent behaviour may be exhibited towards other group members. Further, he may benefit more from individual and long term interventions that address more generalized violent/aggressive behaviour and impulse control problems.
  ► Is he violent towards his children? Many programs screen out these men and refer them to appropriate counselling. Currently in Manitoba there is no programming specific to men who behave abusively towards their children, although some agencies have parenting program for men (e.g. Ma Mawi Wi Chi Itata Inc., Wolseley Family Place). There are some programs that accept men who behave abusively towards their children into intervention for intimate partner violence programming if their abuse of the children is having a negative impact on their relationship with their partner. In cases where the abuse has not been reported, service providers will have to contact Child and Family Services (CFS). Fathers need to be told that the service provider is obligated to contact CFS and may involve him in the contact by encouraging him to make contact himself (accompanied by the service provider) or asking his permission to speak to CFS about the issue and initiating contact between these parties.

► Is he taking responsibility for his behaviour? In the past many programs would screen out men who did not take responsibility for their behaviour. These men would seek intervention due to pressure from partners and family, but did not see their role in the abusive relationship. Currently, programs are not placing men in the position of having to state their complete responsibility for the behaviour or prove that they are serious about intervention. What these programs often require are an indication that the men understand the behaviour that has brought them to the program. Intake will assess to what degree he acknowledges his abusive behaviour. Those that do not identify the behaviour that has led them to access programming, often require more intervention work than those who are able to articulate their abusive behaviour.

► What is his level of emotional volatility and agitation? A lack of capacity to manage emotions, especially anger and hostility, may mean that individual rather than group work is more appropriate. Initial individual counselling, may be helpful in assisting these men to manage their emotions to the degree that they are able to respect other group members and participate in group activities.

B. Addictions and Substance Abuse

A significant number of men who are involved in abusive intimate partner relationships also have substance use problems. Substance use that dramatically affects men's behaviour (as with hard drugs like crystal meth and cocaine) may make their participation in programming ineffective and may be potentially disruptive to other group members. Individuals under the influence of substances, may be unable to attend to, learn, and/or recall program information. In the past, some programs required that men with substance abuse issues be sober for at least a year before being allowed into the program and if they relapsed they had to leave the group. This increased the rates of program dropout and screened out a large number of men. Other programs are more flexible and only require that men be sober while attending programming sessions. Among the issues that may be assessed at intake include (Dutton & Kropp, 2000):

► The extent of the person's past and current substance use.
► If he has attended treatment or is currently in treatment for his substance use problem.
► If he is still using, assess if his use is manageable enough for him to attend and benefit from group programming, if individual counselling would be more effective, or if his use is not being managed sufficiently for him to participate in programming.
► If anyone else in his family or any people with whom he lives use substances.

Regardless of the specific policy regarding substance use, this policy should be explained to men at initial intake.

C. Mental Health

Some of the men who seek counselling for using abuse in their intimate relationships will also have mental health issues. Because some of these issues can interfere with their participation in counselling, especially group work, it will be important to assess the type and level of mental health issues present. Knowledge about mental health in general, even if it does not interfere with program participation will be important, as service providers can be better prepared to

identify and possibly address thoughts and behaviours related to these issues. Below are some questions that will assist in screening for mental health issues:

    ► Has he had previous counselling experience? If he has, follow up questions could refer to the type of counselling and where he attended counselling.

    ► Has he been under psychiatric or psychological care? And is he on any medication related to mental health? Questions about previous counselling will likely reveal existing conditions and whether the individual was under psychiatric or psychological care. This can then lead to questions about the reason he attended counselling and whether or not he had been or still is on medication for this condition.

    ► How does he feel about his previous counselling experiences? What did he like or dislike about them? These questions can help determine if the program is appropriate for him or can help in addressing and alleviating existing anxieties around attending the program. Service providers may want to point out differences and similarities between past counselling situations and their program. If the man is hesitant because of previous negative experiences an invitation to tour the facility and become more familiar with it may be helpful.

i) Dealing with Suicide

Included in the variety of mental health issues that may be revealed are attempts and thoughts of suicide. Suicide is related to mental health issues such as depression as well as substance abuse (Health Canada, 1994; Russell, Gaffney, Collins, Bergin, & Bedford, 2004). Service providers should be prepared for disclosures of suicide ideation or attempts whether it is revealed by the man voluntarily or if they themselves ask about it. Disclosures may occur during intake or in program sessions, and although they usually occur in individual counselling, they may also happen in a group setting. For some men thoughts of suicide may occur as they go through the program and increasingly come to terms with their use of violence and its impact on others. It will be important for service providers to identify and address these thoughts. In addition to program counselling, men may be encouraged to access crisis lines when other programming is not available.

Service providers are not always aware of how common suicide is in men. Worldwide, the rate of suicide in males is two to four times greater than in females (Beautrais, 2006). In Canada suicide was the most frequent cause of death in men ages 25 to 29 and 40 to 44, in 1998. Aboriginal people and incarcerated individuals are at even higher risk for suicide (Statistics Canada, 2002). Among the factors that place men at higher risk are their use of more lethal methods such as shooting and hanging (Statistics Canada, 2002), their reluctance to seek help (Daigle, Beausoleil, Brisoux, Raymond, Charbonneau & Desaulniers, 2006; Mishara, Houle & Lavoie, 2005; Owens, Lambert, Donovan, & Lloyd, 2005; Suominen, Isometsa, Ostamo, & Lonnqvist, 2002), or their tendency to not articulate their distress and need (Strike, Rohdes, Bergmans, & Links, 2006). Because men often hesitate to talk about suicide or seek help for these feelings, they are often isolated and fail to get the social support they need. Thus, it is especially important for service providers to be ready to recognize the signs and open the discussion on this issue.

Some service providers may themselves be reluctant to talk about suicide. Thus they may be caught off guard if men reveal these thoughts or intentions or their level of discomfort may make

men even more reluctant to mention this issue, leaving it hidden and unaddressed. Comfort in having these conversations is necessary to foster an atmosphere where men feel they can talk about these issues and get help resolving them. Training can build knowledge and skills in dealing with this difficult issue, which in turn increases comfort in talking about it with men. In Manitoba this type of training is available through the ASIST (Applied Suicide Intervention Skills Training) and the ASPT (Advanced Suicide Prevention Training Level II) programs at Klinic Community Health Centre. Information and registration is available at www.klinic.mb.ca/workshops.htm.

D. Experiences of Trauma

Many men who use violence in their relationships have experienced trauma in their lives. These experiences may be relevant to current behaviour and attempts at behaviour change. For example some men may have been traumatized by childhood abuse and this may have led to feelings of anger, fear and insecure attachments that may be now fueling their abusive behaviour. Other men may be suffering from PTSD from street violence, or combat situations, leading to emotional numbing, flashbacks, or avoiding environments that remind them of the traumatic event. Any of these experiences can affect program participation or reactions to program content. Thus, it is important to assess the types and extent of trauma in the lives of men accessing the program. Knowledge of this trauma may also help service providers understand mental health issues present in the person.

E. The Importance of Culture

Because culture impacts individuals' beliefs, perspectives, language, values, behaviour and approaches to situations and events, it will also affect how men view programming and intervention methods. Therefore it may be beneficial to determine:
- ► The man's cultural background.
- ► How important culture and cultural traditions and perspectives are to the person. Because men may bring in cultural beliefs into their discussions or because cultural perspectives may be important to understanding certain concepts, it will be important for service providers to be aware of these cultural beliefs.
- ► The importance of cultural perspectives in programming. Some men may feel more comfortable if programming is presented in a culturally relevant way. For example, some Aboriginal men may want to also meet with an elder, they may want to smudge, or they may prefer Aboriginal programs.

The program's capacity for being culturally informed and bringing cultural aspects to the process should be clearly stated at intake.

F. The Importance of Spirituality

Different individuals will have different views of spirituality. For some it will be based more in an established and formal religion; for others it will be more informal and personal in nature; and

still for others spirituality will have little or no role in their lives. Some programs are very spiritual in nature, with some coming from a specific spiritual or religious perspective. This may be a good fit for some participants while for others it may create distress and discomfort that would interfere with programming outcomes. Part of intake and assessment should be a specific discussion of how the program deals with or approaches spirituality. From this knowledge the individual can make decisions about how appropriate this program is for him.

G. Men with Charges

Some programs accept men with charges pending, while others do not. Among the issues to consider in deciding whether or not to accept men with charges are:

► Men with charges have more complicated circumstances and this may make blending groups with some men having charges and others not, difficult. Increased administrative work is among the added difficulties. Men with charges will require letters outlining various aspects of their participation. Thus programs who accept these men will have to determine how many sessions the men will have to attend before they can get a letter. In some cases there may also be added information about their level of participation in the sessions they do attend. Writing letters and consultations with the justice system require extra administrative time.

► Because there is often a large demand for programming by men with charges pending, they may flood the program leaving little space for men without charges. One way to deal with this is to have separate groups.

► Some men may only attend to get the letter confirming their attendance and therefore not be vested in full program participation and personal change. In some instances this may interfere with group processes if they are in groups with men who are attending voluntarily.

► Part of programming is often to help men accept responsibility for their behaviour and therefore men with charges may not be overly different than men who are attending programming at the demand of partners or family.

► Men with charges pending need and are likely to benefit from programming.

► Offering either separate or integrated programming may reduce the stigma of being involved in the justice system. On the other hand, integrated programming may further emphasize their different circumstances.

There are service organizations that have successfully combined men with and without charges in group programming (i.e. Ma Mawi Wi Chi Itata Inc). Thus there is no specific recommendations that this be done or not done. The only recommendations is that the policy of the organization be made known to men seeking services.

4. Programming Assessment

After intake information has been gathered, service providers will need to determine if the person and their program are a good fit. This determination can occur at the time of intake or can take place a little later after reviewing all of the intake information. The screening process

can be as stringent or flexible as an agency prefers. The key is to decide on the degree of flexibility, develop an intake process with criteria that reflects this flexibility and ensure the clarity of these criteria in agency policy. The ultimate goal of the assessment process is to make appropriate recommendations, either to the program or to other services that would be more beneficial given the man's circumstances.

Preparation for Programming

If after the intake process service providers and the man decide that the program is appropriate for him, then he can be asked to attend a preparation session(s). Preparation can be done in one or more sessions depending on the man's availability and the extent of the process. Preparation sessions are not essential, but they do offer the opportunity to provide the person with information he will need to know before he starts the program and for the service provider to obtain information that will allow them to better plan for his programming needs. These sessions also offer further opportunity for the man to build a familiarity with the facility and program before he begins. Among the preparation issues that can be covered are:

1. Programming Needs

In part, programming needs and issues will be determined by responses at intake. However, program preparation allows further exploration of these issues and their impact on requirements for programming. Some of the issues that service providers may wish to explore to better inform programming for the man are:

► A description of cultural needs such as time to smudge before group, contact with an elder, observation of dietary needs related to culture, religion, or allergies (i.e. if snacks are made available, that some vegetarian, gluten free, or peanut free options be provided).

► A description of spiritual needs such as personal observance of religious holidays, or the need for prayer at certain times of the day.

► Issues that limit the man's time availability such as a job, other intervention programs, and family obligations.

► What are the immediate needs and goals that need to be addressed? This will likely involve identifying the problematic thoughts and behaviours that are hindering his developing the types of relationships he desires. The nature of his abusive or violent behaviour and his capacity for empathy may be part of this assessment.

► What is the best form and pattern of individual and/or group counselling for him? This decision will depend on his presenting issues (i.e. mental health issues that may not make him ideal for group work at least immediately) and personal circumstances (i.e. having a job that precludes his attending group sessions). An assessment of his willingness to commit to attending a closed group with a specific number of sessions presented at a specific time may be part of this decision making process if the program consists of a closed group.

► Other people and services that will need letters (psychiatrist, psychologist, social worker, probation services, parole officer), and their contact information.

This information can be gathered at an in-person meeting with the man. Making these decision in consultation with the individual is not only respectful, but engages him in the process of change at an early stage. A plan that is mutually agreed upon will generate a better fit and more commitment for the individual. Further, the process of developing a plan for change will provide an opportunity for building rapport that will facilitate commitment to and progress in the

program. A tour of the facility and description of what to expect from individual and/or group counselling will also build familiarity and comfort with the service.

2. Confidentiality

It will be important to differentiate between confidentiality and privacy policies, as they govern different aspects of behaviour. Privacy policies are federal policies that must be followed by all system services. Confidentiality policies are often more specific to particular agencies and although often similar, can vary in their particulars. An example of a confidentiality policy can be found in Appendix E. It is essential that participants be informed of both privacy and confidentiality policies (Bell, et al., 1992; Dutton, 1998). Agency confidentiality issues may include:

► Information shared with other staff. In some agencies, especially if the staff work as a team, there is sharing of information about participants among staff members. This becomes even more relevant if both he and his partner are seeing different counsellors from the same agency. Whether or not the counsellors discuss participant related issues needs to be decided and the participants need to be informed. In many cases counsellors take their direction from the couple. If the couple is comfortable with information sharing between counsellors and are working together on their issues then this would be a more acceptable procedure than if the couple are antagonistic and not working together on their relationship issues.

► Information shared with other system services. Some agencies seek information from police, parole officers, and/or victim services through reports or verbal exchange. These exchanges will have to follow FIPPA regulations. The agency's expectations or wishes around this information sharing needs to be discussed with the participant. It should be made clear that this information will not be shared without his permission. If certain information will only be shared with the permission of the participant, he should be made aware of prerogative to give or withhold information. The consequences of either giving or not giving permission can be fully explored with the person to ensure his decision is well informed.

► Letters for justice system related issues. Some men will be seeking a letter to present to a judge or lawyer for court or custody related issues. Policies on providing such letters will need to be developed and these policies made clear to men. If it is decided that such letters will be provided, then the information that will be given will have to be determined. Typically information includes the degree of participation and topics covered in sessions that were attended. Service providers should be cautious about making statements about future behaviour; information is best kept to current behaviour.

► How disclosures of breach of no contact orders or partner assault will be addressed. How these disclosures will be dealt with including if and when they will be reported and to whom they will be reported will have to be determined and clearly stated for the participant.

3. Privacy Legislation

In addition to agency confidentiality policies, there are a number of other policies that govern service providers. These policies either reinforce or restrict confidentiality and privacy and thus participants should be informed about them during program preparation. Below are a number of policies relevant to work in Manitoba as well as other provinces. Because laws and policies change over time, this list may also vary with time. Thus, service providers may want to check for new legislation when developing or implementing a program.

► **Freedom of Information and Protection of Privacy Act (FIPPA).** "The purposes of this Act are (a) to allow any person a right of access to records in the custody or under the control of public bodies, subject to the limited and specific exceptions set out in this Act; (b) to allow individuals a right of access to records containing personal information about themselves in the custody or under the control of public bodies, subject to the limited and specific exceptions set out in this Act; (c) to allow individuals a right to request corrections to records containing personal information about themselves in the custody or under the control of public bodies; (d) to control the manner in which public bodies may collect personal information from individuals and to protect individuals against unauthorized use or disclosure of personal information by public bodies; and (e) to provide for an independent review of the decisions of public bodies under this Act" (Retrieved from:http://www.gov.mb.ca/chc/fippa, April 28, 2010). This act enforces limits on the sharing of information about individuals among system services. Both service providers and participants need to be aware of the dictates of this act.

► **Professional policies.** Social workers, psychologists, and other professionals are governed by rules of conduct. Although there are similarities, some detail and focus differences exist. psychologists are governed by the Canadian Code of Ethics for Psychologists (http://www.cpa.ca/cpasite/userfiles/Documents/ Canadian%20Code%20of%20Ethics%20for%20Psycho.pdf), while social workers are governed by the Standards of Practice (http://www.maswmirsw.ca/documents/StandardsofPractice.pdf).

► **Laws on reporting child abuse.** All persons are obliged by law to report any cases of previously unreported child abuse, child neglect, or suspicion of harm being done to children. The participant must be made aware of this obligation and that if he reveals situations that are abusive or dangerous to children, the service providers must report this to Child and Family Services (CFS). The service provider can make this report either with the participant, or independent of him. It is preferable to make these reports with his cooperation and even to facilitate his reporting the incident to CFS himself. In these cases services providers can be present during his discussion with CFS.

► **Child pornography.** In Manitoba Bill 7 amends the Act requiring the reporting of child abuse to include child pornography, including situations where a child is being abuse through pornography as well as any representations, materials, or recordings of child pornography. As with child abuse, service providers have to follow reporting procedures similar to those for child abuse. This amendment can be found at http://web2.gov.mb.ca/laws/statutes/2008/c00908e.php#

► **Threats to self or others.** Threats of harm to self or others must be assessed for intent and planning. For example, some people will say things like "I wish I were dead" or "I wish she was dead" and it may be an expression of frustration rather than a threat to

harm. On the other hand, some may have more specific plans for harming themselves or others. Threats of suicide can be dealt with by mental health professionals. In cases where he is threatening someone else, the police and the person he is threatening need to be contacted; a report to police will have to be made. Again these obligations will have to be made clear at this preparation stage.

► **Subpoenas.** The courts can subpoena agency files and records. The participant must be made aware that this may happen and that the agency must comply with these orders.

4. Partner Contact

Service providers may wish to send letters to the men's partners to give them information about the program. These letters offer the opportunity to provide partners with accurate information rather than any misinformation that may be given by the men. The information can be provided to either current or ex-partners if the man still has contact with them (i.e because of children). The information given may include (Rosenbaum & Leisring, 2001):

► What type of services her partner will be receiving and what can be expected as a result of these services.

► Potential changes in his behaviour. For example, some programs may teach men to take a time out from a potentially volatile situation by taking a walk and thinking clearly about how to more effectively deal with the situation. If his partner is not aware of this she may become upset that her partner has walked away in the middle of a discussion or argument.

► Services available for her.

► The opportunity for her to contact the service provider and ask for more information about the services her partner is receiving.

► Relevant safety issues.

Although there are many benefits to contacting men's partners, service providers must be cautious about breaching confidentiality policies such as FIPPA, which limits the sharing of personal information by agencies and organizations, Thus, men must first give permission for the service provider to contact his partner. This permission can be provided by his signature on a form constructed by the agency. The form must specify the nature of the contact and what information will be shared. An example of this type of form is provided in Appendix F. Once he has signed the form, he can either give the service provider the contact information for his partner, or some agencies prefer to construct a letter to his partner and give it to the man who can then choose to give it or not to give it to his partner.

Some men may be reluctant to give permission for partner contact or to deliver the letter because of uncertainty about what the service provider will reveal about him and what he has said in counselling. To alleviate these fears, service providers can review FIPPA and the agency's confidentiality policy. Contact with partners can be made by a service provider that is not directly involved in the men's programming. This will eliminate a conflict of interest for the service provider who is counselling the man and assure him that what he has revealed in the program will not be discussed with his partner.

5. Risk Assessment

Assessing risk of violent or dangerous behaviour is done in some agencies. If this type of assessment is done it is important that the assessment instrument is reputable. Some risk assessments that are used include: The Historical, Clinical and Risk Management Scales-20 (HCR-20); the Ontario Domestic Assault Risk Assessment (ODARA); the Spousal Assault Risk Assessment Guide (SARA); the Level of Service Case Management Inventory (LS/CMI). For more information on these please visit the following Department of Justice Canada website: http://www.justice.gc.ca/eng/pi/rs/rep-rap/2009/rr09_7/p4.html and the following assessment website: http://www.assessments.com/catalog/LS_CMI.htm. Before deciding to use risk assessment, agencies should be aware that they can create a false sense of security. Human behaviour is unpredictable and even someone who scores low on risk may behave very violently. The low risk assessment may leave service providers unprepared for this behaviour. Further, some risk assessments are based on information given by the individual and thus subject to misrepresentation and inaccuracies.

Methods of Intervention

1. Individual and Group Programming

A. Individual Counselling

There are many advantages to doing individual counselling with men who behave abusively. Trust and rapport are more quickly built between the counsellor and the participant, and the focus remains on the person's specific issues. Both of these factors lead to a higher level of compliance with intervention (Gondolf, 1997). Men are more likely to disclose information and discuss deeply personal issues in the privacy of a counsellor's office, particularly when they have built trust in the counsellor (Dutton & Sonkin, 2003). In addition, individual counselling allows service providers to tailor the intervention method, pace, direction and content to a particular man's situation. This combined with increased disclosure may accelerate progress and increase the effectiveness of the counselling. Further, individual counselling may be helpful to men whose situations and behaviours make group counselling difficult or inappropriate, including men with psychological disorders or extreme and uncontrolled violent behaviour. In some cases individual counselling may help men deal with some of their issues sufficiently to have them enter a group program at a later time. Programs may also combine individual and group counselling and thus reap the benefits of both.

The large problem with individual counselling is that it is not cost efficient. Fewer people are served than with group counselling. Often individual counsellors who deal with psychological disorders and extreme behaviour need and have more education and experience and thus require larger salaries. Further, individual counsellors are at increased risk for compassion fatigue, job strain and overload, leading to greater staff turn around for agencies (Dutton, 1998).

B. Group Counselling

Although there is no statistical evidence that group programs are more effective than individual counselling, most programs for men who behave abusively choose a group format. There are many benefits to group programs. Men often isolate themselves due to their shame, fear of ostracism, and belief that no one will understand and help them. Some may think that no one else has the same issues, concerns and problems they have with violence and relationships. In group programs men realize they are not alone and they do not have to go through this difficult process by themselves (Maiuro, Hagar, Lin, & Olson, 2001).

The interaction of group members can be an important part of the intervention process. The men can offer each other support and encouragement both in and outside of the group, and some men form supportive connections that can last beyond the group (Maiuro et al., 2001; Wade, et al., 2013). This type of social support can help men maintain positive changes even in the face of obstacles and temptations to revert to past behaviour. There are particular conditions under which men will be more likely to seek help. These include: a) if they see the problem as normal and something from which others suffer; b) they feel able to reciprocate the help; c) other men

support their decision to seek help; d) the problem is not central their self concept (Wade et al., 2013). Group programs address the first three of these.

Group programming increases opportunities for learning from the other men. Individuals learn how others cope with difficult situations and get feedback on their own choices and decisions. Men may also challenge each other because they will be aware of denial, minimization, distortions, and insensitivities when they are being used. Challenges for more sincerity and honesty from peers can be very effective in getting men to face the reality of their behaviour (Maiuro et al., 2001). The group interactions provide a forum to improve social and communication skills including behaviour that is respectful of others. It also opens the possibility of practicing new skills through role play and group activities.

Compared to individual counselling, group programs are more cost effective as they can serve a number of individuals at one time. This can allow agencies to meet the growing demands for men's family violence programming. In Manitoba there are few services for men and even fewer specific to abusive behaviour, thus the demand for these services is great. Group programs may be the most efficient approach to meeting this demand.

When doing group programming, a number of additional issues have to be considered. These include if there is a preparation and/or follow up group, if the group is open or closed, the group size, attendance, the gender and number of counsellors, and the core content of the group. These issues are discussed below.

i) Open and Closed Groups
Closed groups provide a series of program sessions to the same group of individuals over a specified period of time. There are several advantages to using closed groups with men who use abuse. Because the same men are in the group, they tend to build familiarity and trust with each other and with the counsellor, thereby encouraging disclosure and more in depth emotional work. These elements also improve the chance of men developing a sense of caring for each other and becoming sources of support for one another. With no new people entering the group the sense of cohesion and ease of interaction that develops with people who know each other is not disrupted and thus the progress made from week to week has less chance of being interrupted. Having the same men in the group increases the predictability of group dynamics, creating greater comfort for both the facilitators and the men. Further, programming can proceed in a more sequential manner (Pandya & Gingerich, 2002). All group members have the same level of information and therefore one session can build on the other offering a forward trajectory for change. Counsellors do not have to continuously go back to cover previously presented information for new members. For all of the above reasons, closed groups work well for more intensive interventions (Dutton, 1998). Closed groups also provide greater opportunity for effective evaluation as the group can be assessed pre and post program with the confidence that they have been exposed to the same information and process. These groups may also be advantageous for intervention with mandated participants as it is easier to make statements about what information they have received and the progress they have made.

There are some disadvantages to closed groups as well. For example, with a set number of men, if some drop out the group size dwindles and fewer men complete the program. Further, in

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sparsely populated areas it may be difficult to get a sufficiently large group of men to commit to regularly attending a number of sessions over several weeks (Rosenbaum & Leisring, 2001).

Open groups often offer a predetermined cycle of sessions on specific topics, however, some vary the topics depending on what is a prevalent issue or concern for the group on a given day. New members are accepted throughout the program. Some have an on-going intake process where new members are introduced at regular and planned intervals, while others operate more as a drop-in where men attend when they want. Thus, open group sessions have men with different experiences in the group, some have attended several sessions, some have attended a few sessions and some are new to the group. An advantage of this variation in membership is that men who are advanced in their intervention can assist the process of change for new members (Pandya & Gingerich, 2002). Because new members are always being added, drop out has less of an effect in open groups than in closed groups and thus group numbers tend to remain high. Open groups tend to be less formal and this can create greater comfort for men. They can attend the same session more than once, ensuring that the information and skills are learned more completely. In addition, the men can attend whenever they want, thereby tailoring the program to their schedule. This works well for men who are unable to commit to a regular schedule due to irregular or shift employment and men who are uncertain about participating in the program (Rosenbaum & Leisring, 2001). Being more in control of their own attendance puts the men in charge of their own progress. They may feel more empowered and less forced or pushed into programming by others.

One of the greatest disadvantages of open groups is the difficulty in building the trust and familiarity necessary for intense emotional work. Thus, open group formats are often preferred for less intense interventions. Because membership is always fluctuating it is more difficult for facilitators to predict the situations, concerns and dynamics of group members from on session to the next. Therefore counsellors have to be fairly flexible in their approach to each session.

Many programs have capitalized on the benefits of both open and closed groups for their programs. Some have used an open format for beginning or preparation groups and follow up groups and a closed format for the more therapeutic part of the program. However, the nature of the population served should be a large part of determining the appropriate format applied.

ii) Preparation Groups
Although not all programs include preparation groups, those that do find them beneficial in orienting the men to the content and the process of the program. This two tiered approach to programming with a preparation group followed by a process group is becoming more common (Rosenbaum & Leisring, 2001). Some use an open group as their preparation group. Men can attend these groups as they wait for space in the closed group program. These groups often provide a wide range of information about family violence and its effects. Other programs take a more formal approach to preparation groups and apply them as an integral part of the entire program. One example, is the preparation group of the Evolve men's program, which serves as a first step in the group program. In this group the men learn communication and coping skills and information about family violence. Going through this preparation stage gives the men the opportunity to get to know each other and build trust and cohesion among themselves and with the facilitators. Establishing trust and cohesion creates greater comfort in revealing and

discussing emotions and more sensitive issues addressed in the second stage of the program. The skills learned give the men the means to more confidently talk about and cope with these emotional issues.

iii) Follow Up Groups
Behaviour change is a long term process and therefore many men need and/or want programming beyond the intervention they receive. The maintenance part of change is often the most difficult, as found in research on the Stages of Change (Prochaska et al., 1992). For this reason, some agencies offer follow up groups that allow men to obtain support while they work through the maintenance part of their process of change. These groups can be support groups organized by the men themselves or more therapeutic groups led by service providers. In either case, the intent is to provide men with support as they apply what they have learned in the program in their everyday life. Follow up groups can serve as a refresher of the information and skills learned and as a source of feedback on their behaviour as they work to apply this knowledge and these skills. Because they are aware of tendencies towards denial, blaming of others, and justification of inappropriate behaviour, men who have had difficulties with violent behaviour are often better at holding each other accountable for their actions. They are also valuable sources of emotional support, informational support and ideas and advice on ways to deal with difficult situations and stress. Further, since all the men are dealing with similar issues, these conversations are more comfortable. If these are the same men that went through the preparation and/or therapeutic group together they have a long history of familiarity and trust with one another, thereby enhancing the experience.

iv) Group Size
When deciding to use a group program the number of participants becomes an important consideration. Psychoeducational groups can support larger numbers because the material is presented in a classroom format and style. These groups often have between 15 and 20 participants (Dutton, 1998). For more therapeutic groups, eight to 12 participants is ideal. Larger numbers increase the likelihood of silent and non-participating members (Dankwort & Austin, 1999; Gondolf, 1997). Trust and cohesion are more likely to build and men are more likely to take emotional risks in small groups. Starting with a slightly larger number will allow for some drop outs without the group getting too small, however starting with too large a group may be problematic if no one drops out. Open groups will vary in the number of participants and therefore can sometimes be quite large. Open groups that routinely attract more than 15 men might consider dividing into two smaller groups unless the group is more educational in nature.

v) Attendance
Expectations about attendance are relevant for closed groups and these expectations can be discussed during intake. Men who attend regularly will feel like part of the group and benefit from the progressive learning that occurs from one session to another. Because it is not always feasible for every man to attend every single session, a set number of sessions that they are expected to attend can be specified.

vi) Counsellors
Men's groups often have a male counsellor based on the belief that men will be more comfortable and more open with another male. However, groups with a single female counsellor

are also common (Rosenbaum & Leisring, 2001). It is recommended that groups of 10 or more participants have two counsellors as it will be difficult for one counsellor to comfortably do all of the tasks needed efficiently. Having both a male and a female counsellor for men's groups has often been cited as the ideal because respectful male/female interaction and power sharing can be modelled, a female perspective can be represented in the group, and there is less of a chance of developing a "good old boys club" environment (Rosenbaum & Leisring, 2001). On the other hand, the presence of a female may make participants reluctant to use derogatory language or be open about their negative attitudes towards women, leaving these attitudes and beliefs unchallenged and unaddressed. Although, having one or two male counsellors may allow for freer expression, without vigilance on the part of the counsellors, interactions could revert to stereotypical roles and behaviours, thereby unintentionally modeling behaviours they are trying to change.   Further it may not always be feasible for programs to have two counsellors or to find both a qualified male and female counsellor. Having qualified counsellors with qualities and characteristics associated with job competence (see section on service providers) will be more important than gender.

vi) Core Content

Because programs may differ in their methods and approaches they may also differ in the topics and issues covered. Some programs emphasize only a few elements of behaviour, while others take a more general approach to the information presented. Despite these variations many programs share some common topics including:

> ► **Motivation.** Motivation provides determination to make and maintain changes and to persevere in the face of difficulty and adversity (Bell, et al., 1992). Programs can specifically teach motivational skills as well as motivate through encouragement and support.

> ► **Self Awareness.** Through self awareness men will develop a more in depth understanding of themselves and their relationships with others. This will facilitate their understanding of why they use violence and how they can best change their behaviour (Bell, et al., 1992).

> ► **Accountability.** Accountability for their behaviour and its impact is often part of the process of men taking control of their behaviour and of changing that behaviour. Increasing men's accountability for their behaviour is sometimes accomplished by discussing the impact of violent behaviour on themselves, their partner, their children, other family members, friends, and the community. The financial and health costs, the effects on employment and relationships, the loss of freedom and respect of others are sometimes explored (Rosenbaum & Leisring, 2001).

> ► **Empathy.** Men's understanding the of impact of their behaviour on others can also increase their level of empathy (Bell, et al., 1992; Rosenbaum & Leisring, 2001). Examining situations from the view point of others, working to understand others' needs, and using non-sexist, respectful language are some of the ways that programs work to build empathy.

> ► **Self Worth.** Building self worth can be achieved by helping men to recognize their strengths and to develop skills and abilities that promote and reinforce a sense of competency, confidence and accomplishment. In some programs participants are helped to envision an ideal life situation and then encouraged apply their capacities towards that end (Bell, et al., 1992).

► **Coping Skills.** Men who use violence are often dealing with a number of stressors such as employment and financial difficulties, living in dangerous environments, and family problems. Some of the coping skills the men have acquired are not adaptive in helping them to cope with these and other stressors, therefore many programs teach new, more adaptive coping skills. These skills not only help men coping more effectively with stresses in their everyday lives, but also help them deal with the stress and frustration of changing established behaviour patterns. Coping skills can reduce feelings of helplessness and instil a problem solving approach to stressors. Various relaxation techniques may be taught as a means to reduce arousal to the point that coping and problem solving skills can be applied (Rosenbaum & Leisring, 2001).

► **Communication Skills.** Poor communication and interpersonal skills often contribute to men's use of violence. If men are not good listeners misunderstandings are more likely; they may emphasize winning an argument and being right over effectively communicating their feelings; and they may lack the capacity to articulate their position and therefore resort to abusive behaviour. For these reasons, programs often teach communication and/or social skills, including active listening and communicating through tone, body language, and facial expressions (Rosenbaum & Leisring, 2001). Opportunities to practice these new skills are helpful in building a familiarity with them and a sense of confidence in their ability to apply them in real life situations.

► **Assertiveness.** Discomfort with being assertive with partners and others can result in aggressive behaviour because the issues behind the conflict is never really addressed. Men who behave abusively often have difficulty being assertive, especially with their partners and therefore some programs teach assertiveness and have the men practice assertive communications. The intent is to have them use assertiveness rather than aggression and understand the difference between the two (Rosenbaum & Leisring, 2001).

► **Social Support Systems.** Because the people around them can influence their behaviour, numerous programs will help men to identify the relationships in their social networks that contribute to maintaining their abusive behaviour. They also promote the development of social networks that represent and encourage healthy, respectful relationships, and violence free lives.

► **Power and Control.** Feminist approaches typically discuss issues of power and control in all its forms. However, other approaches may also introduce this topic in one or more sessions. Examining the use of these strategies in relationships and the application of other strategies are often part of men's family violence programming (Rosenbaum & Leisring, 2001).

► **Anger and Emotions.** Many programs encourage men to learn the cues to anger and other emotions. For some men, their emotions become so intense that they cannot regulate them. By teaching men to become aware of the physical, behavioural, psychological and situational cues for these emotions, they learn to apply emotion regulation skills while the emotions are still manageable. Some of these skills include removing themselves from situations that provoke the emotion and choosing appropriate times to deal with disagreements and conflicts. In some cases, the focus of emotion regulation is anger management. Considering how men are socialized to convert vulnerable emotions into anger, encouraging them to correctly identify and discuss the

emotion that lies behind their anger can be beneficial to moving forward (Rosenbaum & Leisring, 2001).

► **Substance Use.** Because substance use and violent behaviour is sometimes linked and because some men believe that substance use is the cause of their violence, some programs explore the relationship between substance use and violence (Rosenbaum & Leisring, 2001).

► **Self Talk.** Programs often explore the self talk that fuels anger and violence. Changing this self talk to less inflammatory messages is taught and encouraged (Rosenbaum & Leisring, 2001).

► **Parenting.** Although referrals to available parenting programs are sometimes given to the men, some programs incorporate some sessions on parenting. This is particularly helpful when there are no parenting programs for men available in the community. Men are assisted in understanding children's developmental capacities and in relating to their children. They are given new perspectives on children's misbehaviour, encouraged to not take this behaviour as a personal affront, and provided with different and more effective disciplinary techniques. Building positive parent/child relationships is the common intent of these sessions (Rosenbaum & Leisring, 2001).

► **Future Perspective.** In response to the finding that many men who use abuse have more of a present than a future orientation, some practitioners have included sessions that are intended to increase the men's future perspective. Their present orientation can make it difficult for them to focus on the long term consequences of their violence over the immediate rewards of using this behaviour (Rosenbaum & Leisring, 2001). This tendency may have stemmed from family and social environments that made immediate gratification more adaptive and reinforcing than delayed gratification. By gradually expanding their view of the future and thinking through the future effects of their current behaviour, programs can increase men's capacity to implement long term plans for behaviour change.

► **Other Topics.** Among other issues sometimes covered in men's programming groups are: short and long term goals, self efficacy (confidence in being able to achieve goals and succeed at tasks), information about abusive behaviour and its effects, family of origin, respect for others, gender and socialization, sexuality, jealousy, and pornography as a form of abuse. Any topic that service providers feel would be helpful to the men has the potential to be developed into a group session, thus service providers are encouraged to explore the topics they feel are relevant to their program and its participants.

2. **Short and Long Term Programming**

Although there is no set time line for programming, longer term programming is supported both empirically and theoretically (Gondolf, 1997; Rosenbaum, Gearan, & Ondovic, 2001). Gondolf (1997) found that long term therapy with men who behaved abusively was more effective at reducing severe and repeated abusive behaviours than was shorter term therapy and Rosenbaum and colleagues (2001) found that 10 and 20 week programs were more effective at significantly reducing recidivism than seven week programs. Most programs are 16 or more sessions long, with sessions occurring once a week. Some have suggested that ideally programs last one year (Gondolf, 1999). This year can be covered in a number of ways. For example, the Evolve

program at Klinic Community Health Centre has a preparation group, a closed group, and a follow-up group, each addressing different aspects of change. The preparation group works to give men the skills and strategies they will need to deal with the more emotional content covered in the closed group. There is a follow-up group that has men continuing to provide encouragement and support for each other as they implement what they have learned in their daily lives.

Many researchers and practitioners believe that these extended programs are more effective because many negative behavioural tendencies and responses have developed over a long period of time, and therefore extinguishing them and developing new more adaptive ones also take time. Long term programming offers greater opportunities for the men to apply the new skills they develop while still getting the regular support of the counsellors and other men. Programs with fewer session may appear to be as effective in the short term because of the momentum of early motivation and the initial support of others, however longer term programs continue to provide support and encouragement after the initial momentum wanes and the day to day application of change becomes a reality. Further, men are often reluctant to access counselling and it often takes them a while to become comfortable enough with the counsellors and other men in the group to disclose personal information and experiences. Thus it may take a few sessions to fully engage in programming and begin to reap the benefits of this engagement. If the program is only a few weeks long, it may be half over before the men begin to fully engage and participate. Finally, men who commit to long term programming may be more likely to be resolved to make changes in their lives and in their behaviour.

Despite the benefits of long term programming, issues such as resources, location and demand for service will be important factors in the ultimate decision about length of programming. Urban areas will have great potential demands for programming and therefore finding a sufficient number of men committed to a long term program will be easier. In rural and northern locations there may be fewer men available to commit or follow through with several months of programming. In these cases, short term programs or more open group programs (men attend when they can) may be more viable alternatives. With greater demand for men to attend programming (both from the courts and from the men themselves), funders want to reduce waiting lists and provide programs to more men. This often creates a push for short term programs. Service providers must weigh the advantages of offering short term programs and serving more men in less time with the increased likelihood of recidivism having these men recycle through the system and their program.

3. Couples Programming

The issue of couples counselling has been controversial in the service provider community and in some areas this form of counselling is limited or prohibited (Maiuro et al., 2001). The controversy has been tied to a number of concerns regarding the interaction between partners whose relationship has been characterized by violence and abuse. First, some have voiced a fear that men will find more opportunity to blame their partner and women will take on more blame for the incidents of abuse (Heyman & Schlee, 2003; O'Leary, 2001). Although there is the potential for this to occur, it is not inevitable. O'Leary and colleagues (1999) found that in their

couples program (described below), men took more responsibility for their behaviour and thus blamed their partner less, while women's acceptance of blame remained fairly stable. Second, some have also stated concern that arguments over issues brought out in the counselling session would continue in the home and lead to violence (Heyman & Schlee, 2003; O'Leary, 2001). Again, this is a possibility, but O'Leary, Heyman and Neidig (1999) stress the importance of the counsellor being vigilant to unresolved anger and to spend some time with the couple at the end of sessions where residual anger remains. Counsellors are also advised to call the couple after they get home to ensure that they are safe. Third, concern that the partner who has been abused will be too fearful to freely express herself in counselling has been stated (O'Leary, 2001). Again, vigilance on the part of the counsellor is essential in determining if this is an issue.

Researchers and practitioners have reported that couples counselling can reduce incidents of violence in intimate relationships and improve relationships (Brannen & Rubin, 1996; Heyman & Schlee, 2003; Lipchik, Sirles & Kubicki, 1997; O'Leary, et al., 1999). Marital discord is a predictor of intimate partner violence and this form of counselling is intended to help couples deal with marital conflict (O'Leary, 2001). An example of a couples program is the Physical Aggression Couples Treatment (PACT). Composed of six to eight couples and male and female co-counsellors, this program seeks to:
> ► end all forms of violence in the home;
> ► have individuals accept responsibility for their use of violence and escalation tactics;
> ► have individuals identify and manage thoughts that escalate anger;
> ► have individuals communicate more effectively;
> ► increase couples' caring and pleasure in joint activities; and
> ► promote respect.
(O'Leary, 2001).

Because of the potential pitfalls of using couple's counselling, practitioners have outlined conditions that reduce the likelihood of problems and increase the likelihood of success. It is important that the counselling be specific to intimate violence and not general marital therapy as these will utilize different approaches and topics (O'Leary, 2001). Couples counselling will work best when the violence was not severe; if the relationship is no longer physically violent; when both recognize that aggression is a problem in the relationship; if the man's partner no longer fears him; and if the couple are committed to staying together (O'Leary, 2001). Safety for individuals is paramount to an effective therapeutic process, because if the couple feels safe with each other, they will be more open about their feelings and about working through their issues. Some programs use safety assessments and screening instruments to determine the severity of the violence before counselling and the current risk for violence (Bograd & Mederos, 1999; Gauthiere & Lavendosky, 1996; O'Leary, 2001). At all times the counsellor must maintain a safe therapeutic environment.

Another key factor to successful couple's counselling is that both individuals are prepared for this form of therapy (Sonkin & Dutton, 2003; Heyman & Schlee, 2003). Often this will mean that they have both gone through counselling as individuals (Maiuro et al., 2001). It has been suggested that this individual work is particularly important for the person who behaved abusively (Dutton & Sonkin, 2003; Heyman & Schlee, 2003). This will have helped them resolve some personal issues and build social and communication skills they can then apply in

joint counselling. Couple's counselling can help them further develop these skills and guide them through their practical application as they interact and problem solve outside of the counselling environment. Therefore, there are benefits to couple's counselling, but these benefits are more likely to be gained when couple's counselling is part of a continuum of intervention and when proper precautions for safety are taken.

4. Parenting Programs

When men have children, a parenting program can be part of an effective plan of intervention. Parenting programs inform participants about child development, what to expect from children at different ages, and help them to recognize children's developmental milestones and capacities. They help individuals understand their children's behaviour including their misbehaviour, and how to cope with this misbehaviour. Dealing with the daily stresses associated with raising children and establishing a safe household are commonly part of the skills covered (Blau & Long, 1999). Parenting programs also help parents talk to their children and share activities with them. In cases where there has been abuse in the home, part of the parenting program may include information on how this abuse has affected their children' feelings, perceptions and behaviour (Murray, 2006; Kashani & Allan, 1998).

It is recommended that if men who have behaved abusively take part in parenting programs, they do so at or near the end of their individual programming. The knowledge and skills these men gain through intervention for men who behave abusively will facilitate their progress in a parenting program (Kashani & Allan, 1998). Once they learn to live a violence free life, they will be better able to apply effective parenting skills with their children. Some have suggested that group formats are preferable as they reduce feelings of isolation by allowing men to build parenting skills with others who share similar experiences and concerns (Blau & Long, 1999).

5. Diversion Programs

Due to the nature of intimate partner violence, punitive sentencing is ineffective at targeting the root causes of the person's use of violence within their relationship. The Ad Hoc Federal-Provincial-Territorial Working Group on Spousal Abuse Policies and Legislation (2003) made recommendations for developing a justice system response to intimate partner violence that would provide men with rehabilitative options to incarceration, ensure the safety of their partners, and implement a multisystem integration of responses. Through the use of diversion programs the justice system aims to not only divert the individual from punitive sanctions but to provide them with effective rehabilitation. This approach is based on the position that counselling program intervention will be more likely to result in long term behaviour change than incarceration (Dobash, et al., 2000; Gondolf, 2002). Supporting this option are findings that mandated participants have a higher program completion rate than volunteer participants (Dobash et al., 2000; Gondolf, 2002), particularly men for whom this is their first offense (MacRae, 2003).

Through the Winnipeg Family Violence Court certain conditions must be met for a man to be eligible for this option: a) he must accept responsibility for the offense for which he is charged; b) he must consent to participate in the diversion option; c) he has to be advised of his right to council; d) and there must be enough evidence to proceed to trial. Referral to a diversion option can be made either before or after charges have been laid and the charges may be reinstated if the man does not complete the diversion programming. Completion of the program may result in charges being stayed and the man having no record of conviction (Proulx & Rogowy, 2006). The potential benefits of utilizing diversion programs include rehabilitation, lower recidivism rates and lower incidents of intimate partner violence. Some studies have found that diversion to mandatory intervention has been effective in reducing recidivism for men who behave abusively (Babcock & Steiner, 1999; Dutton & McGregor, 1991; Gamache, Edleson & Schick, 1988; Rondeau, Brodeur, Brochu, & Lemire, 2001), however, others have not supported this finding (Babcock, et al., 2004; Davis & Taylor, 1999). The type of intervention offered in these diversion programs likely impacts the reported effectiveness (MacRae, 2003). Researcher/practitioners like Gondolf (1991) believe that if successful, diversion programs may also reduce the number of incarcerated persons (Gondolf, 1991), however others such as Bonta (1998) have suggested that diversion programs affect a very limited proportion of the criminal population and therefore will not have a great impact on reducing the incarceration rate.

In addition to the potential benefits to the person who has been charged and to the justice system, diversion programs can offer the men and their partners, who want to stay together, the opportunity to repair and improve their relationship (Cattaneo & Goodman, 2005). Women often want some form of programming for their partners rather than just a period of incarceration (Moyer, 2000). The problem is that some women may have greater confidence in the success of a program selected by the justice system and this may give her a false sense of safety, possibly putting her in a position of similar or greater danger. If the program proves ineffective a woman who stays in the relationship may lose hope that the justice system can provide help and safety, lowering her overall confidence in the system (Gondolf, 1991).

It has been suggested that diversion programs may be most effective when there are several service options (Buzawa & Buzawa, 1993; Gamache et al., 2001; Gwinn & O'Dell, 1993; Russell, 2002; Steinman, 1991) and a coordinated systemic response (MacRae, 2003; Marshall, 2001). These criteria are currently not met in Manitoba. In 2003-2005 the Evolve program at Klinic Community Health Centre, the Crown Prosecutors at the Winnipeg Family Violence Court, and Victim Services piloted a coordinated response for diversion for men with first time family violence offenses (Proulx & Rogowy, 2006). Despite the development of specific methods to improve this diversion program option, it has not been successful in obtaining funds to continue. In Canada, Aboriginal communities have more often taken a diversion approach than nonAboriginal communities (Hamilton, 2001), as the philosophy of this approach is similar in many ways to Aboriginal traditions. A more detailed presentation of the Aboriginal approach to diversion programs can be found in the Hon. A. C. Hamilton's book (2001) *A Feather Not A Gavel.*

6. Peer Mentorship

An additional intervention option for programming with men who use violence, is the utilization of peer mentors. Peer mentors are individuals who share similar backgrounds and/or experiences with the men in programming. Often these mentors have themselves gone through family violence programming. It is believed that their shared experience and personal progress will serve as a model and guide through the process for men beginning their journey of change (Hasty, 1991).

Peer mentors can work in a variety of capacities. They can be matched with male program participants and act as supports and social resources, as in the case of AA sponsors. After care or follow up programming is often an ideal venue for mentors to work in this capacity. Some serve as guest speakers who give motivational talks about their own experiences and process of change. Others help to organize program events and/or do outreach work and program promotion. In some cases peer mentors are used as group or workshop co-facilitators or program crisis line workers. For these types of tasks, it is best if they work under the direct supervision of qualified staff. In Winnipeg, The Evolve Men's Program utilizes peer mentors, with the former using them in their follow up group and the latter using them as group co-facilitators. Because peer mentors will be influential to men in programming, it is important that they undergo assessment, screening and training. These measures will work to maximize the benefits of quality peer mentors and reduce the potential harm that can be done by individuals who are not ready to act as mentors to others.

There are a number of potential benefits to using peer mentors. As previously mention in the section on group work, men can challenge each other on behaviours in a different way that counsellors can and since peer mentors have often been through the same experiences as the program participants, they too can elicit a different process of accountability in the men. Their credibility comes from the lived experience they share with the men. In this way they can compliment the more therapeutic work done by the staff. Having successfully gone through the process of changing their own behaviour, they can serve as role models for the men, giving them hope that they too can change and making them feel less alone in the process. Many of these men are at the point of their own healing where they want to give something back and therefore they often themselves benefit from helping others.

In addition to the above benefits there are numerous problems that can occur when using peer mentors. Spending time matching peer mentors with participants, if this is part of the peer mentor position in a particular program, will be important. Holbeche (1996) found that in career training a poor peer mentor/participant match can lead to insecurity and distrust. Given that this was found for an employment situation, it may be heightened with a sensitive issue like family violence. Further, if the peer mentors have themselves used abuse, it will be important that they have completed their recovery work and dealt with their own issues around violence. Otherwise, they may have problems maintaining boundaries; they may focus on their own issues rather than the participants'; or they may encourage unhealthy behaviours and social networks in the men they are mentoring, all of which would hinder intervention. Subsequent feedback that they are not doing a good job or are not ready to be a mentor, may then interfere with their recovery. Since mentor positions are often volunteer positions, the mentors may not take it as seriously as

they would a job, and therefore they may not be reliable in terms of being on time or completing tasks. Because of these potential problems and because mentors are not qualified professionals, it is important that service providers not let mentors work in isolation or take on the role of counsellor. Legal issues may also arise. Taking on volunteers as mentors may be considered a breach of the collective agreement in unionized agencies. Thus, agencies will have to investigate the legalities of using peer mentors.

Research into the effectiveness of peer mentorship in cases of intimate partner violence is very limited (Sheehan DiCara, LeBailly, & Christoffel, 1999), however some evidence of their impact exists from their use in other social support programs. Studies on their use in addiction programs indicate that the presence of peer mentors or sponsors decreases the likelihood that alcoholics will return to their addiction (Rush, 2003). Research on the impact of a mentoring program at Big Brothers and Big Sisters (Grossman & Tierney, 1998) found that success depended on pre-screening of volunteers to maximize the safety and commitment of the mentors; matching of youth with mentors; close supervision and contact with a case manager to provide guidance and support when difficulties arose; and extensive training in social and communication skills. These findings support the need for caution in using peer mentors, especially for issues with the complexity of intimate partner violence. However, with appropriate measures this program component can be advantageous to the process of change for participants.

Termination

Termination refers to the process of ending a program of intervention for participants. There are a number of circumstances that can bring an end to intervention including:

> ► A request by the participant. These requests can be made for a variety of reasons such as dissatisfaction with the intervention process or progress, moving either temporarily or permanently, and a change of obligations such as employment that may mean the person is no longer available to attend the program.
> ► A request by the service provider. These requests may be made in response to the participant's repeated inappropriate behaviour or to the availability of more appropriate programming.
> ► Conflict of interest for either the service provider or the participant.
> ► Goal achievement.
> ► The end of a time-limited intervention program.

Regardless of the reason for termination, it is often a difficult process particularly for the participant. If this is the first time the person has trusted someone, then termination may feel like abandonment. For many, the thought of having to apply the information and techniques they have learned will be anxiety provoking. Safety is also a concern, as situations may develop, after program termination, that may be dangerous to the man or his partner.

There are a number of measures that can be taken to make termination a less stressful event. When termination occurs as part of the natural process of the intervention program, planning is key. In cases of individual counselling, the counsellor and the participant can create a termination plan together. Among the techniques that can be used as part of a planned termination are:

> ► Using a calendar to visually remind the person of the sessions remaining
> ► Gradually reducing the number of sessions as a way of introducing termination gradually.
> ► Ending the program with a form of celebration or leave taking ceremony such as a feast, graduation or a party.
> ► Providing participants with a certificate acknowledging their accomplishment.
> ► Writing a letter to participants. This letter could contain acknowledgments of achievements, words of encouragement and reminders of available support systems.
> ► Conducting final assessments. Completing final assessments and evaluation of participants not only will help document the effectiveness of the program, but the results can be discussed with the individual before termination to demonstrate the progress they have made and to help them identify future goals. These assessments can include opportunity for participant feedback, allowing them to voice their opinions before they leave.

Although planned terminations are preferable there are times when circumstances make them impossible. One way to deal with the potential for sudden termination is to provide feedback at every session, briefly reviewing achievements, goals, and strategies for achieving these goals. In addition, some form of leave taking can be attempted such as sending a letter to the person even after they have left the program.

Evaluation

The intent of program evaluations is to maximize the likelihood that a program is effective in achieving intended goals and objectives. Thus they can be used to select existing programs that have been determined to be effective or to modify a program to make it more effective. Rather than an event, evaluation is a process that can accompany each step of program development and delivery. Evaluations at each stage of this process will take different forms.

1. Needs Assessment

Needs assessments are done to determines if there is an issue that requires attention. It includes an investigation of the need for intervention, based on the extent of the problem and community demand, and the type of program that might best address that need (Cunningham & Baker, 2003). There can then be a search for an existing appropriate and applicable program. If no suitable program exists, a needs assessment can identify the necessity for developing a program.

2. Process Evaluation

A process evaluation documents the implementation of a program, its challenges, and how these challenges are addressed. These can be achieved through interviews with staff as well as file audits and observations of program components. It also determines if the program is meeting the needs of the intended clients and/or the community. This is often accomplished through interviews with clients, staff, and/or collateral agencies to determine where changes may be occurring for clients and potential problems that would impede change (Cunningham & Baker, 2003). Information obtained from a process evaluation can then be used to modify the program and/or its implementation. When this is done the evaluation becomes formative in nature. For this reason process evaluations are sometimes referred to as formative evaluations, particularly when they are used to formulate a new program rather than implement an existing one.

3. Outcome Evaluation

Outcome evaluations determine if the program has its intended effect. They are conducted once a program has been well established and is no longer in the developmental stage. Comprehensive outcome evaluations are comprised of three different components: program efficacy, effectiveness and efficiency.

A. Efficacy

Program efficacy assesses if the program has its desired effect on clients and whether clients improve in intended areas. Through the use of experimental methods, the degree of change and

whether change is more significant than without the program can be determined. Efficacy evaluations should include an assessment of both positive and negative program outcomes. It cannot be assumed that program outcomes will always or only be positive.

Because efficacy evaluations help determine if the program is meeting its goals, these goals need to be realistic, clearly defined, and measurable. Program goals are usually related to reducing violent behaviour, increasing knowledge and skills, and changing attitudes and beliefs that support violent behaviour. A common problem with outcome evaluations, is the citing of goals that are difficult or impossible to measure. For example, some might cite ending violent behaviour in program participants. Assessing the achievement of that goal would require extensive and long-term follow-up with program participants, something that is not always realistic given available resources (Cunningham & Baker, 2003). Goals like ending violence in general are also sometimes cited and are completely unrealistic for a program goal. Outcome goals are best guided by the question: What can realistically be achieved by attending this program?

Defining terms will also be essential to a clear evaluation. For example terms like violence can encompass a number of different behaviours, therefore specifying the type of violent behaviour(s) being targeted will assist in clarifying the outcomes to be measured. Further, defining what will be considered program success or failure will be important in forming conclusions based on evaluation results and will work to reduce biased decisions after the results are revealed. In part this will involve deciding on an effect size that would be considered successful (Gondolf, 2004).

Selecting appropriate measures and data collection methods will be equally important. Identifying specific components of the program will assist in the selection of appropriate methods and instruments. For men's family violence programming, recidivism is often used as a measure of program success. However, the measure of recidivism can affect results. For example, recidivism rates measured through police reports and records are generally lower than partner reports, primarily because many incidents of violent and abusive behaviour are not reported to the police. Because many evaluations include follow-up assessments, it will also be important that these assessments remain in line with the intent and results of the original evaluation (Gondolf, 2004). Follow-up length will also be important, as it will determine what type of statements can be made about the length of behavioural change. Longer follow-ups are more informative and telling about the long-term impact of a program, but are not always feasible, especially if contact with men is planned. The longer the follow-up, the fewer men will be found to respond to follow-up questions. Nevertheless, some follow-up beyond the end of the program should be conducted.

One of the largest issues related to program evaluation is the research design. Although the experimental design is often preferred due to its degree of control and its capacity to determine cause and effect, it is often difficult to achieve. The design entails having a pre-program, after program, and follow-up assessment of a treatment group, a non-treatment control group, and random assignment of participants to each. Because random assignment is not always possible, quasi-experimental designs with no random assignment are often conducted. Some of these quasi-experimental studies use individuals who have dropped out or are no shows as their control

groups. However, it is important to remember that these individuals will have different motivation than those who stay in the program and this difference may influence results in favor of the intervention (Gondolf, 2004). A few meta-analyses of experimental and quasi-experimental studies have been done to summarize the overall effect size across a number of evaluations of different programs. In general, the cost and logistical difficulty in conducting outcome evaluations in community settings make these evaluations infrequent.

Recently, researchers have been conducting qualitiative/ethnographic research on men's intimate partner violence programs. This involves a description of the program process, the perceptions of participants and facilitators related to the program, and noted changes in the lives of participants. The subjective nature of this type of design is acknowledged. The large problem with this type of case-study method is the difficulty in generalizing the results and being able to make recommendations to existing policy (Gondolf, 2004).

Because evaluation is a process it has been suggested that it be an integral part of programming, thereby encouraging agencies to continuously gather data on their participants. This may include pre and post program evaluations, follow-up evaluations, and client satisfaction forms. This type of information can always be added to more formal evaluations for a more complete and contextualized view of the program. Utilizing a variety of assessment methods is beneficial in many ways including providing information from different perspectives and overcoming reactivity to a particular method.

Service providers and agencies may want to informally evaluate their services to ensure that they are providing services that are of benefit to their clients. This may involve consideration and/or discussion around the following issues:
   ► The effectiveness/helpfulness of the services being delivered.
   ► What could be done differently?
   ► Are there new approaches could be applied?
   ► Have there been consistent questions, concerns or complaints by clients?
Some agencies will ask clients to complete a brief satisfaction form pertaining to the services they received. The issues relayed through these satisfaction forms can help service providers assess if and where changes may be needed.

Although agencies are encouraged to collect data demonstrating client progress and perceptions, it is suggested that outcome evaluations be conducted by external evaluators to maintain the rigorous conditions necessary for quality and objective outcome results. Regardless of the type of evaluation being done, collaboration between agencies and researchers is recommended, as they can facilitate the evaluation process, contextualize the program, and enhance the interpretation of results. These collaborations can also foster a greater comfort with research and evaluation in the community and make researchers more aware of the reality of conducting community based research. Despite the need for objective research, program evaluations should become part of community agencies response to intimate partner violence in order to develop evidence-based programming and being able to demonstrate the basis for their confidence in the interventions they provide (Babcock et al., 2004).

The following checklist of recommended criteria for outcome evaluations is provided by
Cunningham and Baker (2003):

► The agency has a record of successful program implementation and a stable referral base.
► Clear criteria for program eligibility.
► A means of assessing potential program changes that could alter outcomes over time.
► Measurement of program dosage and reasons for drop out.
► A large sample (200 or more participants).
► Determination of group membership (intervention and control group) by random assignment.
► Use of multiple methods to assess change including a behavioural measure of change that is measured in a nonbiased and objective way.
► Delivery of the program in multiple places for effectiveness evaluation.
► Another intervention to use as a comparison for efficiency evaluation.
► Evaluators that are independent of either the program developer or deliverer.

B. Effectiveness

The effectiveness component of outcome evaluation assesses if the program works with the same
degree of efficacy for agencies and locations other than those where the program was first
developed. This determination will help to validate the program as one that can be implemented
in a variety of locations. This type of evaluation then, is important to program developers who
are interested in marketing the program beyond their agency and agencies interested in
delivering an existing program (Cunningham & Baker, 2003). In men's programming there has
not been many multi-site evaluations of the same program, other than research on the Duluth
Model (Dobash et al., 2000; Gondolf, 2004).

C. Efficiency

The final component of outcome evaluation is to determine if the program is as efficient as other
interventions. Efficiency can be defined in terms of cost and time. All things being equal, an
efficient program produces the desired results in less time and with less money. However, some
programs may cost more, but provide better results. Thus, indicators of efficiency must weigh
out costs and benefits of programs. Organizations that fund program delivery are interested in
the efficiency of program application (Cunningham & Baker, 2003). However, as with
effectiveness, there have been few studies on the efficiency of men's programs.

Research Findings on Outcome Evaluations

Outcome evaluations have focused on group rather than individual intervention formats and of
these group programs, only a few approaches have been subjected to rigorous evaluations. These
include: the feminist psychoeducational approach (i.e. the Duluth Model has been evaluated a
number of times), cognitive-behavioural groups, anger management groups, and couple's
therapy, with the first two being predominantly represented in these studies (Babcock, et al.,

2004; Feder & Wilson, 2005; Gondolf, 2004). The literature presents conflicting results in terms of the efficacy of programs, with some claiming dramatically reduced rates of recidivism. However, most studies are open to potential problems such as small sample sizes, non-representative samples, lack of random assignment to treatment and control groups, non-randomized control groups, short-term follow-ups, reduced sample size for follow-ups, and only looking at recidivism rates for program completers (Babcock, et al., 2004; Feder & Wilson, 2005; Gondolf, 2004).

Meta-analysis of studies have found that effect sizes are generally small (Babcock et al., 2004; Feder & Wilson, 2005; Gondolf, 2004) and there is no evidence of one approach being superior to another (Dutton & Sonkin, 2003). Studies that have found larger effect sizes either employed methods to decrease dropout rates, such as encouraging notes after intake and after missed sessions and reminder calls before sessions (Taft, Murphy, Elliot, & Morrel, 2001), or focused on identifying and managing emotions and enhancing interpersonal skills such as empathy and communication (Waldo, 1988). It is important to remember that even small effect sizes can mean a significant difference in many lives (Gondolf, 2004). Effect sizes for addictions treatment tend to be small as well, due to the nonlinear nature of recovery. There is a need for more efficiency studies to demonstrate this point. Policy makers and funders have to be aware of the limitations of outcome research and the cost of undertaking any form of more rigorous research. They and programming agencies must also realize that definitive proof of the efficacy, effectiveness and efficiency of a particular program may be difficult to ascertain given the practical and ethical restrictions on some of this research (Gondolf, 2004).

Enhancing Outcomes

As programs work to become established and perhaps evaluated, there may be ways to enhance their outcomes. Outcomes have been associated with certain elements of programming in the literature. Among these elements are:

A. Being flexible in tailoring interventions to participants. This will make the intervention more relevant, more interesting and/or comfortable to participants, thereby working to increase motivation and reduce dropout (Gondolf, 2004). Rigid adherence to a particular format or modality may reduce the program's responsiveness to the needs of some men.

B. Greater attention and supervision during the program. Gondolf (2004) reports that most re-assaults occur within the first six months, while the men are still in the program.

C. Expedited progress from abusive behaviour to programming. Gondolf (2004) found that program efficacy was hindered by long time lapses between arrest and programming. Decreasing this time lapse betweem the negative consequences of the abusive behaviour and programming would enhance program impact for both mandated and voluntary participants. Unfortunately individual programs may have little control of this time lapse for either group, as one is dependent on the court system and the other is dependent on both the time the men choose to attend programming and the wait list for that particular program. Pre-program and preparation groups may be helpful in getting men into some form of programming even if there is a wait list.

D. Engaging men in the program. Chovanec's (2009) study on engaging men in the process of change identifies a number of ways that program facilitators found helpful in getting men more involved in change. These consisted of:

> ► **Validating the person's experience.** Facilitators found that validation reduced defensiveness and built empathy in men. Building empathy was identified by men as important to their process of change (Brownlee & Chiebovec, 2004; Gondolf & Hanneken, 1987; Scott & Wolfe, 2000). Validation may also contribute to a safe therapeutic environment, another factor that men have identified as related to their process of change (Brownlee & Chiebovec, 2004). Approaches like DBT validate their participants' experiences as part of their process, but any approach can incorporate this component of compassion.

> ► **Support group leadership.** Having men who are further into the process of change support and challenge new members was found to be helpful. These more experienced group members would then be taking a mentoring role which would make them role models for newer groups members and also add to their sense of efficacy in being able to affect change in their lives and helping others do the same. This would be more applicable in an open group setting. (see the section on Peer Mentors to note precautions in applying the component to intervention).

> ► **Providing information to challenge men.** The key is to challenge without confronting and this type of challenge has been supported by other research. For example, men reported that developing communication and anger management skills (often very challenging tasks) was a factor in the changes they made in their behaviour (Brownlee & Chiebovec, 2004; Scott & Wolfe, 2000; Silvergleid & Mankowski, 2006), and that accepting responsibility for their behaviour was one of the changes they made as a result of intervention (Brownlee & Chiebovec, 2004; Gondolf & Hanneken, 1987; Pandya & Gingerich, 2002; Scott & Wolfe, 2000). How and when men are challenged will be important in it not being perceived as confrontational (Gondolf, 2002); a balance between challenge and support is required (Silvergleid & Mankowski, 2006).

> ► **Addressing shame.** Some of the facilitators found that men sharing their stories with other men reduced their sense of shame and isolation. Shame and stigma may keep men from wanting to deal with their violent behaviour, and thus may lead them to miss sessions or dropout of programming. Thus, reducing these, may create a greater comfort in addressing their behaviour.

> ► **Tracking changes.** Identifying the changes that men have made and helping them see their progress may help build their motivation and confidence in their ability to implement and maintain change. Seeing evidence of positive change can build self efficacy (confidence that one can effectively do things and complete difficult tasks) and this self efficacy can then encourage men to continue and attempt even more challenging tasks and changes.

Appendix A: Concepts and Descriptions

Indicators of Flourishing

Positive Emotions
> 1. Positive Affect: Happy, interested and engaged in life, often cheerful, peaceful and calm.
> 2. Avowed Quality of Life: Overall satisfaction with life or life domains.

Positive Psychological Functioning
> 3. Self Acceptance: Positive view of self and acceptance of human differences.
> 4. Personal Growth: Looks for challenges, is aware of own potential, has a sense of continuing personal development.
> 5. Purpose in Life: Feels life has direction and meaning.
> 6. Environmental Mastery: Selects, manages and alters personal environments to suit needs.
> 7. Autonomy: Uses personal socially acceptable standards and values to guide their behaviour.
> 8. Positive Relations With Others: Has achieved or has the capacity to form close and trusting relationships.

Positive Social Functioning
> 9. Social Acceptance: Has positive attitudes towards others and is accepting of their differences.
> 10. Social Actualization: Believes people, groups, and society have the potential to evolve and grow in positive directions.
> 11. Social Contribution: Views personal activities as useful and valuable to people and society.
> 12. Social Coherence: Has an interest in society and finds social life meaningful.
> 13. Social Integration: Has a sense of belonging to and being supported by a community.
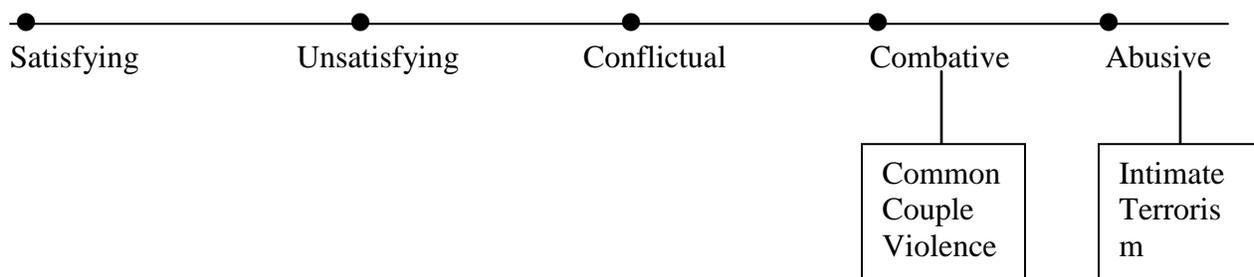
From: Keyes (2007, p. 98)

Relationship Continuum

All of what is *within*, *between* and *surrounding* the couple will interact to determine where any one couple fall on the following *relationship continuum* at any given time:

Relationship Continuum

Historically, there was an assumption that violence occurred as an escalating pattern that moved in a linear direction of increased violence. While this is true for some relationships, many relationships move in a negative or positive direction on the following continuum:

Satisfying	Unsatisfying	Conflictual	Combative	Abusive
			Common Couple Violence	Intimate Terrorism

Where a client's relationship falls on the continuum will guide us in our intervention.   Helping our clients to identify where they feel they fall on the continuum at any given time should be done with *curiosity* and *openness*.

Satisfying Relationship: Where both parties have created balance and equality, and key components are trust, respect and love.

Unsatisfying Relationship: While some of the components of a healthy relationship exist, there are certain needs not being met.

Conflictual Relationship: Couples who cannot access or have not developed their conflict resolution skills may identify themselves on this point on the continuum.

Combative Relationship: Ongoing power struggles between the two parties occur, yet they are fairly equal in power. Often destructive and/or violent behaviour, and unhealthy coping strategies exist.

Abusive Relationship: Relationships that fall on this point of the continuum are characterized by a clear difference in power and privilege between the two people. The person with the least power often experiences intimidation and fear, and feels forced to yield to the demands and needs of their partner (Jenkins, 2006). This pattern of partner violence, commonly known as domestic abuse, is labeled as *intimate terrorism* by Johnson and Ferraro (2000). It is distinct from the three other patterns they identify: common couple violence, violent resistance, and mutual violent control. Identifying a distinct dynamic allows counselors to understand experiences more sensitively and intervene more effectively.

From the Broadening Our Lens workshop at Klinic Community Health Centre, 2011.

Appendix B: Scales and Measures

UNIVERSITY OF RHODE ISLAND CHANGE ASSESSMENT (URICA) SCALE (Long Form)
PROBLEM:_____

This questionnaire is to help us improve our services. Each statement describes how a person might feel when starting therapy. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of the problem you have written at the top. And "here" refers to the place of treatment.

There are FIVE possible responses to each of the items in the questionnaire:
1= Strongly disagree   2= Disagree   3= Undecided
4= Agree   5= Strongly agree

Check the response that best describes how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. As far as I'm concerned, I don't have any problems that need changing.					
2. I think I might be ready for some self-improvement.					
3. I am doing something about the problems that had been bothering me.					
4. It might be worthwhile to work on my problem.					
5. I'm not the problem one. It doesn't make much sense for me to be here.					
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.					
7. I am finally doing some work on my problem.					
8. I've been thinking that I might want to change something about myself.					
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own part.					
10. At times my problem is difficult, but I'm working on it.					

11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.				
12. I'm hoping this place will help me to better understand myself.				
13. I guess I have faults, but there's nothing that I really need to change.				
14. I am working hard to change.				
15. I have a problem and I really think I should work on it.				
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.				
17. Even though I'm not always successful in changing, I am at least working on my problem.				
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.				
19. I wish I had more ideas on how to solve my problem.				
20. I have started working on my problems but I would like help.				
21. Maybe this place will be able to help me.				
22. I may need a boost right now to help me maintain the changes I've already made.				
23. I may be part of the problem, but I don't really think I am.				
24. I hope that someone here will have some good advice for me.				
25. Anyone can talk about changing; I'm actually doing something about it.				
26. All this talk about psychology is boring. Why can't people just forget about their problems?				
27. I'm here to prevent myself from having a relapse of my problem.				
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.				
29. I have worries but so does the next guy. Why spend time thinking about them?				
30. I am actively working on my problem.				
31. I would rather cope with my faults then try to change them.				
32. After all I had done to try and change my problem, every now and again it comes back to haunt me.				

Scoring for the URICA Long Form:

Precontemplation Items: 1, 5, 11, 13, 23, 26, 29, 31

Contemplation Items: 2, 4, 8, 12, 15, 19, 21, 24

Action Items: 3, 7, 10, 14, 17, 20, 25, 30

Maintenance Items: 6, 9, 16, 18, 22, 27, 28, 32

Description

The scale is designed to be a continuous measure. Thus, subjects can score high on more than one of the four stages.

In one analysis conducted by the scale's authors (McConnaughy, Prochaska, & Velicer, 1983), cluster analyses yielded smaller, more homogenous groups of subjects. Stage scores (i.e., means on each set of 8 items for each subject) were converted to standard score (i.e., T-scores: mean=50, standard deviation=10). The cluster analysis was run on the standard scores of all 155 subjects, producing nine cluster profiles. For your scoring purposes, you could determine subjects' stage score (means, T-scores) and compare those to the author's nine profiles. Or you could do a cluster analysis and find out what profiles emerge from your sample. If you need a discrete measure of the stages for your research, you would have to use a nominal scale for the particular problem you are assessing. An example of such a discrete measure is reported in another article by the authors: "Stages and Processes of Self-Change of Smoking: Toward an Integrated Model of Change", Journal of Consulting and Clinical Psychology (1983), 51, 390-395.

Since its development the scale has been used and tested numerous times, with varying results. Reliability and construct validity are within acceptable ranges for clients with PTSD and/or substance related problems, and with incarcerated populations (Devon, Polaschek, & Wilson, 2010; Field, Adinoff, Harris, Bali, & Carroll, 2009; Hunt, Kyle, Coffey, Stasiewicz, & Schumacher, 2006), but demonstrates poor prediction of treatment outcomes at least for substance abuse issues (Field et al., 2009).

Difficulties in Emotion Regulation Scale (DERS)

Background:

The DERS is a 36-item multidimensional self-report measure assessing individuals' characteristic patterns of emotion regulation. It contains six subscales that were theoretically formulated and confirmed through factor analysis. The six subscales are:
1. Nonacceptance of Emotional Responses (NONACCEPTANCE)
2. Difficulties Engaging in Goal-Directed Behavior (GOALS)
3. Impulse Control Difficulties (IMPULSE)
4. Lack of Emotional Awareness (AWARENESS)
5. Limited Access to Emotion Regulation Strategies (STRATEGIES)
6. Lack of Emotional Clarity (CLARITY).

Developers:

Kim Gatz & Lizabeth Rowmer

Reliability:

Although the DERS is a relatively new measure, preliminary empirical studies have been promising. It has exhibited good overall internal consistency (= .93) and adequate subscale reliability with Cronbach's > .80 for each subscale (Gratz & Roemer, 2004).
Cronbach Alpha:
1. NONACCEPTANCE = 0.85
2. GOALS = 0.89
3. IMPULSE = 0.86
4. AWARENESS = 0.80
5. STRATEGIES = 0.88
6. CLARITY = 0.84

Assessment:

Response categories:
1	Almost never (0-10%)
2	Sometimes (11-35%)
3	About half the time (36-65%)
4	Most of the time (66 – 90%)
5	Almost always (91-100%)

1. I am clear about my feelings.
2. I pay attention to how I feel.
3. I experience my emotions as overwhelming and out of control.
4. I have no idea how I am feeling.
5. I have difficulty making sense out of my feelings.
6. I am attentive to my feelings.
7. I know exactly how I am feeling.
8. I care about what I am feeling.
9. I am confused about how I feel.
10. When I'm upset, I acknowledge my emotions.
11. When I'm upset, I become angry with myself for feeling that way.
12. When I'm upset, I become embarrassed for feeling that way.
13. When I'm upset, I have difficulty getting work done.
14. When I'm upset, I become out of control.
15. When I'm upset, I believe that I will remain that way for a long time.
16. When I'm upset, I believe that I'll end up feeling very depressed.
17. When I'm upset, I believe that my feelings are valid and important.
18. When I'm upset, I have difficulty focusing on other things.
19. When I'm upset, I feel out of control..
20. When I'm upset, I can still get things done.
21. When I'm upset, I feel ashamed with myself for feeling that way.
22. When I'm upset, I know that I can find a way to eventually feel better.
23. When I'm upset, I feel like I am weak.
24. When I'm upset, I feel like I can remain in control of my behaviors.
25. When I'm upset, I feel guilty for feeling that way.
26. When I'm upset, I have difficulty concentrating.
27. When I'm upset, I have difficulty controlling my behaviors.
28. When I'm upset, I believe there is nothing I can do to make myself feel better.
29. When I'm upset, I become irritated with myself for feeling that way.
30. When I'm upset, I start to feel very bad about myself.
31. When I'm upset, I believe that wallowing in it is all I can do.
32. When I'm upset, I lose control over my behaviors.
33. When I'm upset, I have difficulty thinking about anything else.
34. When I'm upset, I take time to figure out what I'm really feeling.
35. When I'm upset, it takes me a long time to feel better.
36. When I'm upset, my emotions feel overwhelming.

This scale can be found at this web address:

http://chipts.cch.ucla.edu/assessment/IB/List_Scales/difficulties%20in%20emotion%20regulation.htm

Appendix C: Questions for Interview and Discussion

QUESTIONS FOR GUIDED CONVERSATIONS
ABOUT VIOLENCE, ABUSE, AND PROGRAMMING

1. How will we distinguish between violence and abuse? How will we make this distinction if power dynamics and hierarchies are ambiguous?

2. How will our program take into account differences in power and privilege in relationships and in communities? How do we deal with these differences within the program participants' experiences and their views of abuse?

3. How can we promote individual responsibility for ending abusive behaviour and still recognize that abusive behaviour is influenced by culture and power relations?

4. How can we recognize and address participants experiences of oppression, trauma, stigmatization, disadvantage, and victimization and remain focused on their accountability for their abusive behaviour? How do we avoid condoning blame and justification for this behaviour?

5. How do we build rapport, exhibit empathy, and become an ally to someone whose behaviour is shocking, disturbing, and inconsistent with our own values and beliefs?

6. What would be some of the indicators that violence had entered our programming practice?

7. What would be indications that the work place has become trauma affected and may be experiencing collective trauma?

8. How will we ensure that we are accountable for any violence in our program practice?

9. What are the clinical foundations and the beliefs and values that guide the program?

10. How is family violence understood? How is love understood in the context of family violence?

11. How will we prevent introducing the cultural power practices of the dominant culture from entering our programming practice?

12. To what degree is our work possibly enhancing ours and other lives?

**These questions were adapted from questions suggested by Jenkins (2009).

EVOLVE COUNSELLOR INTERVIEW QUESTIONS

January 2010

1) Describe your career goals and how this position fits with those plans.

2) Tell us why we should hire you for his position, what would you bring and have to offer that is unique and special?

3) Describe the range of experience and training you have that would directly relate to this position and prepare you to assume these responsibilities.

4) How do you understand and make sense of family violence? What is the theory you have constructed for explaining and viewing family violence?

5) How do you define abuse and what distinguishes it from other types of hurtful behaviour in an intimate relationship?

6) Why do men behave abusively in intimate relationships?

7) Describe the process you might use to help a man stop behaving abusively starting with the very first meeting.

8) What are the principles, beliefs and values that guide you when working with men who behave abusively? If you had to pick one that would be the most important to you what would it be?

9) How do you ally yourself with a man whose behaviour is so at odds with your personal beliefs and values?

10) How do you reconcile the concept of love within the context of a relationship where there is abuse?

11) What would you take into consideration when doing intake with a man for a group for men who behave abusively?

12) What would your goals be for a group for men? How would you facilitate this and design the group? What do you see as being your role?

13) How have/would you integrate a systemic perspective into your clinical practice?

14) How have/would you integrate the principles of mental health promotion into your work? What is the connection between mental health promotion and family violence prevention?

15) What would be your personal and professional challenges if you were in this position?

16) Scenario: You are working with a man who has a lengthy history of being sexually abused as a child. As a result of this trauma he tends to view the world through the lens of a victim. He is quick to feel that people don't understand him and that the world is a threatening place. His wife has told him that she will leave him if he doesn't stop behaving abusively which he can't understand. He blames her for all their problems and does not see himself as behaving abusively. How would you approach this situation?

17) Scenario: A man has been referred to you for counselling for behaving abusively. He wants to do whatever he can to save the relationship but can't see what he might be doing wrong. He describes his wife's behaviour as abusive and controlling. He frequently feels put down by her. How would you approach this situation?

Appendix D: Meditation and Mindfulness Exercises/Activities

1. Breath Meditation: Instant Relaxation

This technique is easy to use. It is a breath meditation lasting as long as … one breath. There's meditation/awareness in every breath. But it's easy to forget when you're stressed, isn't it?

Please sit comfortably or lie down. Allow your shoulders to relax.

Take a deep breath, s-l-o-w-l-y in through your nostrils.

Feel the air coming in, your belly slowly rising.

While you hold your breath for a couple of seconds, close your eyes.

Now breathe out through your mouth. Exhale with relief - *Ahhh…*

That felt good, didn't it? You may repeat as you wish.

2. A One Minute Meditation

This is a one minute meditation -- a free form of mantra meditation. A mantra is a word, sound, object, or phrase –- any point of focus.

Here you can pick **any song or melody** that you favor. It is simple. You can either hum the tune or sing the words, whatever you prefer. One of the most beautiful melodies I know is "Ave Maria." What I'll do is simply sing the chorus line or hum the melody.

Breathe slowly and deeply trough your nose, and hum a melody you enjoy. Do it for a minute or so. Just listen to the melody, feel it, immerse yourself in the activity.

Dancing is optional...

All those times you were singing in the shower or while you were cooking, lost in the moment, did you know you were meditating?

It is strange, but when we are truly happy we're usually not aware of it because we love the moment. **Meditation means awareness.** Becoming more aware of what makes you happy and allowing yourself to do the things you love, you learn to meditate more frequently.

And when you train yourself and regularly meditate you might realize that everything is meditation – awareness.

3. Compassion Meditation : "For Happiness and Loving Kindness"

This is an original tailor-made compassion meditation for happiness and loving kindness. We're here going to combine mantra and mindfulness, and add prayer meditation.

It consists of 3 guided parts, very simple and quite delicious.

While meditating, we will use this mantra: "Ahhh."

"Ahhh" is not the sound your dentist asks you to make. It's the sound we tend to make when we sit down after a long, hard day, exhaling with relief and relaxation.

"Ahhh" is the sigh of relief, the sound of showing compassion for yourself as you take a load off your back.

You may also, as you feel it, vary the pitch and sound of your mantra. It is **all right and no wrongs here.** Just go with the loving flow...

A couple of reminders before we begin:

- Preferably don't eat within 1 hour of your meditation because a stuffed belly tends to disturb your mind and body.
- Dim the lights and silence your cell phone. You may set a ten-minute alarm. (Keep the volume low).
- Wear comfortable clothes and take off your shoes.
- Remain mindful -- Do NOT worry about doing it right. You are doing it. That's all that matters.
- There's nothing magical about relaxing and meditating. It's just natural.

Part 1: Prayer Meditation

In the kneeling position, clasping your hands together in a way that you prefer, say a prayer of love and compassion for others and yourself.

It may only take a minute.

Feel your words as you say them. You will bring these feelings into your meditation afterward...

An example (s-l-o-w-l-y spoken, with emotion):

"I love my family. I wish you the best. I love you so much. I will show you love and compassion... I will show love and compassion for myself. I love myself...

We are all one love. I love you so much. I wish you all the very best. I will treat you with love and compassion. I will do my best because I love my family. Thank you for loving me. There's so much love. I love you so much."

Feel your love and compassion. It is within you, and you're bringing it out (you may not feel much the first couple of times).

Part 2: Compassion meditation for happiness and loving kindness

After praying, gently move into your preferred meditation position. This compassion meditation assumes a sitting position.

1. Sit comfortably on a straight-backed chair.
2. Place your hands in your lap, gently clasped or cupped.
3. Breathe in s-l-o-w-l-y and deeply through your nose. You may start off by counting to get into the proper, slow rhythm. Breathe in: 1-2-3-4...
4. Pause naturally... Now sigh with relief - "Ahhh". Perhaps it's just a whisper. **Listen to it.** Listen to the relaxing silence. Feel it.

   Don't worry if your inhalation speeds up or slows down. This is normal, you're just becoming aware of your breath.

5. Close your eyes, feel and listen to your relaxing breath. Shoulders low, relax. Then inhale again through your nostrils. 1-2-3-4... Pause naturally.
6. As you exhale, feel your "Ahhh" ... Love and compassion. You deserve to relax...
7. Close your eyes and feel the slow rhythm of your breath. S-l-o-w-l-y inhaling.... Then just let it go naturally, sigh with relief - Ahhh... **Feel.** Relax.
8. Stay with 7 for the duration of your compassion meditation. 10 more minutes or, if you set one, until your alarm's pleasant beep.

Show love and compassion for yourself. Meet any thought or sensation with loving kindness and compassion. Feel how everything that filters through love and compassion changes to love and compassion.

"Love the mind you're in."

Part 3: Afterward...

Sit for a minute or two. Feel your compassion meditation. Just breathe.

You are now open, either full of loving kindness and compassion or simply empty of negativity. You may want to say something from your heart (or just think it, whatever you feel like doing).

I may say/think something like this:

"Today I will do my very best because I love you. Thank you for loving me. I love you... I love you. Ahhh... How I love you. Thank you."

Just say whatever is on your mind/heart. Or revel in the silence. Do as you wish.

You may cry from time to time, especially in the beginning (mostly tears of joy :-). It's normal.

Be mindful of expectations. There's no goal here. Just loving kindness and compassionate happiness.

4. "Mindfulness Activities in : Slo-o-ow Motion"

As a physical therapist I'm used to breaking down movement patterns. Mindfulness activities can be broken down in the same way.

In this walking meditation we're going to keep it simple and become aware of the fluid phases of the movement patterns.

This is relaxing and breaks up a 9 to 5 routine because altering the movements teaches you to become aware of other senses than the ones you are accustomed to use.

For example... Tai-chi exercises various movement patterns from martial arts and slows them down. The practitioner's awareness becomes one with the sensations of the fluid movements.

We're going to do a slow-motion, mindful walk.

Breaking through habitual patterns, you'll see that there's more to walking than meets the eye (that goes for any movement pattern).

Just remember...

- No expectations.
- Remain mindful - detached and non-judgmental – of whatever comes to mind. If you find this hard, be mindful of your (perceived lack of) mindfulness. In other words, show compassion for yourself
- Doing the mindfulness exercise is doing it right. So you can't go wrong.
- Preferably do your mindfulness activities in a private spot, either in your home or in your yard. You will be moving slowly, and people who don't know what you're doing, well, they might stop and stare...

Now let's start...

Stand straight, head up, feet about shoulder width. You're forming a solid stance, firm base.

Now feel your balance, how you're shifting slightly back and forth, from side to side. Normally this happens automatically. Become aware of these minor movements.

Feel the soles of your feet, roll gently back and forth to emphasize the sensation of your feet against the ground.

Focus on a point in front of you. It's time for your first step...

Rolling forwards, push off with your right foot and s-l-o-w-l-y take a step. For a couple of seconds, feel how your leg moves through the air. The sensation of impact as your heel touches the ground.

Slow, fluid movements...

Now push off with your left leg. Feel how your right leg muscles are balancing your body as your left leg travels through the air and touches the ground.

Take 5 slow, fluid steps like this. Then halt and turn around.

Now walk back to your starting point, close to normal speed this time.

Did you feel the difference? This time you relied more on sight and less on proprioception (feeling your balance and your sensory input), didn't you?

Slowing down the pace, we tend to become aware of other, lesser used senses.

You may now repeat the slow walk and return.

If you'd like to play around with the mindfulness exercise and have some fun, you can change your walk.

Some suggestions...

- Walk in slow-motion with high knee lifts - March as a soldier caught in syrup.
- Pretend to be running in slow-motion. You're now the hero of a movie chasing down the bad guy.
- You are a model walking in slow-motion down the catwalk. Walk, look... and turn!

After 5 minutes or however long you'd like to pursue these mindfulness activities, stand still for a minute and feel your mind and body.

Simply **observe any sensations or feelings.** Whenever you become aware of any thoughts or sensations, remain mindful and detached and let the sensations go. When a new thought or sensation comes, let that one go.

You feel how your thoughts are moving even (or especially) when you're standing still?

Become aware of the **gentle, fluid movements** within your mind.

Thoughts and sensations are replaced by other thoughts and sensations - a perpetual, impermanent cycle. This is natural, just as the moving, changing sensations in your body, coming and going as you walk.

Final thoughts

Playing around a bit, your mind hopefully enjoyed the break from habitual patterns and conceptualized activities. You didn't walk, you were just moving.

Mindfulness activities go beyond concepts. No two walks are really the same, just as this moment is different from ... ... This moment.

Altering and slowing down the movement patterns, you become aware of less automated senses and the present moment.

Keep in mind that you can break habits and apply slow-motion to **any activity.** Gently observe what happens, and then bring your self back to real-time.

Top-performing athletes do this.

We may not expect to become top athletes, but mindfulness activities are **fun, relaxing**, and they even take some of the boredom out of the most mundane chores -- Such as dish washing, vacuum cleaning, and brushing your teeth.

5. Enjoy Your Meals with Mindful Eating

Before I served in the army I took my time chewing and tasting the food I ate. Mindful eating was the most natural thing, didn't even have to think about it.

In the army I started to devour food like Garfield does lasagna.

After serving my time, my plate got bigger and busier and I didn't get back into the pleasant habit of enjoying my meals. I designed this mindful eating exercise in order to change my stressful eating habits. It has, and it can do the same for you.

Preparation

If this is your first mindful meal you should keep your ingredients simple.

You may want to eat some tasty fruit, such as strawberries, grapes, or a plum (or whatever you like), because it's a juicy treat straight from nature. And nature and mindfulness activities go hand in hand.

Now let's get in touch with our nature... Take a couple of deep, slow breaths (see breathing medication for details).

Be grateful that you have food to eat. Yes, don't take it for granted. Give a thought to how dependent you are on other people for this meal's ingredients. You probably didn't breed, grow, harvest, package, or ship any of it to yourself. You bought it.

The money you pay for the food, in turn, allows farmers and merchants to continue bringing food to your table, and to their own table.

We're all **interdependent** on each others' services and actions. This stuff is obvious, but we rarely give it any thought while we pursue our individual goals and agendas.

How to meditate while eating

Observe your food: Notice the colors, the texture, the shapes and sizes. Bring the food closer to your eyes and nose. Observe and smell the difference. Notice how the texture, colors etc. change up close.

Then you take a small bite...

Taste the food in your mouth. **Chew s-l-o-w-l-y. Really taste, smell, sense it.** And as you swallow, feel the food's descent. Taste the flavor in your mouth... Observe the remaining food on your plate.

Take your time... A small bite, then put the rest back down on your plate. Chew s-l-o-w-l-y (close your eyes), and swallow before you touch the next piece of food on your plate.

Further recommendations

- If you have put a lot of time and effort into cooking a beautiful meal, please take your time to enjoy eating it...
- **Remain calm** whenever your inner voice seems to interrupt or comment on your mindful eating. This is normal.
- Do the mindful eating meditation exercise by yourself, at least in the beginning. You don't want to be upset at dinner guests because they don't let you enjoy your meal. After all, this is a meditation exercise. Avoid stress.

Final thoughts

A meal can be a beautiful thing to behold, especially when you deepen it with layers of co-operation - it exercises your mindfulness.

So if you cooked your own meal, then...

- **You** created and designed the meal...

- **Hundreds of human beings** cooperated in order to bring you prime ingredients for your enjoyment...
- **Someone else** gave you a recipe or wrote and published a great cookbook ... someone manufactured a stove, pans, utensils, and any other equipment you used in the cooking process...
- And in the end, **Nature** provided you (and your co-operators) with the ingredients.

The following website has these as well as more ideas for mindfulness exercises:
www.meditation-techniques-for-happiness.com/**mindfulness-exercises**.html

Appendix E: Confidentiality

Pledge of Confidentiality

I, the undersigned, have read and understand Klinic's policy on confidentiality of personal health information. This policy is in accordance with The Personal Health Information Act (Manitoba).

I, also acknowledge that I am aware of and understand Klinic's and WRHA's policies regarding security of personal health information including the policies relating to use, collection, disclosure, storage and destruction of personal health information.

In consideration of my employment with Klinic, and as an integral part of the terms and conditions of employment or association, I herby agree, pledge and undertake that I will not at any time, during my employment or association with Klinic, or after my employment or association ends, access or use personal health information, or reveal or disclose to any persons within or outside of Klinic, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and Corporate and departmental policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment/contract/association/appointment with Klinic ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/contract/association/appointment with Klinic.

I also understand that unauthorized use or disclosure of such information may result in a disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to The Personal Health Information Act, and a report to my professional regulatory body.

_____   _____
Signature of Individual Making Pledge   Date

_____
Name of Individual Making Pledge (Please Print)

_____   _____
Signature of Individual Administering Pledge   Date

Appendix F: Partner Contact

Example of a Partner Contact Form
Klinic Community Health Centre
Evolve Program

Example 1:

Dear _____

Klinic Community Health Center's Evolve program offers counselling to people and families whose lives have been affected by domestic abuse. Counselling and support is available to those who have experienced abuse in their intimate relationship, those who have behaved abusively and to children who have grown up in homes where violence and abuse has been present.

Your partner/ex partner has made the decision to work towards a better understanding of and changing behaviour that may be hurtful to others, himself and his relationships. Klinic's goal is to support people in their efforts to have healthy relationships with partners and children that are based on both mutual and self-respect, equality, truthfulness, personal safety and accountability. We promote relationships and families where everyone is given the opportunity to thrive, grow and live to their fullest potential.

This process of change can be very challenging and is often misunderstood. We would like to offer you the opportunity to talk to one of our counsellors who will take the time to answer questions you might have, discuss what the counselling process typically involves for people who are making an effort to change abusive behaviour, what are realistic expectations and how the counselling process that your partner is engaged in might affect you and your relationship. Also in this meeting should you wish we would be very interested in understanding and helping you with your needs. The counsellor can discuss resources both at Klinic and in the community that are available and which you might find helpful. Anything you discuss with the counsellor is confidential and will not be shared with your partner/ex partner. Likewise your partners/ex partners communications with his counsellor are confidential and may not be shared with you without his consent. Should you and your partner wish to meet together with a counsellor from the Evolve program this can be arranged through your partners/ex partner's counsellor. This meeting may or may not involve your partner's counsellor and if it does a second counsellor not involved in providing services to your partner will also be present at this meeting.

Should you wish to speak with a counsellor either by phone or in person please feel free to contact our Intake Coordinator Terri Cressman at 784-4208 and an appointment will be scheduled. Sharing any information with your partner that you have contacted Klinic will only be disclosed to him upon your consent. Please feel free to contact us at any time now or in the future.

Yours truly,

Example 2:

Dear

       Your partner/ex partner has entered counselling in the Evolve Program and made the decision to work towards changing behaviours that may be hurtful to others, himself and his relationships.

       Klinic Community Health Centre's Evolve program offers counselling to people and families whose lives have been affected by domestic abuse. Counselling and support is available to those who have experienced abuse in their intimate relationship, those who have behaved abusively and to children who have grown up in homes where violence and abuse has been present. Our goal is to support people in their efforts to have healthy relationships that are based on respect, equality, accountability and where each person has the opportunity to thrive and live to their fullest potential.

       We would like to offer you the opportunity to talk confidentially with one of our counselors and ask any questions you may have about the counselling we offer for men and what this involves. Should you wish to do so, we are also interested in discussing your needs and what resources are available to you either at Klinic or in the community. Alternatively, should you and your partner wish to have this meeting together with a counselor from the Evolve program, this too can be arranged.

       Any contact that you have with counselling staff at Klinic is completed confidential and will not be shared with your partner/ex partner without your permission. Likewise, your partner/ex partner's communications with his counselor are confidential and would not be shared with you without his consent.

       Should you wish to speak with a counselor, now or in the future, please feel free to contact our Intake Coordinator, Terri Cressman, at 784.4208. Terri can provide information by phone and/or schedule an in-person appointment with a Klinic counselor.

Yours truly,

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