

Running Head: AN EVALUATION OF THE DAIP IN MALTA

**AN EVALUATION OF THE DOMESTIC ABUSE INTERVENTION PROGRAMME
(DAIP) IN MALTA**

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Abstract

This study explores the Maltese Domestic Abuse Intervention Programme (DAIP) from the perspectives of service users, (ex)partners of service users, and the staff and facilitators working in the service. The research delves into the perceptions of the DAIP, the helpful and unhelpful aspects of it, and whether or not there is a reported cessation of violence and abuse by service users and (ex)partners. The data was analysed through Reflexive Thematic Analysis (Braun & Clarke, 2019). Twelve interviews were carried out with twelve participants. The results were mixed. In some cases, the DAIP resulted in a minor reduction or change in violence and abuse. In other cases, there was a cessation of violence and abuse. The DAIP is sought after by service users in an effort to keep the family together and it is credited for being a therapeutic process. The professionals take a Profeminist stance, liaise with other units in FSWS, and support the service users throughout. The context of a group was considered helpful. The service users felt their partners were similarly abusive; an observation for which the professionals did not validate. Ultimately, the 'time-out' strategy was of immense help. The under-researched area of perspectives of men who abuse can add to the knowledge of what is helpful and unhelpful in the process towards cessation of violence and abuse. This study is also helpful for professionals who support men in abuse and their families caught in the dynamics of domestic violence.

Keywords: Domestic Violence Perpetrator Programmes, Perpetrator Perspectives

Dedication

To the professionals who relentlessly work against violence and abuse every day.

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Chapter 1: Introduction

1.1 Preamble

“You never win with violence. You only win when you maintain your dignity. Dignity always prevails.” (Don Shirley)

Intimate relationships are often considered to be partnerships in which individuals find comfort, refuge, and security. Unfortunately, sometimes, an intimate relationship is a context in which one partner exercises power and control over the other through abusive and violent means. As a victim support trainee counsellor, before entering my Master’s in Counselling Psychology training, I met with various professionals in the field of domestic violence (DV) whose focus was by and large on the victims/survivors of abuse. The men who abuse were spoken of sparingly and mostly in terms of being reported to the police or being served by a court protection order. For me, the idea that these men can change and the existence of help through a Domestic Violence Perpetrator Programme (DVPP) was largely excluded from the rhetoric and dialogue.

This research focuses on the perceptions of male service users (MSUs) who have completed the Domestic Abuse Intervention Programme (DAIP) in Malta offered by ‘*STOP! The Violence and Abuse*’ service. This service is located within the Domestic Violence Services of the Foundation for Social Welfare Services (FSWS). It is a retrospective study that takes an evaluative role in attempting to capture perceptions of the DAIP, its strengths and areas for improvement, as well as its effectiveness in terms of whether the violence and abuse has ceased according to the service users. These perceptions are then triangulated with female (ex)partners of men who have completed the DAIP and were service users (FSUs) of the

Domestic Violence Unit (DVu), another service forming part of the aforementioned Domestic Violence Services within the FSWS. These perceptions are also triangulated with those of the staff and facilitators working within the '*STOP! The Violence and Abuse*' service. This research study is informed by Reflexive Thematic Analysis (RTA) by Braun and Clarke (2019), a qualitative method.

1.2 What is Domestic Violence?

In Malta, DV is defined by the gender-based violence and domestic violence act (cap 581) as: "all acts or omissions including verbal, physical, sexual or economic violence causing physical and, or moral harm or suffering, including threats of such acts or omissions, coercion, or arbitrary deprivation of liberty, that occur within the family or domestic unit, whether or not the perpetrator shares or has shared the same residence with the victim and shall include the children who are witnesses within the family or domestic unit." In Malta, the prevalence of physical and/or sexual violence against women since the age of 15 is 14.5% whereas the prevalence of psychological abuse against women is 37% (FRA, 2014).

This study recruited participants that were in heterosexual relationships in which the male counterpart was identified as abusive. While female perpetrated violence is a known phenomenon, studies demonstrate that females bear more violence than they perpetrate (Heise & Garcia-Moreno, 2002). DV is a complex phenomenon. It has been studied and disputed across various disciplines. The reasons for which men abuse are among the topics researched and discussed.

1.3 Why do men abuse women?

DV has been widely studied amongst many disciplines; all offering various, and often conflictual, explanations as to the aetiology of the phenomenon (George &

Stith, 2014; Gratz et al., 2009; Hunnicutt, 2009; Dutton & White, 2012). Three main paradigms that offer an explanation to violence and abuse are feminist (George & Stith, 2014), gender (Gratz et al., 2009; Hunnicutt, 2009), and psychological perspectives (Dutton & White, 2012).

One prominent suggestion as to why men abuse women focuses on the dominant behaviour of males. In the mid-20th Century second wave feminism sought to end violence against women which was exclusively routed in patriarchy. This drew attention to the problem of IPV for the first time. However, the second wave's failure to examine intersectionality gave rise to the third wave of feminism; a wave which included the marginalised of different genders, races, classes, and sexual orientations (Crenshaw, 1991; Kesselman et al., 2008; Taylor, 1998). This wave rejects the view that patriarchy is the sole or primary cause of IPV. As third wave feminism seeks to eliminate essentialist practices, a variety of explanations of IPV including psychiatric disorders, substance use, and attachment issues, to name a few, warrant recognition and unique treatment (Dutton, 2006; Hamel, 2005; Hamel & Nicholls, 2007; Heru, 2007; Stith et al., 2011).

Another suggestion put forward as to why men abuse women is based on gender. Some data suggests that men who believe in conservative, traditional sex role stereotypes have higher marital aggression levels (Crossman et al., 1990). Those who held stereotypical sex role beliefs were also more likely to agree that men had the right to dominate women and assert this dominance through violence. However, more recently, studies which suggest to more gender symmetry in domestic violence (Johnson, 2006; Dutton, 2012) seem to contradict the notion of gender as an explanation for DV.

Psychological theories are amongst the most popular put forward to explain IPV. These have focused on a range of aspects including anger (Eckhardt et al., 1998), past exposure to DV (Ehrensaft et al., 2003), substance abuse (Caetano et al., 2008), psychopathology (Bland & Orn, 1986) and personality disorders (Ehrensaft et al., 2006). The concept of attachment (Bowlby, 1988) has been suggested to both underpin these psychologically informed suggestions as to why men abuse women and also offers as an explanation in and of itself (Dutton & White, 2012). Attachment Insecurity (AI) (Dutton & White, 2012), which pertains to intimate attachments which are characterised by anxiety and/or fear, is argued to be a psychological cause of IPV that transcends all the previously mentioned ones.

The complexity that surrounds the topic of DV is evident in not only the differing views among the camps but also within the camps. That is to say that each perspective does not give a unanimous and coherent suggested explanation into the reasons behind DV perpetration.

1.4 Rationale

A great deal of the research pertaining to DVPPs focuses on their modalities (Dutton, 2007; Geldschläger et al., 2014; Gilchrist & Kebbell, 2010; Hamilton et al., 2013; Morrel et al., 2003; Saunders, 1996; Saunders, 2008) and pertains to measuring outcomes/success (Akoensi et al., 2012; Babcock et al., 2004; Maxwell et al., 2010). More recently, there is an ever-growing body of research that observed that results to these inquiries depend heavily on how the research is conducted and who the data is collected from (Cheng et al., 2019; McGinn et al., 2019). At the same time, further investigation into the extent to which DVPPs contribute to the safety of victims and/or survivors of DV is needed (Geldschläger et al., 2014). Qualitative research (Westmarland & Kelly, 2013) seem to be a suggested way forward in order

to tap into perceptions and experiences as to what is helpful and what can ultimately contribute towards a cessation of violence and abuse. Therefore, this study will contribute to what male service users, female (ex)partners, and staff and facilitators of the DAIP perceive to be helpful and unhelpful in a DVPP.

This study attempts to capture the perspectives of four male service users, four female (ex)partners, and the staff and facilitators of the DAIP around concepts that facilitate changed behaviour and cessation of V+A. However, one assumes that some perspectives might remain implicit, possibly due to social desirability (Eckhardt et al., 2012). Thus, this study will attempt to come as close as possible to what is helpful and what is unhelpful in the Maltese DAIP.

1.5 Research question

This study will attempt to answer the following questions:

1. How is the Maltese DAIP is perceived by service users, (ex)partners, and staff and facilitators thereof?
2. What are the helpful or unhelpful aspects of the DAIP?
3. Has there been a reported reduction in the violence and abuse of women and children according to the service users?

1.6 My interest and position in the study

My interest in this study stems from my experience working with victims of reported DV within the Malta Police Force. My role was to provide emotional support while also referring clients to appropriate legal, social or psychological services. Furthermore, in working exclusively with the victim, I started to become more curious about the person perpetrating the violence and abuse. In reflecting about my past work, I am able to better understand how this study was influenced by my inclination

towards social justice. My past work invigorated my advocacy and passion towards the safety and freedom of women and children.

1.7 Conceptual Framework

Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019; 2006) is not wedded to any particular ontology and epistemology. It can be used within different theoretical frameworks for different research purposes (Braun & Clarke, 2019). This epistemological flexibility means that researchers undertaking a study analysed through RTA are afforded almost complete freedom to make a choice of which epistemological position to assume (Braun & Clarke, 2019).

My philosophical standpoint is influenced by critical realism and/or essentialism in that I believe that reality exists, to some degree or other, independent of the observer and it can be accessed through empirical research (Lyons & Coyle, 2016). Critical realism assumes that, while a reality exists independent of the observer, we cannot know that reality with full certainty. However, I also believe that qualitative data results are partially dependent on the ways we come to know reality. Therefore, my standpoint on the continuum of epistemological positions of qualitative research (Madill et al., 2000) lies in the middle ground: a contextual constructionist position. This position assumes that all reality is context specific (Jaeger & Rosnow, 1988). Therefore, since the reality is more complex than can be captured, the gathering of data from three different perspectives is intended to give a clear a picture of reality as possible. Further to this, the interviewee's language during an interview provides a 'window' to that reality (Lyons & Coyle, 2016). This reality is further influenced by the perspective of the perceiver. This resonates with my belief that both researcher and interviewee are conscious beings interpreting and acting on the world around them (Bryman, 2008; Flick, 2014; Ryan, 2018).

My standpoint is characterised by theories which acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of 'reality' (Willig, 1999).

Taking a contextual constructionist perspective also means taking into account the Maltese context with reference to DV. The reality of DV is deep rooted in the Maltese context. Gender inequality is maintained by patriarchal attitudes (Naudi et al., 2018) and there are structural discrepancies in gender equality when it comes to both employment as well as household responsibilities and caring roles (NCPE, 2021). Gender roles are also ingrained whereby women are expected to remain with their male partners at all costs. Moreover, their primary role in life is to care for the family (Naudi et al., 2018). These inequalities, attitudes and expectations shape the reality of DV in the Maltese context and act as barriers to seeking, and finding, help. This study by the above scholars further found that victims were neither exhaustively informed of their rights, nor of the available and relevant assistive services. Poor interagency collaboration as well as re-victimisation through the justice system continue to characterise the reality of DV in Malta.

1.8 Theoretical Frameworks

1.8.1 The therapeutic alliance

The therapeutic alliance is defined as the collaborative relationship between the professional and the client (Graves et al., 2017). The quality and strength of this relationship is dependent on the level of collaboration and consensus between the individuals (Yon et al., 2018). This relationship is characterised by positive affect by trust and respect (Horvath & Bedi, 2002).

Irrespective of the professional's individual theoretical orientation or the client's presenting problem, conveying empathy, warmth and genuineness towards the client are factors that largely influence change (Elliott et al., 2011). The acceptance and tolerance which underlies the therapeutic alliance has been found to help clients express themselves freely and at ease in the context of a non-judgemental and containing environment (Yon et al., 2018). It is the foundation of this relationship which leads to change of core beliefs in the clients.

There is a robust association between the therapeutic alliance and outcome (Horvath et al., 2011; Shirk et al., 2011). So much so, that the therapeutic alliance has come to be known as one of the most critical components of effective therapy. A recent review by Baier et al. (2020) found that alliance mediated therapeutic outcomes in 70.3% of studies.

In this study, the change in the service users is thought to be brought about primarily through a strong therapeutic alliance with the staff and facilitators. The service users are understood to have been changed through the respect, empathy, and validation that they were shown by the staff and facilitators. In the context of a non-judgemental and containing environment, once a bond of trust is created, the men have their core beliefs which relate to their V+A challenged through inviting them to reflect upon themselves, their partners, and their children.

1.8.2 Cognitive Behavioural Therapy

Cognitive behavioural therapy focuses on how maladaptive aspects of functioning are maintained environmentally and through the client's inherent beliefs (Roth & Fonagy, 2005). CBT has considerable empirical support and has demonstrated positive results in many treatment areas (Butler et al., 2006; Nathan & Gorman, 2007). Amongst other things, CBT has proven to be effective in areas

including skills acquisition, social skills and problem-solving skills (O'Donohue & Fisher, 2008; Hiltunen et al., 2013).

This study also considers change to be brought about by aspects of CBT. The service users are taught interpersonal skills in the context of the group with the intention of having them be applied in their relationships. Further to this, the 'time-out' strategy is a skill that the programme helps the service users to acquire.

1.9 Definition of terms

Domestic violence (DV): the definition of DV has been defined earlier. At times, the terms 'intimate partner violence' or 'IPV' will be used to signify the violence between two people in an intimate relationship.

Perpetrator: the person exerting direct and / or indirect violence towards women and children. In this dissertation, perpetrator refers to a male perpetrator in a heterosexual relationship. While I prefer the term 'men who abuse' due to the fact that it is respectful and in line with the DAIP's ethos, the term 'perpetrator' was used in the literature and will hence be similarly used in this work.

Professionals: those individuals working as staff or facilitators within the Maltese DAIP.

1.10 Acronyms

Table 1: Acronyms used throughout this work

| | |
|------|---|
| MSU | Male Service User (of the Maltese DAIP) |
| FSU | Female Service User (of the Domestic Violence Unit) |
| SU | Service User |
| DAIP | Domestic Abuse Perpetrator Programme |
| DVPP | Domestic Violence Perpetrator Programme |

| | |
|------|--|
| DVu | Domestic Violence Unit |
| FSWS | Foundation for Social Welfare Services |
| V+A | Violence and Abuse |

1.11 Layout of the study

Chapter 2 of this study presents a review of the literature pertaining to DVPPs. Chapter 3 outlines the analysis of the data, the research design, the data collection methods and strategies for credibility and trustworthiness. Chapter 4 presents the results through Reflexive Thematic Analysis with ample quotes extracted from the data. In chapter 5, there is a discussion of the salient findings. Chapter 6 contains a summary of the salient findings, limitations of the study, implications for practice, service development and recommendations for future research.

Chapter 2: Literature Review

This chapter aims to present a review of the extant literature on Domestic Violence Perpetrator Programmes (DVPPs). First, the history of DVPPs as a novel strategy in response to the need to combat domestic violence (DV) will be explored. The roots and genesis of their implementation and how DVPPs branched into different therapeutic modalities will be reviewed. Second, empirical research that sought to determine DVPPs' effectiveness will be reviewed. Third, qualitative methodologies which provide a richer and more in-depth account of the subject matter will be explored. Finally, this chapter will propose that this qualitative inquiry will add to the relevant body of knowledge.

2.1 Search Strategy

For the purpose of this chapter, I carried out a thorough search of literature spanning from the 1990s to date on the HyDi database which incorporates sources including – EBSCOhost, Elsevier, ProQuest, PsycNet, Pubmed, SAGE Journals, ScienceDirect, Social Science and Springer Link. I used key words that focus on DVPPs, their origins and their effectiveness: “domestic violence perpetrator programs”, “perpetrator programs effectiveness”, “meta-analyses of domestic violence perpetrator programs”, “Intimate partner violence”, “domestic violence perpetrator”, “batterer intervention programs”, and “recidivism”. I also consulted seminal literature written earlier than 1990s.

2.2 The History of DVPPs as a Novel Strategy

DVPPs' starting point can be traced back to the seminal project in Duluth, Minnesota, United States. Behaviour change programmes for IPV perpetrators have existed since the 1970s and rose to prominence in the 1980s (Adams, 2009), with the reported beneficial outcomes of the Duluth Domestic Abuse Intervention Project

(DAIP), or Duluth Model (Pence & Paymar, 1993; Gondolf, 1997). This project was launched as a reaction to the dissatisfying traditional responses to DV cases (Fagan, 1989). Courts, prosecutors, and police were heavily criticised for tending to demonstrate a reluctance to interfere in DV situations (Eisenberg & Micklow, 1977; Field & Field, 1973; Rosenfeld, 1992; Zimring, 1989). This reluctance led to a lack of consistency from both law enforcement, whose work was rendered ineffectual (Bowker, 1983), and court, whose outcomes were described as inadequate or unsatisfactory (Truninger, 1971). These responses seemed to reinforce women's subordination to men and continued to perpetuate the violence and abuse (V+A) it claimed to be alleviating.

The Duluth project aimed to bring about consistency, commonality, and uniformity in response to DV. The project coordinated law enforcement, the criminal justice system, and human service agencies in tackling IPV. It also aimed to reduce the number of IPV victims in Duluth. One of the strategies employed necessitated the perpetrators to participate in a DAIP geared towards V+A cessation and rehabilitation. This initiated a shift in paradigm from couples counselling to educational groups for perpetrators and reflected a shift in belief: where DV was once thought of as resulting from a dysfunctional relationship or family system, it started to be treated as a societal and cultural problem. Challenging the belief that men had the right to exercise V+A against women, marital or couples counselling was only offered to couples in abusive situations after the man's completion of the DAIP.

The DAIP was a 12-week group programme that adopted an educational approach which aimed to stop V+A. The strategies towards this included an increase of: perpetrator responsibility and anger control, understanding of family and the

social facilitators of DV, and in identification and expression of all feelings. It also included a decrease in dependency on the relationship and isolation (by developing support systems).

This major shift in practice was initially met with resistance from the counsellors (Pence, 1983) for two reasons. First, that court-mandated clients were not motivated to work therapeutically and, usually, entered counselling without self-identified treatment goals. Second, viewing V+A as a symptom of a dysfunctional relationship, the group format was regarded as ill-fitting. However, within six months therapists were convinced that focusing on the V+A as the first treatment goal was significantly beneficial to perpetrators. It resulted in them reducing violent episodes and being quicker to take responsibility. In the context of a group, perpetrators found themselves in a support system. They were able to be more comfortable and honest about their feelings and their V+A. They were more easily able to differentiate between their V+A and their marital or relational problems.

After these promising results from the DAIP, DVPPs became a common strategy for sentencing in lieu of incarceration and/or as a condition of probation (Dalton, 2007; Hanna, 1998). The 1990s saw an increased provision of DVPPs across North America. While DVPPs were not standardised, they shared certain commonalities (Austin & Dankwort, 1999). Most programmes held the perpetrators as solely responsible for their actions, required group facilitators to undergo training, ranging from 12-25 weeks, and took on a group format (Austin & Dankwort, 1999).

2.3 Different Therapeutic Modalities of DVPPs

Upon the demonstrable success of DVPPs, this response trajectory started to branch into different modalities. DVPPs all strive to achieve reduction in IPV and promotion of victim safety. However, the intervention modalities may vary

considerably. Profeminist psychoeducational and cognitive-behavioural paradigms are among the most established, commonly used and widely researched (Gondolf, 2002; MacKenzie, 2006; Scourfield & Dobash, 1999).

2.3.1 Feminist Psychoeducational Approach

The 1960s heralded the advent of second wave feminism which was at its height for two subsequent decades (Lebovic, 2019). This wave comprised both liberal and radical feminists who drew attention to how social institutions seemed to sanction men's use of power and control over women in the larger context as well as in the domestic sphere. This power, control and privilege were reinforced by any means necessary, physical V+A included. Therefore, second wave feminists called for a reform in the discriminatory structures of the pre-existing patriarchal system and equality in both women's public and private lives (Rosen, 2000).

The notion that IPV stemmed from the patriarchal nature of society started to gain traction and influence. So much so, that a feminist psychoeducational approach was the method utilised in the Duluth model. Thereafter, a social and historical feminist analysis of IPV determined the method utilised in DVPPs. Informed by a social work perspective, this model views IPV as a deviation of normal male behaviour and socialization. V+A reduction is believed to be achieved through exposing patriarchal and misogynistic tendencies by challenging the man's perceived right to control or dominate his partner through consciousness-raising exercises, supporting accountability and personal responsibility, and promoting gender-egalitarian attitudes and equalising behaviours over behaviours of power and control.

The critique that this approach has faced pertains to the fact that the gender disparity is less than that portrayed by feminist theory. Under-reporting from male DV

victims and the downplaying of female-perpetrated V+A seem to give an imbalanced impression. Further to this, this model fails to explain same-sex DV. This approach is built on this disequilibrium which is argued not to have bearing in reality (Dutton & Nicholls, 2005; Straus, 2011). That being said, it was the most popular paradigm in DVPPs (Pence & Paymar, 1993; Gondolf, 1999) and most existing DVPPs espouse feminist perspectives on IPV aetiology and intervention (Maiuro & Eberle, 2008). Moreover, this model remains the preferred one in America (Cannon et al., 2016) and has remained widely unchallenged.

2.3.2 Cognitive-Behavioural Approach

A more therapeutically oriented framework is the cognitive-behavioural approach. Developed primarily by psychologists, this framework goes beyond patriarchal socialisation. According to seminal texts, this approach incorporates alternative factors, including emotional dysregulation, cognitive distortions, and relationship skills deficits (Dutton, 1986; Feazell et al., 1984; Saunders, 1984; Sonkin et al., 1985). V+A is the primary focus of treatment in this modality. It is considered to be a constitution of learned behaviours that have an expressive or instrumental function to the user: reducing bodily tension, attaining compliance, temporarily assuaging discomfort, and achieving a sense of power and control (Sonkin et al., 1985).

A cognitive-behavioural model attests that non-violence can be learned (Adams, 1988). This approach traditionally attempts to achieve behaviour change through a collaborative therapeutic relationship, exposure and disputation of distorted cognitions, problem solving, relationship skills training, and emotion regulation (Beck, 1976). Consequently, desistance is emphasized and taught through a process of cognitive restructuring, skills training, and anger management

techniques. DVPPs with a CBT stance have been developing for the last 20 years and have been popularly utilised (Hamberger, 1997; Murphy & Eckhardt, 2005; Stosny, 1995; Wexler, 2006).

While CBT DVPPs tend to be the preferred method in Europe (Hamilton et al., 2013), to date there are only two randomised controlled trials (RCTs) which set out to determine the effectiveness of CBT DVPPs in Europe (Walker et al., 2018). The first took place in Spain and compared outcomes in two different treatment groups: cognitive-behavioural therapy and emotional therapy (Rodríguez-Espartal et al., 2013). The second took place in the Netherlands and compared two individual treatments attended by patients at a substance misuse treatment clinic who reported repeated IPV: the I-StoP (addressing both substance misuse and IPV) and CBT-SUD+ (manualised treatment used for substance misuse) (Kraanen et al., 2013). The results of the former study tended to favour emotional treatment whereas the latter study gave preference to the implementation of CBT-SUD+ for secondary reasons (it is more cost and time effective).

Findings regarding the effectiveness of DVPPs adopting a CBT approach to stopping V+A is mixed. There have been suggestions that, in comparison to the Duluth model, CBT works better as an intervention with perpetrators (Miller et al., 2013, as cited in Cannon et al., 2020). On the other hand, in a single study by Dunford (2000), there were no significant differences between men who attended a CBT DVPP and a no-treatment control group. In addition, Musser and Murphy (2009) determined that CBT techniques (e.g., Motivational Interviewing) add little value to DVPP intervention. A review by Eckhardt et al. (2013) ultimately determined that it was not possible to draw a summative conclusion based on the variations between research methods.

2.3.4 Combination of Approaches

There is some discussion as to whether the distinction in these modalities are clearer in theory than in practice. While these two approaches demonstrate clear differences, both the profeminist psychoeducational approach and the CBT approach, ultimately, achieve goals of non-violence through cognitive modification. In this respect they tend to overlap and coalesce (Dalton, 2007; Scourfield & Dobash, 1999). However, despite the disagreements regarding whether theoretical principles of combined modalities complement or contradict one another (Day et al., 2009; Dutton & Corvo, 2007; Gondolf, 2007; Graham-Kevan, 2007), many DVPPs offer a combination of the two approaches. This combination has been observed to target a more widespread population (Gilchrist & Keibell, 2010; Graham-Kevan, 2007; McMurrin & Gilchrist, 2008).

2.3.5 Other Approaches

Some DVPPs employ a psychodynamic approach (Geldschläger et al., 2014). In this model, personality and emotional disposition of the perpetrator are central to V+A cessation. It recognises and reconciles latent feelings of emasculation that trigger V+A. However, DVPPs with this approach tend to be far less sought after (Hamilton et al., 2013).

Another approach which is highly controversial is couple's therapy within the group context (Barnish, 2004). The rationale behind this is to render role-play more realistic, to reduce anti-women talk amongst perpetrators and to empower the females by giving them a voice and witness the man's transformation (Dunford, 2000). Historically, this approach has been highly discouraged, if not categorically prohibited, due to concerns for women's safety intervention (Healey et al., 1998; Lipchik et al., 1997). However, more recently, a review by Stith et al. (2012) draws

on literature that suggests that systemic intervention does in fact decrease instances of V+A in carefully screened couples.

2.3.6 An overview of DVPP implementation in Europe

In a survey to 19 European countries regarding their DVPPs, Hamilton et al. (2013) found that most respondents (54%) reported utilising multiple modalities in their programs. The most common single form of treatment comprised cognitive-behavioural and profeminist techniques (41%). 70% reported to using CBT whereas 54% reported to using profeminist methods. Although many countries offered various combinations of these treatment modalities, there was a preference for cognitive-behavioural programs in Northwest Europe.

The widespread use of profeminist techniques is attributed to the direct transferring of DVPPs, that is, applying the DVPP to a different context without cultural amendments to its paradigm. Hamilton et al. (2013) found that in Europe, the Duluth model was, in five instances, transferred directly. The advantage of transferred programs is that they tend to be more structured than others (Hamilton et al., 2013). However, transporting a program from one country to another runs the risk of rendering it culturally irrelevant and, thus, ineffective (Sundell et al., 2008). The discrepant lack of evaluations of transferred programs was flagged up by Hamilton et al. (2013), who stress the pressing need for them.

In many other instances, the profeminist approach was the basis of a newly designed program. Specifically, Hamilton et al. (2013) observed that CBT approaches were used as a complement rather than an alternative to the profeminist approach. Interestingly, Babcock et al. (2004) had found the opposite to be true in America.

2.4 Effectiveness of DVPPs

The 1990s were accompanied by a small but growing body of investigations into DVPPs' effectiveness. One of the first empirical research studies summarised that, despite DVPPs' growing popularity, there was limited evidence of effectiveness (Rosenfeld, 1992) as studies generated mixed results. These findings demonstrated only slightly lower recidivism rates are found among men who complete treatment (Rosenfeld, 1992), that programmes actually put women at increased risk for V+A by contributing to a false sense of security (Holtzworth-Munroe et al., 1995), and that research had thus far "produced few unequivocal conclusions" (Hamberger & Hastings, 1993, p. 1) and, hence, conclusions about their overall effectiveness cannot be drawn.

A few short years later, the Brooklyn Experiment (Davis et al., 1998) suggested a significant positive effect of DVPPs. However, this result was later discounted as a perpetrator monitoring effect rather than perpetrator program efficacy (Maxwell et al., 2010). Davis and Taylor (1999) saw that while substantial amounts of evaluative studies of DVPPs had accumulated, many did not employ methodologies which lent themselves to determining efficacy. Therefore, in their review, they limited DVPP effectivity studies to include those with relevant comparison groups. While noting the lack of randomized designs, high attrition rates, and lack of uniformity of follow-up assessments as critical problems for the field to address at the time, they found among the five quasi and true experiments that DVPPs contributed significantly to a reduction of V+A. They were, however, unable to determine which forms to treatment work better than others and which perpetrators benefited more from treatment and empirical verification.

In light of discrepant conclusions, Babcock et al. (2004) conducted the first formal meta-analysis of DVPP effectiveness in US history. The findings of 22 methodologically rigorous controlled quasi-experimental and experimental studies evaluating treatment efficacy for male IPV perpetrators were critically reviewed. Ultimately, treatment design was found to have a considerably small influence on effect size on IPV reduction. The approximated 5-percentage point reduction in V+A recidivism diminished further when stringent methodological criteria were applied. Furthermore, no significant difference in effectiveness was found when comparing different treatment modalities.

Many reviews and meta-analysis followed the Babcock et al. (2004) meta-analysis. To date, effectiveness of DVPPs continues to be contested by researchers, policy makers, and practitioners. Some of the reasons for such divided results seem to relate to issues discussed hereunder.

2.5 Variations or Limitations in Research Methodologies

A recurrent issue that was evident in many reviews and meta-analyses was the inclusion of studies with methodological limitations or with varying methodologies. Three waves of research on DVPP effectiveness, that was conducted over the last 20 years, were identified by Labriola et al. (2005). The first wave did not use comparison groups. The second implemented quasi-experimental evaluations. The third used randomised controlled trials, termed “the gold standard.” Labriola et al. (2005) observed that the range of effectiveness could be explained by these varying factors in evaluation methods, for example the sample, the research design, or the method of analysis.

Noting the conflicting conclusions in prior reviews, Feder and Wilson (2005) limited inclusion to 10 experimental and quasi-experimental studies that used

matching or statistical controls in their meta-analysis. The results varied between the types of studies. The experimental studies demonstrated modest benefits based on official reports of IPV but no effect based on victim's reports. The quasi-experimental studies, while inconsistent, suggested an overall slightly iatrogenic effect, leading to higher levels of V+A recidivism by both official reports and victim reports. However, the results of the quasi-experimental studies cannot reliably account for effects of interventions and other variables/factors on behalf of the perpetrator due to the comparison of programme completers to programme rejects, no-shows and dropouts. Overall, Feder and Wilson (2005) expressed slight optimism about the effects of DVPPs and felt that their findings raise doubts about the effectiveness of court-mandated DVPPs.

Babcock et al. (2004) urged caution in interpreting their findings given the methodological limitations of the studies reviewed. Similarly, Eckhardt et al. (2013) provided mixed conclusions. The 30 studies which met the inclusion criteria for their review resisted an unequivocal summation on DVPP effectiveness in lowering the risk of IPV, the cause of this being appropriated to available studies having methodological flaws. They noted that most studies using a randomized design failed to find significant differences in DVPP effectiveness; the opposite pattern was observed among quasi-experimental studies, which were more likely to show evidence of effectiveness relative to no-treatment control groups. Similarly, and more recently, Cheng et al. (2019) found that combined effect size of DVPPs varied by research design. Results indicated a non-significant combined effect size for randomized controlled trials but a significant combined effect size for quasi-experimental design studies. As methodological rigor of DVPP effectiveness

research increases, the likelihood of finding evidence of effectiveness appears to decrease.

Akoensi et al. (2012) conducted a systematic review of DVPPs in Europe. They similarly noted that due to methodological problems relating to the evaluation designs, the positive effects post-treatment are questionable. Effectively, firm conclusions and estimated effect size could not be produced.

2.6 The Perspectives of Different Stakeholders

Another variable gaining traction in the attempt to ascertain reasons for the mixed results regarding DVPPs' effectiveness is which stakeholders' perspective(s) were being measured. That is, whether the evaluations are based on the perpetrators' accounts, the victims' accounts, or official reports (police or probation officers' reports/statistics on recidivism).

In their recent meta-analysis Cheng et al. (2019) found that their results depended on who the data is collected from. DVPPs were found to be effective in decreasing DV recidivism and general offense recidivism when reported by the criminal justice system, but not when assessed by the survivor.

McGinn et al. (2019) intentionally attempted to focus solely on the point of view of the (ex-)partners in their study. Bearing in mind that DVPPs have yet to be endorsed by rigorous evaluation, their study explored the perspectives of 18 survivors of IPV in Ireland on how these programs might be further developed. Descriptions ranged from highly positive, through uncertain, to negative effects. That is to say that while the point of view of the victim was taken, results were still unclear.

2.7 DVPPs' Target Population

The approaches employed in DVPPs determine their target population. IPV perpetrators can be differentiated along various dimensions (Cavanaugh & Gelles,

2005). Aetiologies for IPV are various as are the demographics of those of a particular aetiology. Therefore, a one-size-fits-all model is unlikely to be conceived. This being said, DVPPs rarely limit the application of treatment to participants with a particular profile of V+A, age, or level of motivation to complete treatment (Hamilton et al., 2013). This can either be a result of intentionally designing programmes to be as accommodating as possible in order to target a large number of participants, or there may be no clear criteria on which to exclude ineligible or inappropriate prospective participants prior to treatment (Hamilton et al., 2013). The typologies and varying demographic variables can result in varied levels of treatment effectiveness (Feder et al., 2008).

One relevant study by Carbajosa et al. (2017) analysed the typology's capability to predict treatment attendance, completion, and IPV recidivism two years after the treatment of court-referred IPV perpetrators. They identified three IPV perpetrator subtypes: family-only, borderline/dysphoric, and generally violent-antisocial. The typology predicted program attendance, completion, and recidivism. IPV perpetrators from the generally violent-antisocial group attended a significantly lower number of sessions, presented the highest dropout levels, and had the highest recidivism rate followed by borderline/dysphoric and family-only IPV perpetrators. These findings suggest that in order to increase the effectiveness of DVPPs, IPV perpetrators' different needs and risk profiles should be taken into account.

Voith et al. (2018) ascribe the lack of more positive effects of DVPPs on their determined aetiology and underpinning philosophies. Not taking aetiologies alternative to cognitive distortions, patriarchy, and learned behaviour into account, inadvertently neglects the possibility of past trauma and/or childhood adversity, which may play a role in the development of V+A (Capaldi et al., 2012; Hilton et al.,

2019; Saunders, 2008). Neglecting this possibility may be one reason for limited effectiveness of DVPPs. Thus, incorporating trauma-informed care principles and interventions into DVPP programming seems prudent and warrants further investigation. Eckhardt et al. (2013) similarly noted that more recent investigations into novel programs with alternative content have shown promising results.

Akoensi et al. (2012) observed that DVPPs in Europe should become more tailored to the characteristics of the participants. Karakurt et al. (2019) also set out to investigate the effectiveness of different DVPPs in reducing V+A in male IPV perpetrators. Similarly, exploratory subgroup analysis revealed that incorporating substance abuse or trauma components to the interventions yielded better results as compared to programs that did not have these components. Treatment strategies that addressed these comorbid issues may work more effectively in preventing V+A.

2.8 What Constitutes Success

Another reason why varying levels in effectiveness of DVPPs may exist is due to each individual study's definition of success. Velonis et al. (2018) undertook a realist review in order to discern evidence of mechanisms that contribute to the success of DVPPs; what works in DVPPs, under what conditions, and why. While few evaluations were able to clearly identify these mechanisms, these scholars found that the incorporation of a self-reflexive process may lead the participants to change their attitudes towards V+A and reduce IPV instances with a growing sense of empathy for the victim. In addition, evidence in favour of DVPPs that help distinguish between shame and guilt give rise to acceptance of responsibility and empathy.

In a study by Ginés et al. (2015), 134 DVPPs from 22 European countries were surveyed on designs, methods, and instruments utilised in their current day-to-

day outcome monitoring practice and on the obstacles to and need for improvements in this practice. The main results include the findings that 20% of programmes do not measure outcomes at all, that there is a great diversity in methods and instruments used, and a low percentage of programmes make use of data from the victims/survivors and follow-ups.

2.9 Lack of Standardisation

Babcock et al. (2016) examined the literature (over 400 studies) surrounding the characteristics and efficacy of DVPPs. This study ascribed the rampant and infamous reported inefficacy of DVPPs to the limitations of standards regulating these programs. Furthermore, these standards are not grounded in the body of empirical research evidence or best practices. As a result, Babcock et al. (2016) generated suggested measures to improve efficacy.

2.10 The Need for Future Qualitative Studies

Geldschläger et al. (2014) observe that further investigation into the extent to which DVPPs contribute to the safety of victims and/or survivors of DV in Europe remains essential. How to conduct this further research and who to obtain the data from are two vital factors to consider. With regards to how, while RCTs are the gold standard method in determining effectiveness of DVPPs, the divided results that RCT's have produced thus far may be construed as a limitation to this methodology when applied to this field. Qualitative methodologies, on the other hand, seek to explore and understand the complexity surrounding changed behaviour through a DVPP. One such qualitative inquiry put forward a more nuanced definition of "success" and "successful outcomes" of a DVPP (Westmarland & Kelly, 2013). With regards to who to obtain the data from, a second qualitative inquiry suggested the inclusion of male perpetrators into the dialogue regarding good practices in DVPPs

which result in changed behaviour (Kuskoff et al., 2021). Both these studies are discussed hereunder.

Westmarland and Kelly (2013) noted the discrepant results of various DVPP evaluations and concurred with Gondolf (2004) in ascribing this to variations to three aspects: methodological and analytical approaches, disagreements over the interpretation of data, and differing definitions of what the term 'works' means.

Therefore, they concentrated efforts around the third finding and sought to conceptualise and define 'success.' They noted that differing definitions of what 'works' leads to the lack of clarity as to whether DVPPs 'work.' This, in turn, has negative implications for DVPPs' credibility, their demand, their funding and their development. Therefore, noting Gondolf's (2004) attempt to move away from sole reliance on repeat victimisation as a measure of success, Westmarland and Kelly (2013) sought to delve into the exploration of what counts as success in an attempt to widen this field of research. They further argued that recidivism is too narrow and simplistic to use as a measure of success as it does not include coercive patterns (Stark, 2007) which have been found to be the heaviest burden on victims: wives and children (Hoff, 1990; Kirkwood, 1993). That is to say that a victim's 'life space' (Lundgren, 2004) or 'space for action' (Kelly, 2007) is not taken into account. They sought to determine what success means for various stakeholders in DVPPs (22 men on programmes, 18 (ex-)partners, children, 6 programme funders/commissioners and 27 practitioners) through the use of interviews which were transcribed and thematically analysed using a computer-assisted qualitative data analysis program (QSR NVivo). Their results yielded a more nuanced understanding of success which involved respectful and effective communication in the men's intimate relationships, expanded 'space for action' for the (ex-)partners,

safety and freedom from V+A, safe and positive co-parenting, enhanced awareness of self and DV effects, and safer, healthier childhoods.

The qualitative methodology enabled this study to put forward the suggestion that 'success' means far more than just 'ending the violence'. It would be quite possible for the physical V+A to stop but for women and children to continue to live in unhealthy atmospheres which are laden with tension and threat. While this definition of success is more subtle, it is ultimately the definition which is life-enhancing and in which changes can be recognised.

It has long been recognised that more scholarship on perpetrators is warranted (Tilley & Brackley, 2005). An increased emphasis on bettering responses to perpetrators is viewed by some scholars as necessary to strengthen efforts in DV prevention and target men as sources of the V+A (Dobash et al., 2000; Meyer & Frost, 2019). Through a discourse analysis study, Kuskoff et al. (2021) pointed towards the importance of the involvement of perpetrators in dialogue and discussions regarding policy and intervention development. Failure to do so seems to reinforce the perception that perpetrators are outsiders to the community and are, hence, undeserving of support. This attitude cascades into governments failing to prioritise DVPPs and further distances the perpetrators from community members, who view perpetrators as deviant. This alienation of perpetrators means that a significant opportunity is missed as the policy makers are unable to draw from their lived experiences and use them towards policy improvement. Reformed perpetrators who have engaged in DVPPs and/or other interventions may be in a unique position to help policy makers recognise the mechanisms that have hindered or facilitated behavioural change (Ager, 2021). Kuskoff et al. (2021) point to the potential benefits that targeting and engaging with perpetrators, particularly reformed perpetrators,

may lead to improving policy responses. This is not at the exclusion of perpetrators who are in denial. Understanding perpetrators' experiences could help clinicians know which areas to focus on while intervening. It is important for professionals working in DVPPs to understand the vulnerabilities and points of potential connection for perpetrators in order to know how to facilitate change better to the individual (Jenkins, 2009). Some scholars argue that engaging with and listening to perpetrators, including those who are not rehabilitated, may lead to better understanding of their actions, which may lead to the development of better practices (Levitt et al., 2008; Whiting et al., 2014).

This alienation persists despite the ever-growing body of research which attests that responses to and social treatment of perpetrators may be improved to encourage help-seeking and behaviour reform (Ager, 2021; Campbell et al., 2010; Forsdike et al., 2018; Meyer, 2018; Morrison & Bevan, 2018; Schmidt et al., 2016). Yet, the support needs of DV perpetrators is rarely a focus (Hilder & Freeman, 2016; Meyer & Frost, 2019).

2.11 Conclusion

Given the complexity, contradictions, and contraindications in literature about extant DVPPs, the decision was taken for this study to be a qualitative one, using reflexive thematic analysis. This decision was taken deliberately in order to delve into the subject matter in order to capture the complexity surrounding the matter of DV. While this study is on a significantly smaller scale than Westmarland and Kelly's (2013), it is the first of its kind to be conducted in Malta.

Chapter 3: Methodology

This chapter aims to explain the research process behind evaluating the effectiveness of the Domestic Abuse Intervention Programme (DAIP) in Malta. This study was guided by Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019; 2006), as a way of analysing the data and, as aforementioned, a contextual constructionist perspective is taken. A thorough description of how the participants were recruited, the methods through which data was gathered, organised and analysed is presented together with the strategies of verification and the ethical principles. Lastly, I discuss my position and experience as the researcher.

3.1 Research Questions

The research questions were the following: How is the DAIP perceived by male service users (MSUs), female service users (FSUs), and the professionals thereof? What are the helpful and unhelpful aspects of the programme? Is there a reported reduction in the violence and abuse (V+A) of women and children according to service users (SUs)?

3.2 The Rationale behind choosing RTA

A recently introduced version of Thematic Analysis is Reflexive Thematic Analysis. This refers specifically to Braun and Clarke's (2019) approach in which the researcher's role in knowledge production is central. Researchers are aware of the need to make decisions around analysis and they engage and make these choices mindfully (Braun et al., 2017). Assumptions are questioned exhaustively while interpreting and coding the data. The researcher's reflective and thoughtful engagement with the data and their reflexive and thoughtful engagement during the analytic process are ever-present in the stages of this method of research, which will be outlined later on in this chapter.

This method is appropriate to this study as it suits questions pertaining to general views and perceptions, in line with what this study seeks to find. It does not focus on the individual perspectives of a homogenous group, as is the case when conducting interpretative phenomenological analysis (IPA) (Smith & Osborn, 2008). Similarly, grounded theory (GT) was also not appropriate as this study did not seek to answer the research questions with a theoretical explanation (Payne, 2007).

RTA is a 6-phase process applied to identify patterns of meaning across a dataset (Braun & Clarke, 2019). These patterns are identified through data familiarisation, data coding, theme development, and theme revision. The last two steps include naming the themes and producing a write-up.

3.3 Participants

3.3.1 Selection-criteria

This study recruited four MSUs, over the age of 18, who had completed the DAIP within the last two years to facilitate recall. Potential participants who, at the time of the interview, were going through vulnerable life circumstances (e.g., imminently facing a prison sentence, currently battling a substance misuse dependency, economically or educationally disadvantaged, etc.) were automatically excluded from participating in this study by the gatekeepers of the service for their own safety. MSUs who might have been engaging in V+A again at the time of contact were similarly considered vulnerable and automatically excluded. Further information regarding the recruitment of participants will be given below.

This study also recruited FSUs and professionals working in the service. This was done, primarily, in order to obtain a comprehensive picture in the findings. Secondly, this was done because SUs of programmes of this nature may minimise

incidents of perpetration of V+A due to issues surrounding shame and social desirability (Eckhardt et al., 2012).

The FSUs were required to be adults (over the age of 18), currently intimate partners or ex-partners of men who have completed the DAIP. Intimate partners or ex-partners who were, at the time of the interview stage, in an intimate relationship which was abusive were considered vulnerable and automatically excluded. It was not intended to interview the (ex)partners of the aforementioned men necessarily. However, two of the participants in this study, one MSU and one FSU, were in fact husband and wife.

The professionals working in the service included the programme coordinator, a staff member, and two programme facilitators.

3.4 Recruitment of Participants

Following ethical approval (Appendix A), a thorough description of my research and its objectives were given to the Foundation for Social Welfare Research Department. I requested approval of the research as well as participant recruitment assistance from the gatekeepers (the programme coordinator and the staff member) of the DAIP in '*STOP! The Violence and Abuse.*' The request was for the gatekeepers to go through the list of MSUs who had completed the programme in the past 2–3 years, to contact them by phone to inform about the study and ask whether they would be interested in participating in it. This was done in order to abide by a formal ethical procedure and avoid any form of coercion. The same procedure was carried out by the gatekeepers of the Domestic Violence Unit to recruit FSUs.

The participants were all familiar with the respective programme coordinators, who explained to them the nature of this study, its objectives, and their potential involvement as participants. They were provided with the relevant information sheet and consent forms (Appendix B and C), and once they consented to participating, I contacted them to set an interview date. Upon meeting each participant individually, I presented them once again with the information sheet and consent form to further explain and discuss any potential queries and then gained signed consent.

Being put in touch with the programme coordinator, the staff member and the facilitators, I was able to present them with individualised information sheets and consent forms (Appendix D, E, and F) in order for them to make an informed decision about participating in this research.

3.5.1 Participant background information

The MSUs were from varying programme cohorts. They had all completed the DAIP. They had been eligible for the programme through having perpetrated physical, emotional, psychological, sexual, and/or financial V+A towards their wives and children. They all reported not resorting to V+A any longer. Of the four males, two remained married to the women they were with at the time of the programme commencement and two had separated and were, at the time of interview, not in an intimate relationship.

Similarly, the FSUs were (ex)partners to men who had perpetrated physical, emotional, psychological, sexual, and/or financial V+A. They all reported not being in an abusive context any longer. Of the four FSUs, two remained married to MSUs they were with at the time of the programme commencement and two had separated and were, at the time of interview, not in an intimate relationship.

The programme coordinator, a social worker, had been working in the service for 25 years at the time of the interview, as has one of the programme facilitators, a systemic therapist. The staff member, another social worker, and the second programme facilitator, a Gestalt psychotherapist, had been working in the service for two years.

3.5.2 Demographic details

The table below provides a brief description of the participants and their contextual background. The employment types are classified according to ISCO (2010). For anonymity and confidentiality purposes the participants have been given pseudonyms and identifying information has been changed.

Table 2: Demographic details of MSUs

| Name | Employment | Age | Number of Children | Relationship Status |
|---------------|-------------------------|-------|--------------------|---------------------|
| Male 1 – Jake | Elementary Occupation | 40-45 | 2 | Married |
| Male 2 – Tim | Highly Skill Non-Manual | 60-65 | 2 | Married |
| Male 3 – Dan | Low Skilled Non-Manual | 35-40 | 0 | Separated |
| Male 4 – Sean | Highly Skill Non-Manual | 45-50 | 1 | Separated |

Table 3: Demographic details of FSUs

| Name | Employment | Age | Number of Children | Relationship Status |
|-------------------|------------|-------|--------------------|---------------------|
| Female 1 – Jess | Homemaker | 65-70 | 2 | Married |
| Female 2 – Sophie | Homemaker | 45-50 | 3 | Married |
| Female 3 – Molly | Homemaker | 30-35 | 2 | Separated |

| | | | | |
|----------------|-----------|-------|---|-----------|
| Female 4 – Sia | Homemaker | 25-30 | 2 | Separated |
|----------------|-----------|-------|---|-----------|

3.5 The data

3.5.1 Interview Guides

The interview guides were similar in structure and content for the MSUs and the FSUs, although there were fewer questions for the FSU (Appendix G and H). The first section of the interview guides pertained to gather demographic information surrounding the participants' ages, relationship statuses, employment statuses, number of children etc. The second section pertained to questions about the V+A before or during the programme, and the third section consisted of questions regarding V+A and attitudes once the programme was completed. These questions sought to capture attitudes, beliefs and reactions to the DAIP, how it was perceived and how it ultimately effected them.

3.5.2 Pilot Study

The first interview, which was held with Jake, served as a pilot interview (Creswell, 2012). While the questions were open-ended, they seemed to be blocking Jake's narrative from emerging freely. Therefore, a change that I implemented was to ask the question "What was your personal experience of the programme?" first in order to allow space for the story to materialise. The participants' stories were necessary to help contextualise the V+A and their responses to interview questions. The rest of the questions on the interview guide, when asked subsequent to the question regarding their experience, served to build on their individual story and were answered in relation to it. Once this change was implemented to the interview guides of the MSUs and FSUs, no other changes were required.

The interview guide for the professionals was divided differently (Appendix I). The sections pertained to the recruitment phase of the programme, the process of an on-going programme, challenges faced and motivations that sustain the professionals, perceived strengths of the programme and any suggested changes.

3.5.3 Data collection

The data collection was done through the use of a semi-structured interview which contained open-ended questions. After every interview, I took process notes (Appendix J) and engaged in scheduled reflective discussions with my supervisor (Lincoln & Guba, 1985).

Each interview lasted between 40 to 70 minutes. The interviews with the MSUs tended to take longer than interviews with the FSUs since there were less questions to ask on the interview guide. All interviews were audio-recorded. The participants were given the choice between face-to-face interviews (and their location), online interviews, or phone interviews. Their choices varied depending on the participants' levels of comfort around the subject matter and around the issue of the COVID-19 pandemic, as some were more medically vulnerable than others and hence, they were more cautious about interacting physically with someone new. Two MSU interviews were held face-to-face, one was held over the phone and the other was held online. Two FSU interviews were held face-to-face, one was held over the phone and the other was held online. All interviews with professionals were held online.

Throughout the interviews I took a stance that was at times empathic and at times neutral. I listened carefully and strived to retain and demonstrate an attitude of openness in order to make participants feel as comfortable as possible around a subject which is shrouded in pain and shame (Creswell, 2012). I used reflective

statements to underline the validity of their experiences while prudently asking questions directed towards obtaining further detail and clarification on whether they perceived to have undergone changes in their V+A.

3.6 Data Analysis: the steps of RTA

In the first phase I immersed myself into the data by repeatedly reading and reviewing it in an active manner. I familiarised myself with the semantic data through immersion. Semantic data is to be honed in on and consumed. However, I delved deeper into the data by questioning and engaging with it analytically. That is, to search for meanings, patterns and so on. To achieve this, I had to distance myself, to a degree, in order to perceive the broader assumptions and ideas about what it might all mean. At this point, informal note-taking commenced. This phase was the bedrock for subsequent stages of analysis and was, therefore, done rigorously. Data familiarisation constituted me, the researcher, carrying out the interviews myself, taking process notes after each interview, verbatim transcription of the interviews and re-checking the transcripts against the original audio recordings for accuracy (Braun & Clarke, 2019). The interviews were then reviewed numerous times and closely looked at in order for the researcher to become intimately familiar with the data collected (Liamputtong & Ezzy, 2005).

I became familiar with the data and I started generating initial codes. Codes refer to the most basic unit of raw data that can be analysed (Appendix K). The meaningful words, phrases, and sentences within the data were underlined and labelled (Aronson, 1995), or coded. Codes are succinct labels, words or short phrases, which serve as a short-hand or summary of the data but also an interpretation of it. These codes were applied at a semantic level, generating descriptive codes, or at a latent level, generating interpretative codes, to features of

the data. Codes were not applied to all data, just to segments that potentially address the research questions. In this study, codes were not applied to the stories and personal histories shared by the MSUs and FSUs as they did not pertain to the research question but they served to contextualise their abuse and their answers to the questions. Coding was done for as many potential themes/patterns as possible. Furthermore, some extracts were uncoded, coded once, and/or coded multiple times. Coding was done manually and at data-driven and theory-driven levels, or both.

The generation of themes commenced once an exhaustive list of codes was collated across the data set. Codes are the building blocks of themes. The analysis was refocused from codes, very specific aspects of data, to themes, a broader level or general patterning of meaning. Organising the codes into overarching themes heralded the interpretative analysis of the codes. In order to achieve this, I took a step back perceptually in order to be able to perceive the broader picture that the data illustrated. At first, all themes generated were provisional and tentative. Themes were elaborated upon, combined, divided, or discarded as needed in accordance with the data set. Ultimately, themes are like puzzle pieces; they are distinctive amongst each other but relate well with one another. Therefore, care was taken to construct worthy candidate themes that identify an area of the data.

The fourth phase involved the revision of the themes. I closely revised the candidate themes for the purposes of refinement as a quality control measure. The themes were required to represent the data set content as closely as possible in relation to the research question. The first step towards achieving this was to review the candidate themes against all coded data relevant to each theme to ensure a good fit and coherency between themes and codes. This determined internal

homogeneity. That is, ensuring that the different data within a theme were consistent and cohered meaningfully with one another (Patton, 1990). The second step was to review the candidate themes against the data set. This determined external heterogeneity. That is, it ensured that the distinction between the different themes was sufficiently evident (Patton, 1990). This review was time consuming as I was required to re-read the entire data set. This re-reading was done in case any potentially relevant data was previously missed and to ensure the themes had not drifted from what the data set communicates. By the end of this phase, the themes were more well-developed and supported. They fit together comfortably and told the same overall story that the raw data told in a thorough, meaningful and nuanced manner.

In the fifth phase, I named the themes. Themes were defined and named by further analysing their data content; as their essence needed to be captured. In this respect, the higher the internal homogeneity and consistency, the easier and more straightforward the process of naming was. What the data was collectively communicating needed to be nuanced in an appropriate theme name. The themes, in turn, needed to tell a story that was coherent and inkeeping with the story the data told. They were most effective when concise and direct. They formed part of the analytic narrative being told; that comprised what I, as the researcher, thought was going on in the data and its importance.

The final step consisted of developing the analysis further through a write-up. This write-up aimed to recount the story the data set communicated in a concise, coherent, logical and non-repetitive manner. This involved the provision of evidence (data extracts) to demonstrate the prevalence of the theme and features in Chapter 4

of this work. Interviews with MSUs and FSUs originally took place in Maltese (Appendix L). The data extracts were translated to English and back translated too.

3.7 Self-reflexivity in the research process

I was able to address beliefs, assumptions, and expectations in relation to the topic under study (Creswell, 2012) through engaging in self-reflexivity. I monitored myself closely and recorded my reflections in various manners and discussed them at length with my supervisor. Throughout this process I became heavily aware of my own personal biases which will be described in more detail below. Such discussions along with the processing notes following every interview helped me to perceive the data set in a clear way, as opposed to viewing it through a lens clouded with assumptions and judgement.

For the past two years, I worked with victims of DV. The service in which I worked catered exclusively to victims and their children, meaning that I never met the perpetrator. The knowledge I had on DV was purely based on this work experience. The nature of the service meant that I met with a great deal of situations of DV with little or no chance of embarking upon long-term work with the victims since the aim of the service was two-fold (referring victims to the appropriate services and making victims aware of the police and court processes). However, permanent and positive changes within the family system was rarely, if ever, achieved. For this reason, I became frustrated by victims and the apparent lack of change I was able to affect.

The image of 'the perpetrator' in my mind's eye was put together based on victims' accounts and my personal assumptions. The repeated stories I heard inadvertently reinforced this image of 'the perpetrator' as a sadist who merely took pleasure out of terrorising women.

Through self-reflexivity I was able to untangle these images of perpetrators and victims alike. I did this by reminding myself that the images were an amalgam of different victims' accounts and, therefore, my 'view' was a poorly formulated and 'catastrophic' one. This supported me in taking a more open and empathic stance towards the individuals while I was interviewing them.

Furthermore, I firmly believe that any type of V+A is not condoned. As previously stated, I am a passionate advocate of women and children's freedom from V+A. This belief rooted me and helped me not to get carried away by my own countertransference reactions when hearing the stories from MSUs' perspective. This helped me to foster an ethical interactive research practice (Etherington, 2007) and also opened up opportunities for personal transformations for me as a person and a professional, and hopefully also for the participants and the reader (Etherington, 2004; Dallos & Vetere, 2005; Riessman, 2004).

3.8 Methods of Verification

The methods of verification in qualitative research are discussed through the criteria of credibility, transferability, dependability and conformability (Creswell, 2012; Lincoln & Guba, 1985).

A thorough interview guide that was followed during each interview and a subsequent thorough data analysis have helped give this study integrity as well as a higher standard of credibility and transferability.

My supervisor also took on the role of peer reviewer throughout this research process. Following each interview, I would take process notes and use them as a basis for discussion during two-way reflexive meetings with my supervisor which facilitated a debriefing process in which analytical probing allowed me to reflect on the implicit assumptions that formed my position towards the topic under study

(Lincoln & Guba, 1985). These discussions helped me become further aware of my own personal biases and to engage in an ongoing critical reflection of my predispositions and thought processes during data analysis and interpretation (Shenton, 2004). These reflexive meetings supported me to adopt a systemic viewpoint to the data, ensuring dependability and conformability through a loyal work ethic (Dallos & Vetere, 2005).

3.9 Ethical Considerations

In order to retain an optimal ethical standard in my research study, I abided by all the ethical procedures known to maintain ethical sensitivity.

Following the approval of my dissertation proposal by the MPSY Dissertation Board, I sought approval from the Faculty Research Ethics Committee and the University Research Ethics Committee.

In view of the sensitivity surrounding the researched topic, participants' wellbeing was paramount. In protecting my participants from any potential harm, at the initial stage of my research I sought the assistance of the programme coordinators who acted as intermediaries. In the recruitment phase, the programme coordinators ensured that all prospective participants did not form part of a vulnerable population, that, to the best of their knowledge, the V+A had ceased, and that there were no safety issues which would potentially cause any distress to any participants who agreed to take part. Through the intermediary all participants could clarify any of their queries and get all the information they deemed necessary, alongside being provided with the information sheet before accepting to participate.

Although consent was signed by all participants, they were free to withdraw at any time without giving any specific reason. Participants were also offered a choice

of location as well as a choice to meet face-to-face, online, or over the phone in order to feel as comfortable as possible in the wake of the COVID-19 pandemic.

Throughout my research I was very careful around issues of confidentiality and anonymity. I assured all participants that as explained in the signed consent form I would handle all personal information acquired in writing and audio-recordings in accordance with the provisions of the General Data Protection Regulation. I was vigilant in modifying and adjusting the portrayal of their identities in a way to eliminate any possibility of their recognisability (Willig, 2013).

I was sensitive to my participants' position and the issues of power, gender and culture (Hyden, 2013). I engaged with my participants with an empathic attitude that helped them feel confident during the interviewing process. Debriefing questions at the end of every interview allowed the encounter to be therapeutic (Etherington, 2007). The participants were further informed that they would be able to request the support of their respective originating services, who agreed to help should the need arise. However, none of the participants were distressed to the point of needing to make use of this offer.

Finally, the difficulties that surround guaranteeing anonymity to the staff and facilitators was discussed with them prior to the interview. While I could guarantee confidentiality, the realities of a small service meant that anonymity would be very difficult to achieve. They were advised to this prior to the interview in order for them to bear this in mind when answering interview questions.

3.10 Conclusion

In this chapter I have presented the rationale for choosing a qualitative methodology, the method used, the participant selection process, and the procedures for data collection and analysis. The methods of verification and ethical

considerations were also delineated. The following chapter presents the study's findings.

Chapter 4: Findings

In this chapter, I will present the findings of this research. The chapter is divided into three sections, pertaining to the interviews with the male service users (MSUs), the female service users (FSUs), and the professionals. Each section will first present the tables summarising these themes and sub-themes and then present the relevant quotes from the participants.

4.1 Findings from the MSUs

Table 4: Themes and sub-themes of MSUs

| Theme | Sub Theme |
|---|---|
| 4.1.1 “A lot of good came from attending the programme.” | 4.1.1.1 Significantly reducing the V+A. |
| | 4.1.1.2 Assuming responsibility. |
| | 4.1.1.3 Becoming more reflective and empathic. |
| | 4.1.1.4 Investing in keeping the family together. |
| 4.1.2 Taking the programme seriously and participating actively. | 4.1.2.1 The programme as an enjoyable experience. |
| | 4.1.2.2 Attending the programme with a purpose. |
| 4.1.3 How facilitators were therapeutic but biased towards women. | 4.1.3.1 Creating safety. |
| | 4.1.3.2 Taking a Collaborative Approach. |
| | 4.1.3.3 Being biased towards women. |

| | |
|--|---|
| 4.1.4 “I don’t belong here. I’m not like the other men.” | |
| 4.1.5 How being in a group helped. | 4.1.5.1 Cohesion and camaraderie. |
| | 4.1.5.2 Learning from and teaching to each other. |
| 4.1.6 What content was helpful. | 4.1.6.1 Finding ‘time-out’ helpful. |

4.1.1 “A lot of good came from attending the programme.”

All MSUs felt that a lot of good came from attending the programme. Some of the MSUs stood corrected about their previous perceptions of the Domestic Abuse Intervention Programme (DAIP). The help received led an MSU to advocate and refer people he felt would benefit while another felt that, had he known how helpful it was, he would have participated earlier. One participant even continued to attend the programme after there was no hope for reconciliation with this wife because the programme offered him solace.

“I used to think, “what do I need to attend the programme for?” [...] then a lot of positive things came from it.” (Tim)

“I encourage everyone [to attend the programme]. If there is need, I would refer people to the programme.” (Jake)

“I would attend the programme again, even if I weren’t violent.” (Dan)

*“All of a sudden, my wife decided we were over. [...] I continued to attend the programme and I spoke about her ending our marriage that same day.”
(Sean)*

4.1.1.1 Significantly reducing the V+A. MSUs reported a significant reduction in, if not a complete cessation of, violence and abuse (V+A). The V+A started to decrease as the programme progressed. Minor changes in behaviour started to demonstrate results. While it is hard to pinpoint the exact moment change started to commence, MSUs now perceive themselves as different men. Today, most MSUs do not respond with V+A in the face of provocation. The safety of the other is kept in mind even when arguments start to escalate. One man reports that he still resorts to verbal V+A. However, he is aware that this is wrong and openly admits it.

“My attitude has changed. I have increased my compliments towards her. In the past I would never have any compliments for her.” (Tim)

“She keeps nagging. And that’s when I get angry! I’m not going to hit her, but she knows I hate it when she does that. Then I resort to insults, for example. And insulting is bad too. It’s a form of abuse.” (Jake)

4.1.1.2 Assuming responsibility. One commonality between MSUs was their assumption of responsibility for their V+A. This was demonstrated in a number of ways. They admitted to their actions and expressed remorse. MSUs acknowledged being at fault by fixing what needed to be fixed in their relationship. This assumption of responsibility helped them make sense of their wives past behaviours as reactions to the V+A. They identified the V+A to be the problem and chose to work on it.

“I accept the facts, I assume my responsibility, I apologise.” (Sean)

“I attended the programme so that if there was something I could fix, I’d fix it. And now [...], there were things that I could fix that I didn’t see before. Today I see them, and I see them clearly.” (Tim)

4.1.1.3 Becoming more reflective and empathic. The DAIP seems to have led MSUs to become more reflective and empathic. MSUs learnt that their behaviour pertained to DV, which they previously believed to be restricted to direct physical V+A. They learnt how to reflect and think before acting out, especially in times of frustration.

“When I’d hear ‘violence against women,’ I would only think about physical violence. I didn’t think... if I were to insult my wife it wouldn’t have been a bad thing.” (Tim)

“When, for example, I’m about to lose it, I ask myself, ‘what am I going to do? Am I going to do the wrong thing or the right thing?’ ” (Jake)

“Sometimes, when they’re about to make me lose it... ‘think,’ I tell myself, ‘think... think!’ ” (Dan)

An increase in reflexivity was paired with an increase in empathy. The MSUs learnt to be aware of their wives’ and children’s need for safety when they were angry. They started to view her as a woman with her own opinions, wishes, and right to freedom. Their perspective ceased to be the only factor that they consider in times of disagreement.

“You have to decide what you’re going to do. I bring my children to my awareness. And I bring her to my awareness too.” (Jake)

“I accept her opinion, [...] I give her the opportunity to speak. [...] It’s not what I say goes, no, I’m going to listen to her side too.” (Tim)

Reflexivity and empathy were demonstrable in their resolve to disagree peacefully.

“There’s no need to resort to physical violence [...] We are capable of discussing and arriving at a conclusion.” (Dan)

4.1.1.4 Investing in keeping the family together. All MSUs were initially motivated to complete the DAIP in order to preserve their relationships. Those whose relationships continued following the programme demonstrated an investment in keeping the family together. One thing that inhibits them from perpetrating V+A is that, ultimately, they want their relationship to survive and their family to remain united. MSUs attempted to sustain their progress with other forms of help (psychotropic medication).

“[Family] was always my priority. I didn’t want [...] for my family to break up and to endure all the consequences that separation brings with it. I didn’t want that to happen.” (Tim)

4.1.2 Taking the programme seriously and participating actively

4.1.2.1 An enjoyable experience. MSUs experienced the programme as enjoyable. All participants participated actively in the sessions, helping with engagement and making sessions seem shorter. The participation, understood as the key to learning, involved engaging in discussions, being asked to read out loud, and giving advice to group members.

“I would give my input in any way I could, when they would ask us to comment or help another group member. I used to take part in that. I used to be active.”

(Sean)

“If you go with an attitude that you’re going to take something from it, you’re going to learn something, [...] if you find the discussion interesting, time passes quickly.” (Tim)

4.1.2.2 Attending the programme with a purpose. The programme was taken seriously as all participants were there with a voluntary purpose. While they all wanted their marriages to survive, some participants’ decision to attend and continue was influenced by other factors. One attended to demonstrate an effort to improve in any upcoming court case or to pre-empt a court-mandate. Another was motivated to learn from the mistakes of other participants so as not to repeat them.

“Before the major incident with my wife I had already applied for the programme. After that, I was even more keen to attending it because I was scared that I might need it our court case.” (Dan)

“And I thought, ‘let me see if in the future, if we reconcile, I can learn what not to do.’” (Sean)

4.1.3 How facilitators were therapeutic but biased towards women

4.1.3.1 Creating Safety. Despite a perception that professionals are biased against men, the facilitators were highly commended and emphatically credited by all MSUs for creating, maintaining, and ensuring safety in the programme. The professionals were committed to helping participants feel comfortable. A testament to this is that one participant felt more comfortable to speak to the professionals than he his own parents. The professional’s mere presence and manner in themselves

was a great comfort. This safety was cultivated by the demonstration of softness from a male facilitator.

“I think that, the presence of [name of facilitator], he is... I don’t even talk to my own father the way I talk to him. He really... I found him to be a great help. In his presence, I’m comfortable, you know? Extremely.” (Jake)

“[The facilitators] tried really hard to... they make you feel comfortable.” (Tim)

4.1.3.2 Taking a Collaborative Approach. The facilitators’ collaborative approach also seem to have facilitated therapeutic interventions. Most notably, the participants acknowledged that being given the opportunity to speak and being met with patience helped them come to the realisation that they had a problem to work on. The facilitators were tentative, took a non-expert position, and were always ready to listen which helped the participants to open up and come to the realisation that they had a problem which needed addressing.

“He explains to us. He gives us the opportunity to speak. He’s very patient.” (Jake)

“One of the things we used to admire was them telling us, ‘tell us if we have got it wrong.’” (Dan)

4.1.3.3 Being biased towards women. A pervasive feeling felt by half of the participants was that the facilitators were biased against men. This feeling seemed to block MSUs from expression. One participant felt that the facilitators seemed not to acknowledge that both men and women are likely to be abusive. This led to the MSUs feeling a range of things including feeling downtrodden as a man, trapped between being in a tumultuous situation at home and being enrolled in a programme

where he cannot talk about it, and feeling as though the facilitators were on the women's side.

“What is certain is that those who gave the programme are all out against men. Or, let me put it in another way. They don't want to hear about the problems my wife gave me. It's like it's always the man's fault, and the women are saints.” (Tim)

“At the beginning of the programme I used to get irritated because they used to consider the women to be in the right. Always the woman.” (Dan)

One predominant feeling among these participants was that they felt their context was ignored. They did not feel that it was acknowledged or validated that they were experiencing V+A too at the hands of their wives. Ultimately, due consideration about what MSUs were going through was not given.

“My ex-wife is physically strong. She has hit me before. She even used to hit me while I was driving.” (Dan)

“There was no consideration to my relationship and what type of relationship it was.” (Sean)

4.1.4 “I don't belong here. I'm not like the other men.”

The discrepancies between the types of V+A that were perpetrated by other programme participants were met with feelings of unease. Men whose V+A pertained exclusively to verbal V+A found it hard to relate to men who would destroy the house and/or beat their women and children. MSUs whose V+A pertained to destroying the house and/or beating their women and children felt out of place in a programme where there was a man who put a gun barrel in his wife's mouth. This rendered MSUs feeling out of place finding it hard to follow or engage in the session.

“There were many who, those in the programme with me... they were... different to me. I used to feel really... I couldn’t relate to them. [...] There was a man who put a gun in his wife’s mouth. There was another man who broke his wife’s ribs.” (Dan)

“The first thing I felt in the programme was shock. In the programme with me there were people caught with drugs in the house, people who tried to kill their wives, people who would destroy the house, breaking everything in their path, people who abused alcohol. I didn’t used to form part of this scene at all.” (Sean)

4.1.5 How being in a group helped

4.1.5.1 Cohesion and Camaraderie. Another commonality between all MSUs was that they all felt a sense of belonging in the group. They felt close to and had positive effects on one another. They shared a common goal, were sincere with one another, shared their own and listened to each other’s personal histories, and admired one another in their bravery to disclose. Success and improved interpersonal skills are, in part, attributed to the group participants.

“We used to joke among ourselves even while we were... I either got lucky when it came to the group I was with or, I don’t know because... everyone spoke about their problems and no one felt uncomfortable in the group.” (Jake)

“The nine of us were sincere with one another. And it’s enjoyable. And the more you talk, the more you enjoy it. So, without trying you feel comfortable.” (Dan)

4.1.5.2 Learning from and teaching to each other. Half the participants reported that the programme provided them with opportunities to learn from and teach to one another. One participant felt that he had the most to learn being the youngest member and also as though he had a lot to teach others, describing himself to be a victim of V+A of it at the hands of his then wife. Another participant stated that seeing others attempt to remain calm in moments of increased tension helped him learn how to remain calm.

“ ‘Imagine what I went through. That’s what she is going through. Think, think!’ I would tell them.” (Dan)

“You’d hear about how one of the participants is trying to manage his temper, and the others manage their temper too as a result.” (Sean)

4.1.6 What content was helpful

The participants said that a variety of the content, material, and methods of facilitation were helpful. The use of visual aids (handouts and drawings) were a simple way to effectively convey a message. These messages often took the form of simple metaphors which were helpful. The film MSUs watched helped them take a bird’s eye view of their situation and see it in a new light. The notes were perceived as an extension of the session. The check-ins and check-outs and the discussions that these generated were also highly praised. Discussions were perceived with fascination where the sharing of ideas took place. Apart from individual aspects of the content, another thing that was praised was the variety itself.

“The facilitator used to write on the whiteboard often. And once, not once, he did it many times, he drew a tree. He would tell us that for this tree to grow, you need to give it good vitamins. [...] So, this tree always needs to eat. He

had another drawing, the weighing scales. He would say the bad is very heavy. You need a lot of good to outweigh the bad. I'll never forget that. You have to do a lot of good to overcome the little bad.” (Jake)

“The thing that impressed me most were the discussions. But, I mean, I liked the handouts, drawings [...]. You get something out of them. But the discussions, you get to hear a lot of ideas.” (Tim)

4.1.6.1 Finding ‘time-out’ helpful. Another commonality between MSUs was that they all singled out ‘time-out’ as a particularly helpful lesson. Taking a breather in the middle of a heated argument that normally escalates into V+A had positive effects. It was, in some cases, something that MSUs put to use immediately and something they still use to date.

“The time-out technique is very good. Because I’d be a bit irritable, and I start getting riled up for a fight or whatever, I go smoke a cigarette on the roof.” (Jake)

“Something they emphasised was the time-out technique. Now, it’s not just about taking a time-out. You have to explain the time-out and give it a meaning. I can’t just leave in a fury. You need to explain to the other person why you are going to use it.” (Dan)

4.2 Findings from the FSUs

Table 5: Themes and sub-themes of FSUs

| Themes | Sub-Themes |
|---|------------|
| 4.2.1 “The Programme exceeded my expectations – it was incredibly helpful.” | |

| | |
|--|--|
| 4.2.2 Finding ‘time-out’ helpful. | |
| 4.2.3 Finding additional professional support helpful. | |
| 4.2.4 Missing complementary / supplementary services for partners. | |
| 4.2.5 “He’s become a completely new man.” | 4.2.5.1 “The V+A has stopped – I feel both free and safe.” |
| | 4.2.5.2 “He has assumed responsibility and become more reflective and empathic.” |
| | 4.2.5.3 “We are still repairing the damage.” |
| 4.2.6 “There was some change but, ultimately, he remained abusive” | 4.2.6.1 “He remained abusive, even after the programme.” |
| | 4.2.6.2 “He never assumed responsibility for his actions.” |

4.2.1 “The programme exceeded my expectations – it was incredibly helpful.”

While FSUs had little or no prior knowledge of the programme, they trusted that it would be of great help to their men. There was an expectation for MSUs to learn from the facilitators as well as from the other group participants. The programme made a world of difference, addressing all abusive tendencies.

“It was not just his [abusive] words. When I would go out, he used to call incessantly. Those things stopped now. They don’t happen anymore.” (Jess)

“[I expected] that he would not remain abusive. That he would learn even from the experiences of others. [...] The help I expected from them was given to him. They helped him and when I needed them, they helped me too.” (Sophie)

4.2.2 Finding ‘time-out’ helpful

FSUs credited the improvement, in part, to ‘time-out’. It was useful, helpful and often discussed for both of them to implement it appropriately. It is utilised up to this day even in arguments that are considered petty and trivial.

“Yes, he mentioned the time-out strategy frequently. He mentioned it to me often, even during a disagreement. He would say, “look, let’s stop for a while, then we’ll talk again.” In fact, in the past he wasn’t... in the past he would need an answer now, now, now, [...] When he started the programme, he started to notice that you need to take a step back from fights, which he called time-out.” (Jess)

“He started to believe in the time-out strategy. He did not previously. [...] Even if we have a regular fight, he takes a time-out, you know? For him not to keep on... [...] He uses time-out a lot.” (Sophie)

4.2.3 Finding additional professional support helpful

The DAIP was not offered in isolation. The programme’s co-ordination with victim services suited FSUs and gave them more support.

“[My social worker] was very helpful, it’s true that he don’t talk the way we used to before but I found a lot of help from her.” (Jess)

Some FSUs attended a support group for women whose partners were enrolled in the programme where they picked up helpful information. They learnt how

to relate to their men and not to challenge their men in order for an argument not to escalate.

“From the programme I learnt many things, for example, first, that when he is angry, I’m not to talk to him anymore or challenge him anymore. To tell you the truth, I have a few, how do I put this?... He says what he has to say and I insist on answering back. I don’t know why, you know? I have that character trait.” (Molly)

4.2.4 Missing complementary / supplementary services for partners

FSUs who did not attend a women’s support group felt that they would have benefited if they were similarly provided with sessions in which they were taught relational skills and strategies that their husbands were.

“The fact that they stopped the women’s group was a big mistake. [...] If there were a support group for women, I would go. Because I would learn from it too” (Jess)

“Sometimes even I need to implement [a time-out], but I don’t know how to use it. Because I’m that type of person [...] I keep squabbling.” (Sophie)

4.2.5 “He’s become a completely new man.”

4.2.5.1 “The V+A has stopped – I feel both free and safe.” Some women reported a complete cessation of V+A. Their men would come back from the sessions in good spirits and, increasingly, invested further in their relationship. FSUs no longer live in fear of V+A and have improved space for action.

“Before [the programme] even when it came to talking, I would be scared. [...] now I’m less scared. Not less scared, I’m not scared, I should say.” (Jess)

*“I feel safe with him. *nods* Safe.” (Sophie)*

4.2.5.2 “He has assumed responsibility for his V+A and become more reflective and empathic.” The cessation of V+A was not the only positive change that occurred. In some cases, MSUs assumed responsibility for their V+A and have since become more reflective and empathic individuals. They are aware of their harmful past-doings and have owned up to them by, for example, apologising. Now, in moments of heated tension, MSUs stop and think before acting. They are more patient and collaborate with their women to solve their problems as a couple as opposed to catastrophising. This effort is made in all MSUs’ relationships, not just the relationship with their spouse. MSUs have garnered knowledge about how to face problems effectively and have become more communicative.

“He helps me around the house, he shops for me, he hangs out the clothes, he brings the clothes in. Even with our grandchildren and with me, he doesn’t use abusive language. He never said those things to me again.” (Jess)

“I have noticed that he has started to listen to me patiently, he gives me advice, he helps me. [...] I noticed that he has even started to help me get through this experience of the violence. He worries about me and tells me, “when I come home tonight, we will talk about what you are feeling.” I feel so much better now.” (Sophie)

“He had problems with his mother. If I am not mistaken, he was not on speaking terms with her at that time. But thanks to the programme, they started to talk again. He took that step. He also did not speak to his sister at that time. Of that, I am sure. But in the last five years since the programme, he has started to talk to her again.” (Sophie)

4.2.5.3 “We are still repairing the damage.” Despite cessations of V+A and improved quality of relationships, some FSUs feel there are some ways to go. That is, they are still in the process of repairing the damage the V+A caused. One couple are on a trial period where the husband would come back home for 3-4 nights a week. Another woman believed that the trust needed to be re-built. She is still occasionally distant from him and admits that she has not fully forgiven him as of yet.

“I intend for us to reconcile completely and be together all the time. That is my wish, as we have been married [for more than forty] years, it is no joke. I was really really hurt and I did not want the situation to persist the way things were. [...] I do not think that we will be in this trial period for long, I intend for us to remain together.” (Jess)

“I am still hurt and sometimes he notices. He tells me, ‘you haven’t forgiven me fully yet.’ ” (Sophie)

4.2.6 “There was some change but, ultimately, he remained abusive.”

4.2.6.1 “He remained abusive, even after the programme.” Some FSUs reported that their partners remained abusive. They observed a few changes which they attributed to the programme. However, these changes meant a change in and/or a small or temporary reduction in V+A, rather than a cessation thereof. There were no changes to FSUs’ perceived safety and occasionally men used what was taught in the programme against their wives. These FSUs went as far as to say that they do not believe that certain men who abuse can change.

“After the programme, he was not violent often. Meaning that compared to how abusive he was before, he improved. But he was abusing me mentally.

Instead of abusing me through hitting me, he would abuse me with his words.

[...] he still broke me mentally.” (Molly)

“He remained abusive, yes. Because I believe that to receive help you have to be willing to accept it and understand it.” (Sia)

“Speaking from my perspective, [...] you can never feel safe with an abusive man.” (Molly)

“There were times that he used ‘time-out,’ yes. He used to go smoke a cigarette, or he would leave, or I would leave. But when I would leave to go into another room he would tell me, “What, don’t you know how to communicate?” sarcastically.” (Molly)

“He started to use ‘time-out,’ but not in a healthy way. For example, he would leave the house and come back four hours later after not answering his mobile phone. That is not time, to leave and not come back or to come back at four in the morning and tell me he took a time-out. He used to use it... he used to use everything towards his own advantage.” (Sia)

“I find it hard to believe that an abusive man can change, personally. I don’t believe it. Maybe [those men who changed with the help of the programme] did not have so many problems to start with.” (Sia)

4.2.6.2 “He never assumed responsibility for his actions.” Apart from a persistence of V+A, some men did not take responsibility for their actions. MSUs blamed their fights on their wives or children. A lack of progress was attributed to the type of help being given. Any apology made was an attempt to put a stop to an argument but then an incident would occur later.

“ I think ‘sorry’ was just a word he used there and then and he would regret that particular instance. But two days would go by and the same thing would happen.” (Molly)

“He used to complain at home that the reason that the couple were not making progress and such was because [Appoġġ] would be telling us conflicting things.” (Sia)

4.3 Findings from the Professionals

Table 6: Themes and sub-themes of Professionals

| Themes | Sub-Themes |
|---|--|
| 4.3.1 “We do what we know works.” | 4.3.1.1 Being a therapeutic catalyst for change. |
| | 4.3.1.2 Catering for the client population |
| 4.3.2 “There is more than meets the eye – there is more work than just the programme.” | |
| 4.3.3 A team of self-aware and reflexive individuals who meet challenges and still strive towards an ideal. | |
| 4.3.4 “What we do here is not understood by others in FSWS.” | |
| 4.3.5 Limitations and dangers of the programme | |
| 4.3.6 Working towards reduction and cessation of V+A through small and achievable targets. | |

4.3.1 “We do what we know works.”

4.3.1.1 Being a therapeutic catalyst for change. Rather than being an anger management or social education programme, the professionals stated that the DAIP is a therapeutic programme. A rapport and collaborative alliance is attempted

to be built with each SU. This is neither a straight forward task nor always achievable.

“This is not a programme of anger management. There is no management. This is not, like, a CBT programme. This is deeper. This is more embedded, it’s more second order change because it’s going to touch you and the relationships you are in and you as a person and you in the context of the community, in the context of a family, it’s not a matter of [simply] stopping [the V+A].” (Facilitators)

The therapeutic approach seems to be collaborative. Importance is placed on engagement and rapport. MSUs are believed to be capable of change and it is the professionals’ job to facilitate change. The MSU’s narratives, thoughts, and feelings are privileged and their contexts are taken into account. The collaboration involves reassuring MSUs that they stand to gain from this therapeutic exchange. Finally, while MSUs are engaged through different methods and materials throughout the programme, the therapeutic relationship is prioritised above all else.

“The philosophy behind this change or transformation is built on the therapeutic relationship. That people change. At least we facilitate that.” (Facilitators)

“We work very much collaboratively, we invite all the time to reflect, to think, to see the consequences, to see the benefits.” (Facilitators)

The professionals constantly implement therapeutic factors. MSUs are treated with empathy, which seems to increase motivation to change. The empathy with which MSUs are met is not to be construed as justification for their actions, which are vehemently uncondoned. But empathy helps MSUs not to feel judged. MSUs need to

understand that the professionals are there to help and the aim is the safety of women and children. They are largely supported to privilege their relationships by finding different ways to act when they feel triggered.

“Individually you build, I build a rapport usually... you take time to engage and listen, and empathise. Because some of them will be in very very difficult situations. If [MSUs] begin to develop empathy, they begin to respond. They respond to your empathy.” (Staff)

“I try to relate with what they present. So, you have to be empathic without justifying or without reinforcing their belief that they are, in some way or another in the right.” (Staff)

A singularly important and repeatedly mentioned therapeutic factor is validation. MSUs require validation that they find it hard to control themselves when triggered. Any hurt rooted in past stories which trigger violent episodes need to be validated.

“You need to validate his feelings when they require validation.” (Staff)

“You can still validate the person. How difficult it is for them in moments of provocation to decide, as they say, to act respectfully. That’s the validation. What a difficult decision it is. By validating that their past stories trigger them to react violently. Because they’re provoked by their partners bringing up sensitive matters or sore spots for them. So, it’s important for us to validate that hurt, that this is not easy to control and that it’s easy to react. These triggers, how can you find ways to regulate these triggers. But we validate the difficult moment.” (Facilitators)

The professionals are emphatic about differentiating between the person and the V+A. They denounce labelling MSUs as ‘perpetrators’ and have relationships based on equality with them, which MSUs respond to. This is communicated by acknowledging every step MSUs take in the right direction. There is not a sole focus on their wrongdoings/relapses, there is also praise for the improvements/investments MSUs make in their relationships.

“You need to help him understand that feeling anger is okay. [...] It’s what happens after that might not be ok.” (Staff)

“The person is not the problem, the person isn’t the abuse, the behaviour is abusive. We make this distinction. Through our relationship we don’t condone the behaviour that is abusive.” (Facilitators)

Unhelpful beliefs are challenged and MSUs are invited to consider alternative actions. The challenging is done delicately and only after engagement and the establishment of a therapeutic alliance, lest the professionals alienate the individual. They are invited to think about what their partner might be feeling in being abused, what the implications of their V+A are, and to consider behavioural alternatives to V+A. In this respect, the purpose of the programme is not for MSUs to stop being violent, this is regarded as a starting point. The programme then takes MSUs on a trajectory towards restoration and dignity as a person.

“You try to support him in thinking about reflecting how the difference- or the fact that he didn’t create an argument or he didn’t create an issue out of the situation is supporting the relationship, not just his wife not leaving. And his own emotional wellbeing, his wife’s wellbeing, their children’s wellbeing. It’s about supporting them reflect or think about how their actions affect their

relationship with the family, or with the wife, and with themselves sometimes.”

(Staff)

“There’s a choice... there’s an option. Alternative behaviour. Yes, you were angry, of course you were angry. What could you have done [other than abuse]? How did abusing your wife help you? There is a lot of resistance towards what they could have done at that stage.” (Staff)

The professionals teach practical skills which can be learnt by MSUs to facilitate change and improve their relationships. The professionals show MSUs a powerful film that that helps MSUs take a bird’s eye view of their situation. MSUs are touched when the topic of their children comes up. They respond to metaphors and topics which directly relate to their interests. When COVID-19 hit, professionals found a way to keep MSUs engaged even though the programme had to be halted by keeping regular phone contact with them. The professionals also notice that having MSUs listen to themselves admit to V+A out loud tends to bring about awareness. Finally, the professionals facilitate better relationships by modelling them. They show MSUs how to be in and repair relationships.

“Listening to themselves saying what they’ve done can be an eye-opener for some of them. You get some of them who are shocked when they listen to it outside of the house.” (Staff)

“When we confront, challenge, ask, enquire, when they ask us... we try... we teach them how to repair. For example, if I snap at someone, I apologise to him. We help them also by showing that we can make mistakes but also showing them that we can repair.” (Facilitators)

4.3.1.2 Catering for the client population. The professionals demonstrated awareness of the tendencies of this client population by catering towards their needs. This client population are treated with vigilance, a great amount of attention, and appreciate candidness and mutual respect. The programme is further targeted towards the needs of the population by taking place in Maltese. The professionals find out what motivates MSUs individually to attend the programme. The programme has increased from 12 sessions to 28 when the former number of sessions was found to be insufficient. The professionals are also aware that there might be instances of retaliation.

“Meaning, we do talk empathy and understanding, but I mean you have to stay very sharp because you find yourself manipulated in no time and you forget where you are and where you should be going. [...] Even when it comes to ‘time-outs’, you can’t take it for granted that they’re taking them appropriately. The chances, 9 to 1, that they did not take a real time-out. They used the time-out to be even more abusive.” (Staff)

“There are people who confront you because in a way you try to push them a bit and they retaliate.” (Facilitators)

4.3.2 “There is more than meets the eye – there is more work than just the programme.”

MSUs undergo a comprehensive assessment prior to the DAIP. The professionals look out for life stories and patterns of V+A which are telling of their potential to take responsibility or potential to benefit from the programme. This contributes towards the work that is done in the programme. Once the programme is finished, MSUs may avail of a support group.

“The assessment is quite comprehensive. We look out for patterns, patterns of abuse. Because if there’s a pattern, it can be tied to power and control.”

(Staff)

“The assessment phase and the recruitment phase are extremely important for the programme. There would be no programme without these phases.”

(Staff)

The service liaises with the Domestic Violence Unit (DVu) whereby they mutually collaborate and support one another. It is deemed a collective effort. The assessment might extend to the psychological services in which MSUs receive a psychological evaluation to determine whether suitability for the programme.

“Another strength is believing even in the women’s services and the work they do in DVu. Meaning that we don’t have those conflicts with them, we have a good relationship with them, with the victim’s social workers and that is a strength because we support one another.” (Staff)

“Luckily, when we feel and see certain behaviour that can indicate certain types of personality issues, we have the facility to refer them for an assessment within the foundation. A psychological assessment.” (Staff)

4.3.3 A team of self-aware and reflexive individuals who meet challenges and still strive towards an ideal.

The professionals demonstrated skills in reflexivity and self-awareness. The professionals demonstrated that they were open to perhaps not being fully understanding of MSUs. They reflect on client cases and their style of practice. They are aware of the complexities of their work and ponder the outcomes of their interventions very carefully.

“They often told us that we side with the women. They imply that we’re implicitly against them. There are these kinds of comments. And I understand them because it’s true, from my end, I might not be understanding them 100%.” (Facilitators)

*“I question, “okay, maybe I could have done something differently in the assessment and explained to him better what the programme is about?”
(Staff)*

The professionals are motivated by their belief that women and children need to be protected from men. They believe that behind MSUs they work with, there is a family and a network of relationships that stand to gain from MSU’s trajectory. Together with the consideration and commitment to the protection of women and children, there are positive beliefs held about MSUs. The professionals believe that MSUs are unhappy individuals who suffer and have good inside them. The professionals meet the challenges that come into play with believe in the programme and their work. The professionals are partial to group work and experience it to be a humbling experience when there is change in the individual.

“The strengths of the programme, I believe, is that whoever worked in that unit was extremely motivated. I mean, we believe in what we do. We are very very strong supporters of a zero-tolerance attitude. We are very very strong supporters of women and empowerment.” (Staff)

“What helps me a lot is that behind these men there are a lot of relationships, so if I’m going to work with you, I’ll be working with your partner, your parents, your siblings. I will reach these people too.” (Facilitators)

4.3.4 “What we do here is not understood by others in FSWS.”

The professionals expressed that there is a general lack of understanding surrounding the programme. On the one hand, there seems to be a lack of understanding stemming from within the Foundation for Social Welfare Services. The programme is often thought of as “anger management,” which it emphatically is not. Also, there seems to be a lack of investment in the programme and access to resources need to be worked that much harder for. This lack of understanding complicates recruitment of facilitators. These challenges have left professionals feeling isolated and unacknowledged.

“You get this sort of challenge even from within the foundation and within the agency. They have no idea how we work and no matter how many times you tell them, they still don’t get it. When you get people working in the agency telling you that it’s anger management that you do... no! It’s not anger management.” (Staff)

“And when people, even within the agency, don’t... absolutely don’t understand, let alone appreciate how hard the work is. [...] So, the result is that you feel extremely isolated. Very isolated.” (Staff)

“Many times, STOP is ignored. For example, there was the domestic violence unit that took everything up. Attention, resources, everything.” (Staff)

4.3.5 Limitations and dangers of the programme

Some of the limitations and dangers of the programme are derived from the fact that the programme takes place in a group setting. The limitations pertain to time constraints; the fact that this is not individual therapy so MSUs do not get the full one-on-one experience and perhaps not as much attention as they desire. Another

thing that is complicated in the group setting is that MSUs are different in a variety of ways. Different men have different motivations to join the programme, present with different levels of difficulty, and continue on in the programme for different reasons. Targeting all of them individually is challenging in a group setting.

“You have to imagine, a group setting, someone tells you something and implicitly, there’s more to it... there’s a degree to which you can be compassionate and empathic. You can’t give them as much as you would in a one-to-one session, I’d need to put a stop to it because of time constraints of the group setting.” (Facilitators)

“Some [men] would actually come because they’ve been threatened with separation by the partner or they’re court-mandated. Or, they do realise that they shouldn’t have done what they did.” (Staff)

The dangers of the group is that sometimes MSUs pick up abusive tactics from within the group itself. Some men will learn from each other how to abuse differently or use the teachings of the programme to abuse further. One common feature is the misuse of ‘time-out’.

“Some of them will be like, ‘had you taken the time-out?’ they’ll say, ‘yes of course I took the time-out.’ When you talk to the wife, the ‘time-out’ was grabbing the keys, and saying, ‘I’m going to the pub.’ Or leaving the house without a word and coming home drunk.” (Staff)

“When it comes to time-outs, you can’t take it for granted that they’re taking them appropriately. The chances, 9 to 1, that they did not take a real time-out. They used the time-out to be even more abusive.” (Staff)

“Sometimes they actually learn from the group... how to abuse emotionally. So, the facilitator is addressing a certain type of abuse and obviously encouraging them and enabling them to empathise to see how a woman might feel when you do this. And they actually use that. It’s a double-edged sword.” (Staff)

4.3.6 Working towards reduction and cessation of V+A through small and available targets.

The ideal worked towards involves complete cessation of all V+A. Professionals strive towards equal, empathic, and respectful relationships, as opposed to objectification and domination. This is worked towards by celebrating small and achievable targets, through engagement of clients, and supporting MSUs to identify triggers and recognising their choices to be violent. While for some, success is a complete cessation whereby MSUs take full responsibility for their actions, for others a reduction is also success.

“I mean, the ultimate success that you aspire to is the cessation of all kinds of abuse. Ideally, all the abuse would stop. The perpetrator will develop empathy where there is none or increase his empathy and, hopefully, develop respect towards this partner.” (Staff)

“The programme aims to, first of all, stop the violence. That’s the first, initial step. All types of violence. We don’t talk about physical violence we talk about abuse and violence which includes all. That is something that we aim for from the very beginning. [...] That’s the prerequisite to do the programme. Then, hopefully, that state is sustainable [...] The idea is to move from abuse to respect.” (Facilitators)

Chapter 5: Discussion

5.1 Introduction

The findings of this study were mixed and answers to the three-part question were interwoven. With regards to the cessation of violence and abuse (V+A), there were two female service users (FSUs) who reported that the Domestic Abuse Intervention Programme (DAIP) only achieved some reduction of V+A or a shift in abusive tactics. However, there were respondents who were no longer violent and abusive once the programme terminated.

Male service users (MSUs) are motivated to cease V+A to keep their families together. All three respondent perspectives suggested that the DAIP's therapeutic process is helpful in the cessation of V+A. The work that the professionals put into the programme is comprehensive. They are self-aware and reflexive practitioners who use a pro-feminist framework to target patriarchal and misogynistic beliefs and slowly work towards a reduction and cessation of V+A. Moreover, they do this in spite of not feeling understood by others in the Foundation for Social Welfare Services (FSWS) and while remaining cognizant of the limitations and dangers of the programme.

The fact that the DAIP takes place in the context of a group is another strength all three perspectives seem to unanimously agree upon. The MSUs felt supported and helped but also felt that the professionals were "anti-men" as they did not validate their views that their partners were sometimes abusive too.

Although the professionals address 'time-out' with utmost caution, this strategy was singled out by the MSUs and FSUs from other tools and skills facilitated in the programme as part of the most memorable and helpful content of the DAIP.

5.2 Keeping family together

One thing that the MSUs had in common was that they attended the DAIP with the aim of preserving their relationships. They attested to loving their partners and ultimately wanted their relationships to survive. This may suggest a subtle cultural undertone. That is, this desire in the MSUs may be influenced by traditional Maltese values. Alternatively, this desire may also suggest that family is important to MSUs and they would attend the Domestic Violence Perpetrator Programme (DVPP) if that is what it took to save their relationship.

The aim of MSUs' attendance was targeted towards family unity or reunification. While this motivation helped MSUs to engage in help-seeking behaviour, it might be problematic if their partner wants to leave the relationship. Further to this, the MSUs did not attest to their need to conduct themselves ethically or express a desire to take responsibility or atone for their V+A. Their reasons for attending the DAIP were intertwined with their desires to keep the family together.

This finding in the Maltese context might be significant. 'Traditional' Maltese families are seen to be based on values such as unity, religion, identity and loyalty (Tabone, 1995). In this respect, the unanimous wish among the MSUs to keep the family together might be an attempt to retain a significant aspect of a Maltese man's identity. Further to this, in Malta, the individual is identified with his/her family of origin and the family exercises strict control over its members for honour's sake (Tabone, 1995). That is to say that attempting to keep the family together might not be explained in terms of values of unity etc. On the contrary, it might be an attempt to retain further control (Elmqvist et al., 2014).

A study by the National Centre for Family Research (NCFR) (2017) demonstrated the importance that Maltese individuals place on their relationships. Namely, they value reciprocity, mutual respect, love, trust, loyalty, communication, and closeness (NCFR, 2017). In this way, the MSUs in this study might be engaging in help-seeking behaviour in an attempt to align with these values. The values and beliefs that emanate from a Maltese cultural context may have shaped the MSUs' help-seeking behaviour, as the social and cultural context in which families are embedded has a direct impact on family life (Abela et al., 2005).

The MSUs' love for their families was corroborated by the FSUs. FSUs insisted that their husbands were "family men" who held family close to heart and cherished their children. One MSU attended the DAIP even though he firmly believed that he was not solely at fault for the general relational state of the family to keep the family united. One FSU felt that, by completing the DAIP, ceasing V+A, recovering from his alcoholism, her husband effectively chose family over his alcohol dependency and abusive tendencies. The improvement of their intimate relationships has been perceived as success by men who have completed DVPPs (Westmarland et al., 2010). These researchers found that one of the expressed goals of attending a DVPP was for them, as MSUs, not to lose their partners. Similar to the findings in this study, the men in the Westmarland et al. (2010) study repaired and retained their relationships through improved relational skills, suggesting this phenomenon might not be a cultural finding specific to Malta.

5.3 The DAIP as a Therapeutic Process

Therapeutic facilitation in the DAIP was considered a pivotal and integral component by MSUs, FSUs, and professionals alike. All participants perceived the therapeutic quality of the DAIP as helpful, if not sufficient to bring about cessation of

V+A. Below, I will give more detail about what the participants considered to be therapeutic.

While there was the aforementioned prevalent need for validation, the MSUs all attested to how comfortable and at ease the facilitators helped them feel and how this was crucial to the help-seeking process. The FSUs concurred that MSUs appreciated a context in which they can vent privately. The professionals corroborated this by emphasising the importance of a comfortable group climate. Further to this, the professionals did not underestimate the importance of therapeutic engagement.

The professionals build and sustain a rapport with the MSUs with the aim of helping them change their V+A and taking responsibility for it. Putting the MSUs at ease was associated with a greater likelihood for them to disclose. This is congruent with the findings of Campbell et al. (2010). Shame, embarrassment, and perceived judgement are likely to hold men back from disclosing stories or details pertaining to their V+A. Trust, confidentiality and an attitude of non-judgement are critical to the group environment (Campbell et al., 2010). They are elements that both foster a feeling of safety and comfort in the group setting and help overcome the hurdles of shame, embarrassment, and judgement in order to facilitate meaningful disclosure (Campbell et al., 2010). Similarly, Rosenberg (2003) determined that the most helpful elements in DVPPs are interventions which are targeted at a relational level. Among these interventions were alliances built between the MSUs and professionals.

The MSUs responded positively to being viewed in a non-judgemental manner. The professionals attested to not using the labels of “perpetrators” and

facilitators openly and consistently condemned V+A, not the individual man who abused. The professionals believe that to judge MSUs is to do them a disservice and, hence, treat them respectfully, to which the participants pick up on and respond positively. A facilitator openly questioning whether any real difference between themselves and the MSUs is a true testament to their lack of judgement. This is congruent with the findings of Bailey et al. (2012) where equal relationships were found to be an effective catalyst for change. The professionals of the DAIP believe that MSUs have a lot of potential and good within themselves. As professionals they are steadfast in their view of MSUs as men who, generally, are unhappy, require help, and are ultimately good people. For one particular man, having his growth validated at the end of the programme was an emotional experience. This is consistent with findings that support a strengths-based approach (Aguirre et al., 2011; Bogolub, 2010; Mumford et al., 2008). The MSUs' capacity for empathy and/or kindness is captured and capitalised on by the professionals.

A collaborative approach (Anderson, 2012) is another helpful quality of the DAIP. That is, an approach characterised by taking a non-expert stance and intervening with active listening, patience, empathy, respect, and validation. The MSUs credited the professionals as being masterful in their capacity for being gentle and well-meaning. This was corroborated by the FSUs who felt that their husbands became more understanding and empathic as the programme progressed.

A strong and collaborative therapeutic alliance between MSUs and professionals during the DVPP process is supported by research (Boira et al., 2013; Eckhardt et al., 2006). In turn, the professionals demonstrated awareness that the MSUs respond to interventions which are empathic and validating. This finding is consistent with studies which determined that validating clients' experiences through

empathy and respect, together with being sensitive to shame or blame, helped engage clients in the group process and were key strategies to changes in behaviour (Chovanec, 2009; Morrison et al., 2017).

Professionals prioritised the therapeutic process above all else. It was emphasised that the DAIP is a process-driven programme as opposed to a curriculum-driven. This is corroborated by the MSUs who experienced a sense of safety within the group which paved the way towards active participation. This is consistent with the findings of Aguirre et al. (2011) where a therapeutic approach led to more significant changes than an educational one. According to the professionals, the therapeutic benefits of building the therapeutic alliance exceed the material intended to be covered. The curriculum serves as a starting point from which the facilitators can begin to invite the MSUs to think about their relationship, their partners, and their V+A. The core of the programme is therapeutic and based on the philosophy that people can change if facilitated and guided accordingly. The physical content of the programme is flexible and can be adapted if needed.

5.4 Stance of Professionals

This study took the professionals' perspectives into consideration and yielded several findings. The literature surrounding the perspectives of professionals working in DVPPs has thus far been very limited (Pandya, 2009; Silvergleid & Mankowski, 2006).

The findings in this study demonstrate that the professionals collectively do what they have found to work with the MSUs. With extensive experience, the professionals have cultivated a wealth of knowledge in the field that they put to use in their practice. That is, they work therapeutically by being collaborative, empathic,

and validating in their interventions. They take a holistic view of the man as a unique individual and invite them to transform positively. They have found this to increase MSUs' motivation to change. They also choose effective methods to help facilitate the programme's content and impart practical relational skills and tools (e.g., through demonstrating peaceful disagreement and teaching 'time-out').

While the programme is an integral part of the service, there is more work that transpires around it. The service conducts thorough and exhaustive assessments of the MSUs in order to determine eligibility and suitability for the programme. In this assessment process, as much information as possible is gathered in order to effectively determine whether the individual would be a good fit for the programme. This is consistent with findings that suggest that information gathering is an essential component (Morrison et al., 2019b). Subsequent to the programme, MSUs are also free to join a support group within the same service. This is to say that the MSUs are supported before, during, and after the programme. This, particularly the existence of the support group, echoes the importance of social support by Lila et al. (2013). These found that the higher the levels of social support, the higher the psychological adjustment and the lower the V+A perpetration. In addition to this, there is a professional liaison between this service and the Domestic Violence Unit (DVU). Together, these services strive towards ensuring as much safety as possible towards the women and children.

The therapeutic work that goes on is done from a pro-feminist stance to, once an alliance has been established, challenge the tendential beliefs of this particular client population. During the assessment as well as during the DAIP, the professionals invite the MSUs to think about why and how they do what they do, what advantages it brings to them, their partner, and their families. From the pro-

feminist stance, the professionals then challenge any misogynistic and patriarchal beliefs of MSUs. The indispensable technique and intervention of challenging redirects to the importance of the MSUs feeling comfortable and supported within the group. In order for challenging to be successful, a certain level of trust has to be reached both between the group members and between the staff and MSUs. In this respect, the staff need to strike a balance between supporting the MSUs and confronting and challenging their beliefs simultaneously (Silvergleid & Mankowski, 2006; Morrison et al., 2019b).

Theoretical modalities for DVPPs are among the most researched in literature (Dutton et al., 2007; Morrel et al., 2003; Saunders, 1996; Saunders, 2008). In this study, the professionals attested to being passionately committed to the safety of women and children. This is the foundation on which the professionals base their practice. This seems to be consistent with research that attests that V+A reduction is believed to be achieved through exposing patriarchal and misogynistic tendencies (Gondolf, 2010).

This requires self-awareness and reflexivity on the professionals' part. The professionals demonstrated a finesse for self-awareness and reflexivity. They remain open to criticism from MSUs and even concede to perhaps not always being fully understanding. They reflect on individual cases and their style of practice. In addition, they weigh the outcomes of their interventions very carefully. This is consistent with Morrison et al. (2019b) who suggested that due consideration needs to be given to an individual's traits and characteristics to be an effective professional in this field.

The work done by the professionals is done while they face a lack of understanding stemming from within the same Foundation in which the service is based and bearing in mind that, despite their best efforts, there are limitations and dangers in the programme. Very little research has specifically tackled what challenges are faced when conducting DVPPs (Aguirre et al., 2011; Chovanec, 2012). There seems to be a pervasive lack of understanding of the work that is conducted and, in effect, how difficult said work is in practice.

The professionals also alluded to the fact that they must work while bearing in mind that, despite their best efforts, there are limitations and dangers in the programme. The limitations pertain to time constraints and catering towards the diverse needs of the group participants. This difficulty is consistent with findings that suggest that the longer in length the programme, the better (Morrison et al., 2019b). This is also consistent with the finding that MSUs criticised a 'one size fits all' approach in a DVPP (Becker et al., 2012). The dangers that the professionals are cognizant about pertain to the misuse of 'time-out' which is discussed below.

5.5 How being in a group was helpful to the MSUs

Another helpful aspect of the DAIP is the fact that it takes place in a group setting. The therapeutic nature of the DAIP extends beyond the therapeutic facilitation by the professionals. MSUs felt that the presence of other group members proved therapeutic too and were credited to be of great assistance in the process moving towards complete cessation.

Being in a group meant that there were others with whom to discuss various topics at hand. MSUs expressed a sincere appreciation for the opportunity to discuss and learn with peers. The MSUs also valued a structure that allowed space for a discussion to evolve. Being in a group where learning is facilitated through a client-

driven group discussion which is structured and guided by a knowledgeable facilitator has been recognised in DVPPs (Campbell et al., 2010; Davis et al., 1999; Parra-Cardona et al., 2013; Rosenberg, 2003; Scott & Wolfe, 2000; Silvergleid & Mankowski, 2006). These discussions were a form of active learning whereby the MSUs acknowledged that an open mindset and active participation seemed to lead to further learning. This seems to consolidate models of learning in adulthood and progressive education which holds that adult learners tend to derive more benefit from active as opposed to passive learning (Knowles, 1984). Engagement in discussions provided the MSUs with the opportunity to actively work on their communication skills and information processing.

Being a participant in a group DVPP also implied exposure to others in, somewhat, similar circumstances. Therefore, discussions did not only provide an opportunity to utilise better relational and communication skills but it also exposed the MSUs to each other's discussion content. This was helpful in that MSUs found that group work helped them acquire knowledge about V+A and its impact on victims, helped them develop empathy, and helped them acquire more knowledge about anger, emotional regulation or alternative coping mechanisms, consistent with the findings of Morrison et al. (2019a). Similarly, Silvergleid and Mankowski's (2006) findings support the importance of MSUs obtaining multiple perspectives during the programme. Prior to the programme, Tim expressed that he thought that V+A pertained only to the physical. Similarly, Tim expressed concern for other group members as the programme progressed, demonstrating empathy.

Another helpful aspect of being in a group meant that the members bore witness to each other's successes. They were encouraged and motivated to progress in witnessing other people's progress and efforts. This is consistent with the

findings of Silvergleid and Mankowski (2006) where participants expressed that seeing other men in the programme improve was a salient factor in their own process of change. Seeing it be done by others meant that MSUs were inspired to follow suit by similarly abstaining from V+A and taking emotional risks. Similarly, participants in Morrison et al. (2019a) reported that, in keeping with behavioural modification theories (Bandura, 2012; Schwarzer & Luszczynska, 2005), MSUs were motivated to change as they witnessed others around them transforming and proving that change was possible.

Group participants also helped each other feel less alone and feel more supported, a finding which is consistent in Morrison et al. (2019a). A sense of commonality between the MSUs was cultivated by sharing personal stories and listening to those of others. Silvergleid and Mankowski (2006) found that this practice reduced the sense of isolation and fear within the participants. It was a comfort to them to know that they were not alone. Research supports the suggestion that belonging to a group and group cohesion are among the most significant factors in a DVPP (Wangsgaard, 2001; Pandya & Gingerich, 2002; Scott & Wolfe, 2000). Having an emotionally safe space in which they could talk about themselves was indispensable to their betterment. Camaraderie was created through respect, the finding of common-ground, and the supportive response of the other group members. This finding is consistent with a significant body of research which indicates the importance of underlying support (Boira et al., 2013; Gondolf & Hanneken, 1987; Gray et al., 2014; Silvergleid & Mankowski, 2006). Some MSUs even went as far as to credit their progress, in part, to the group members specifically. This echoes Stefanakis (2000), who found that participants credited their development to the other group members.

Interestingly, this study found that MSUs derive a sense of purpose and gratification from helping other MSUs in the programme. Their participation did not only take the form of self-disclosure but also that of guidance to one another. This alludes to a process of mutual aid whereby members assist each other with actualising a common goal, which is known to occur in support groups (Gitterman, 2004). This finding echoes the findings of Morrison et al. (2019a), where the helper principle was observed. This suggests that perhaps one way in which DVPPs promote change is through empowering men to understand that they have strengths that others, value which may enhance their ability to make wished-for changes in themselves.

There were, however, instances when the differences in group members' V+A made participants resistant. That is, the participants found it hard to integrate and bond with other group participants whose V+A were thought of as more grievous. Feeling as though the V+A they perpetrated was significantly different to that of others posed as a barrier in their ability to relate to one another, which is consistent with other studies (Gray et al., 2014; Holtrop et al., 2017; Shamai & Buchbinder, 2010). On some level, they felt that their experiences were not shared or common and had an effect on their engagement in the service as they perceived their V+A as minimal and felt out of place in the DAIP.

5.6 The need for validation that MSUs' partners are abusive too

There was a prevalent perception among MSUs that the realities of their intimate relationships were disregarded. The MSUs expressed that their partners had similarly been abusive with them. The V+A MSUs reportedly were subject to ranged from physical (being hit and being bitten) to verbal (insults, yelling, and name calling) to psychological (threats and alienation). The belief that their partners were

also abusive was so strong that the MSUs believed that their partners should attend a similar programme and learn the relational skills and teachings that the programme promotes, if not attend the programme in their stead altogether. A qualitative study by Smith (2007) similarly found that the MSUs felt like there were incidents in their relationships where they were the victim.

Three out of the four MSUs interviewed felt as though they were under an immense amount of pressure, and hence reacted violently, as a result of receiving V+A at the hand of their partner. In this respect, they reacted to violence with violence. Whiting et al. (2014) termed this similar finding “reciprocity.” That is, violence is returned with violence. This was ultimately viewed as a justification by the men (Whiting et al., 2014). While the fourth MSU expressed that his wife had been violent, at no point did he remotely suggest that this explained his V+A.

The MSUs stated that the professionals were not sensitive to this reality of theirs. MSUs stated that professionals’ reactions to hearing these lamentations was to re-direct focus onto what they did wrong or what they could have done better. This rendered the MSUs feeling like the ‘bad guys’ and as though they were solely and completely at fault for their relational issues. Smith (2007) similarly found that the MSUs felt it unjust and inherently inconsistent that they required treatment and their partners were seemingly exempt. Fundamentally, the DAIP is perceived as “anti-men” by the MSUs. The perception of MSUs feeling victimised is substantiated in literature (Buchbinder & Eisikovits, 2008; Levitt et al., 2008). Smith (2007) similarly found that DVPP MSUs felt misunderstood and felt that they were not treated fairly as their partners should have shouldered some responsibility. In this study, three of four MSUs assumed only shared responsibility for the V+A, no more. A study by

Levitt et al. (2008) similarly found that MSUs believed that they should not have to take sole responsibility for the V+A.

During the interview process, the professionals both acknowledged that MSUs are sometimes in difficult relationships. They acknowledged the possibility of bi-directional V+A. Simultaneously, the professionals seemed to feel that this attitude supports the belief that men who abuse have problems with accountability for their actions. This attitude is construed as the limit to the extent to which they will assume responsibility for V+A.

This dichotomy is prevalent in literature, too. On the one hand, a study by Catlett et al. (2010) explains this service user (SU) perception as a denial of V+A and an attempt to minimise, if not justify, it. On the other hand, there is the view that perpetrators should be engaged with and listened to, immaterial of whether they are in denial or not (Levitt et al., 2008; Whiting et al., 2014). It is paramount to hold men accountable for their V+A, which is inexcusable. However, it is simultaneously paramount to gather a better understanding of the context and triggers in abusive relationships (Wilkinson & Hamerschlag, 2004). It is important to understand its complexity in order not to dismiss or over simplify it (Johnson, 2006). It is argued that this may improve understandings of their actions, and lead to the development of more targeted and effective responses (Levitt et al., 2008; Whiting et al., 2014).

5.7 The persistence of V+A after programme completion

Two of the FSUs attested that the programme was, ultimately, unsuccessful. The effects of the programme in their case meant that 'time-out' was used wrongly and that the V+A changed from direct hitting to throwing things. After their partners finished the DAIP, they felt there was no improvement to their safety. FSUs ultimately observed that MSUs did not take responsibility for their actions and stated

that, based on their experience, men who abuse do not change. This finding is consistent with findings by Gregory and Erez (2002) who found that a significant amount of women in their study observed little if any change in their partners. Their men still demonstrated difficulties controlling anger and placed blame on their partners, contributing to a sustained danger to the woman's safety. In addition, Gregory and Erez (2002) found that the women did not find fault with the programme itself but with the individual men. This seems to corroborate FSUs' perceptions in this study that abusive men do not change.

5.8 'Time-out' as the most memorable content from the DAIP

'Time-out' was mentioned frequently in interviews with the MSUs, the FSUs and the professionals alike. With the help of 'time-out', disagreements between couples are not characterised by V+A or fear thereof, according to both the MSUs and the FSUs. On the other hand, some FSUs attested that their partners did initially attempt to use 'time-out' but ended up using it incorrectly (e.g., absenting oneself for too long) and ultimately using it abusively (e.g., partnered with insults).

This technique involves the MSUs breaking away from a situation where they are likely to perpetrate V+A. Together with removing oneself and, effectively, avoiding V+A, it is intended to be a reflective moment (Ahimsa, n.d. as cited in Wistow et al., 2017). One popular measure of success in a DVPP is an enhanced awareness of the effects V+A has on the perpetrator, the victim, the relationship between them and any bystanders; children (Westmarland & Kelly, 2012). Its use is intended to be temporary, just until the MSUs learn how to handle conflict peacefully.

The MSUs in this study credited the 'time-out' technique repeatedly and singled it out from other tools for being effective. It is easy to use properly and

immediately bears fruit. Gondolf (2002) similarly found that teaching the MSUs how to implement it at an early point in the DVPP not only safeguards women and children from further V+A but provides men with a sense of self-efficacy and accomplishment. It is something that can, and should, be exercised right away. Dobash et al. (2000) similarly found that 'time-out' leads to noticeable reduction in V+A. The MSUs in this study were unanimous in their frequent use of 'time-out'.

The FSUs similarly expressed praise for the technique and its correct implementation by their partners. So much so, that one FSU wished that she knew how to use it for herself. Even in cases where the V+A persisted after the programme, the MSUs seemed to try to hold themselves back from using further V+A through 'time-out'. Debonnaire et al. (2003) found that partners of abusive men on DVPPs reported an improvement to their physical safety. Especially so in the early stages of the programme. In this study, FSUs credited improvements in their relationship not just to their men's efforts or the professionals' input. They also credit their bettered situation to 'time-out'.

Both MSUs and FSUs said that the explanation of the technique is paramount to its success. The MSUs acknowledge the importance of communicating the intention of the technique to their partners before it is put to use. Wistow et al. (2017) state the programmes tend to be prescriptive, giving the men 'must-do's and 'mustn't-do's when it comes to applying it. Discussing it and agreeing with one's partner about how it will be implemented is not an optional component, it is integral. In this respect, it is a principle-based technique as opposed to a rule-based one. Successful implementation of 'time-out' involves not only the immediate increase in physical safety of women and children but also in women being given increased space for action and being communicated to respectfully (Westmarland et al., 2010).

The explanation of it helps to assuage a woman's fear and anxiety surrounding a 'time-out' since it may indicate that a man's temper is rising and might be considering the use of V+A. Moreover, one of the advantages of this technique, when applied properly, is that it can be applied to petty squabbles and serious arguments alike.

The professionals seem to have mixed feelings regarding 'time-out': they are reliant on as well as sceptical of it. On the one hand, the professionals see it as a tangible aspect to what is done on the programme in the midst of the therapeutic process which gives the MSUs a sense of agency and responsibility. On the other hand, the professionals are aware of the dangers of 'time-out' being implemented abusively. The professionals are always curious around how the technique was implemented and seem to praise the MSUs' choice to use it once they know how it was used. While literature around the area of programme content is scarce (Wistow et al., 2017), the misuse of 'time-out' technique has been documented (Stith et al., 2005). Debonnaire et al. (2003) found that of the 24 FSUs interviewed, only 6 had accurate knowledge about the technique. Being denied complete information surrounding the technique enables men to misuse it.

5.9 Conclusion

In conclusion, this study found mixed results regarding the cessation of V+A, the perceptions of the DAIP and its helpful and unhelpful aspects. The MSUs help-seeking process seemed to be motivated by a wish to keep their families together. The hardworking professionals and the therapeutic aspects of being in a group seem to be strong suits in the DAIP. While some participants report that the V+A persisted following the completion of the programme and other participants attested to having aspects of their experience unvalidated, the DAIP has a number of beneficial characteristics too. 'Time-out' was instrumental to the safety of women and children.

Chapter 6: Conclusion

This chapter presents the salient findings of this study, and recommendations for practice and service development. It also looks into the limitations of the study and presents suggestions for future research.

6.1 Summary of salient findings

One finding was male service users' (MSUs') unanimous motivation to join the Domestic Abuse Intervention Programme (DAIP) in order to sustain their relationships. This may suggest a cultural undertone as a decision influenced by traditional Maltese values. This may also suggest that family is important to MSUs, a view corroborated by female service users (FSUs), and they would attend the Domestic Violence Perpetrator Programme (DVPP) if that is what it took to save their relationship. However, this seems as though the programme is a means to an end and overshadows the belief that women and children are deserving of safety and freedom. This finding is similar to that of Westmarland et al. (2010) where the MSUs considered a repaired relationship to be a successful outcome of the DVPP.

Another salient finding was that the DAIP is a therapeutic process. The professionals insist on therapeutic aspects such as the creation of safety through processes of trust, confidentiality, treating the MSUs as equals and maintaining a non-judgemental stance throughout. The importance of therapeutic skills including active listening, patience, empathy, respect and validation were emphasised by both the MSUs and the professionals as it is something that participants in such groups have been found to respond to (Boira et al., 2013). The programme is primarily process-driven and not curriculum-driven and support is given to MSUs as a group and individually, if so needed, at every step of the way to bring about change.

Another salient finding pertained to perspectives of the professionals. As a team, the professionals conduct their practice based on their vast experience in the field. The programme is supplemented with a rigorous assessment process prior to the DVPP and a support group following it. The professionals do not only work within the service but they collaborate with the Domestic Violence Unit (DVu). Once an alliance has been established by the professionals and the MSUs, the professionals begin to challenge them in the hope of effecting changed beliefs and behaviours from a pro-feminist stance; which is appropriate given the client population. The professionals demonstrate professional traits pertaining to self-awareness and reflexivity which allows room for growth. The work done is done by the professionals despite experiencing a lack of understanding stemming from within the Foundation for Social Welfare Services (FSWS) and bearing in mind that, in spite of their best efforts, there are limitations and dangers in the programme.

Another salient finding was the importance of being in a group setting. The MSUs had almost as much praise for the professionals as they did for the other group members. The MSUs were presented with the opportunity to engage in active learning. Listening to different people's input exposed the MSUs to content that helped to develop interpersonal skills (Morrison et al., 2019a). Being in a group meant that the MSUs bore witness to change in others and were similarly inspired to follow suit. Being around each other led to a feeling of camaraderie and group cohesion. They were also able to put their helping skills to good use when it came to giving each other feedback.

The findings illustrate the MSUs' perception that their relational context was not fully considered. They expressed that there was a disregard for the type of relationship they were in, which according to them was bi-directionally abusive. The

MSUs were reportedly not empathised with by the professionals when they told stories of their partners' violence and abuse (V+A). Instead, they felt as though they were the ones under the spotlight. They felt that it was unjust for them to carry the full blame. Professionals see this feedback from MSUs as not assuming responsibility for their V+A.

Another significant finding was that there are instances in which the DAIP was unsuccessful. Some cases involved a reduction or change in V+A, but not complete cessation thereof and did not have positive effects on the FSUs' safety. FSUs reported that MSUs did not to assume responsibility for their V+A. Ultimately, being with an abusive partner who had not changed on completion of the DAIP contributed towards the FSUs' belief that abusive men are not capable of change.

The final noteworthy finding is that 'time-out' was found to be of significant importance. While there was an appreciation for other interventions and methods utilised, 'time-out' seemed to exceed all else. 'Time-out' was a practical measure that MSUs could continue to implement once the programme was over. While it provides women and children with safety during a potentially violent exchange, 'time-out' also provides MSUs with an opportunity to reflect as well as a sense of agency and accomplishment, when implemented appropriately. The professionals are aware that 'time-out' has a flip side of being used abusively and hence, give importance to the way 'time-out' is put to use.

6.2 Limitations of the study

The findings of this study should be viewed in light of several limitations. In view of the chosen data collection method, the interviews were dependent on what the participants could recall at the time of the interview. The analysis of data may

pose as a limitation in that the themes are based on my personal interpretation of the data. My perceptions are inherently interwoven into the final outcome.

Furthermore, this study required the participants to be men who completed the DAIP or women who were (once) partnered with men who completed the DAIP. This led to a small sample size. A larger scale sample was difficult to accomplish due to the high attrition rate from the DAIP and due to the participant reluctance to discuss matters as sensitive as these. A larger scale sample might have led to different results. Also, issues surrounding social desirability together with the fact that this study intended to interview those who attended the programme to completion also may have affected the results. That is to say that should this study have included men who did not complete the programme, this study might have captured a very different reality to the one here presented.

Given the sensitivity of the subject, SUs may have been reluctant to share their experiences to their fullest extent. In general, this may have been both due to fear of judgement or due to fear of me reporting any ongoing V+A, as stated in the information sheet. Also, as a female researcher, MSUs I interviewed may have held back from providing truthful views on V+A perpetrated against women and children.

6.3 Implications for Practice and Service Development

The grassroot findings of this study underline a number of particular needs for the DAIP. The repeated emphasis on the importance of the therapeutic nature of the DAIP points to the importance of therapeutic and helping skills in those recruited to work in the service. Both the therapeutic core and backdrop of the programme are identified as main catalysts that facilitate change in the MSUs. Therefore, it is important that the professionals are continually trained in DVPP best practices and V+A cessation and that supervision keeps being provided.

The importance placed on the facilitation taking a group format also has certain implications. There was a strong emphasis on the importance of group cohesion as the camaraderie between MSUs carried almost as much importance as the facilitators' therapeutic skills. This seems to suggest that the more homogenous the group, the better. One measure could be to grade MSUs according to the extent or nature of their V+A and group them accordingly. This would cater towards the resistances that were found in this study among the MSUs .

There was a distinct emphasis on the importance of working systemically. The MSUs are directly worked with but there is a lot of indirect work with the people on the other side of these men's relationships. In addition to this, the two FSUs praised the help they received in the women's support group when it was offered and the other two expressed disappointments at the fact that a support group was not available to them and, hence, could not learn about and implement helpful relational strategies like 'time-out.' Women are given indispensable help from their individual social workers but might derive further therapeutic benefit from attending a support group for survivors of IPV.

This study also points towards important practice implications. The collaboration between professionals working with victims of V+A and those working with perpetrators seems to auger a better outcome when catering toward women and children's safety from V+A. There needs to be a larger importance placed on the collaboration between these services in order to coordinate seamlessly. In my experience of working in DV, the emphasis seems to be more on the support for victims. Perpetrators seem to be overlooked. The DAIP seems to tackle the source of the DV by working with the person perpetrating the V+A in question.

6.4 Suggestions for future research

There is an imbalance in literature between victims/survivors of DV and perpetrators of it. More qualitative research on the experience of perpetrators may be of significant benefit and add to the growing body of literature surrounding perpetrators and DVPPs. This would strengthen responses pertaining to DV prevention efforts (Meyer & Frost, 2019). Involving perpetrators into the dialogue and discussions which pertain to policy and/or intervention development reinforces the idea that they are in need and worthy of support (Kuskoff et al., 2021). Ultimately, researchers have a singularly unique opportunity to draw on lived experiences of both reformed perpetrators as well as those in denial (Ager, 2021; Jenkins, 2009). This would deepen and strengthen understanding of V+A perpetration against women and children in our local context. Engaging with perpetrators may lead to better understanding of their actions, which may lead to the development of better practices (Levitt et al., 2008; Whiting et al., 2014).

A second suggestion would be for larger-scale and more frequent qualitative evaluations of the programme to take place. The service would benefit from an evaluation and appraisal every few (3-5) years in order to gain contemporary insight in to what has and has not been helpful. These evaluations would engage a larger sample of participants to obtain a more nuanced glimpse into the programme.

A final suggestion would be a quantitative inquiry as to the perceptions of the DAIP within FSWS. That is, a survey in order to determine the perceptions, biases, beliefs, and assumptions of the DAIP by other professionals within FSWS. This way, the lack of understanding regarding what goes on within the service in general and the DAIP in particular can be uncovered.

6.5 Conclusion

This study offers insight into the perceptions of the helpfulness of the DAIP. It points towards the MSUs' need to be understood, listened to, and provided with an invitation to embark upon a process of self-improvement, enabling psychology practitioners and other professionals to be more effective in working with them. It appeals to those, like me, who are passionate about women and children's freedom from V+A.

As this research draws to an end, I am moved by MSUs' effort to own up to V+A and putting in the work that comes with true change. I have a great admiration for women who put their trust in the service and, no matter the outcome, still trust that they were assisted as best as possible. Finally, I have new awareness and admiration for the work that goes into the DAIP as well as the people who carry it out. This has truly been a mind-opening journey for me and, professionally, I hope to be of effective service as a future counselling psychologist to all those who come into contact with V+A.

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Appendix A: Ethical Approval Letter

Annelise Borg <annelise.borg.08@um.edu.mt>

Research Ethics Proposal - Approved by FREC, no UREC decision needed

7 messages

SWB FREC <research-ethics.fsw@um.edu.mt>

6 November 2020 at 15:49

To: Annelise Borg <annelise.borg.08@um.edu.mt>

Cc: Clarissa Sammut Scerri <clarissa.sammuto-scerri@um.edu.mt>, "Ms Ingrid M. Grech Lanfranco" <ingrid.grech-lanfranco@um.edu.mt>

Unique Form ID: 6538 05.10.2020

Dear Annelise Borg,

Your ethics proposal with regards to your research titled *An Evaluation of the Domestic Abuse Intervention Program (DAIP)* in Malta has been approved.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal does not need to be sent to UREC. Hence, you may now start your research.

Regards,

**Faculty Research Ethics Committee**

Faculty for Social Wellbeing

Room 115, Humanities B

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Appendix B: Information Sheet and Consent Form for Male Service Users

English Version

PARTICIPATION INFORMATION SHEET FOR SERVICE USERS

Introduction

My name is Annelise Borg and I am currently reading for a Master Degree in Psychology at the University of Malta. In part-fulfilment of my studies I am carrying out a research study entitled: *An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*. You are invited to take part in this research.

Hereunder please find information about the research project to assist you in your decision to take part in the study. In the meantime, should you wish to acquire further information about the research study and/or to discuss any queries that you may have, you are free to contact me on 79284858 or annelise.borg.08@um.edu.mt. Alternatively, you may contact my dissertation supervisor, Dr Clarissa Sammut Scerri, on clarissa.sammut-scerri@um.edu.mt or on 2340 3061 / 3458.

Please be sure to read the information presented below carefully.

Purpose of the Study

The aim of this research study is to evaluate the Domestic Abuse Intervention Program (DAIP), within the 'STOP! the Violence and Abuse,' Domestic Violence Services, Appoġġ. This will be done by focusing on the perceptions of men, like your good self, who completed the programme, on the perceptions of women who are intimate partners of men who have completed the programme or were intimate partners but have since ended their intimate relationship and now coparent with men who have completed the programme, and on the perceptions of the professionals who deliver the programme. You may wish to note that your agreement to participate

does not necessitate your partner, current or ex, to be involved, nor will she be informed from this end that you have consented to an interview.

Description of your Participation

In order to conduct my study, I will be interviewing around six males who completed the programme, like your good self, around six women who are intimate partners of men who have completed the programme or were intimate partners but have since ended their intimate relationship and now coparent with men who have completed the programme, the programme facilitators, the programme coordinator, and the staff member, your good self. You are being invited to take part in this study because you meet the above inclusion criteria of the study. As a service user, your participation will involve taking part in an individually held (one-to-one) interview of approximately 60 minutes, wherein you will be asked various questions about the programme.

The interview will be audio-recorded and transcribed verbatim. The recordings of the interviews will be stored in a password protected file in my laptop which is also password-protected. Transcripts of the interviews will only be accessible to the researcher. Dr. Clarissa Sammut Scerri, the supervisor, will only have access to the pseudonymised versions of the transcripts. This means that any identifiable details will be removed. Examiners may also have access to the pseudonymised versions of the transcripts where necessary for verification purposes.

Voluntary Participation

Your participation in this research study is entirely voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time without giving a reason. You will not be penalised in any way should you decide not to participate or to withdraw from the study, even after you have already agreed to

participate. You may refuse to answer any questions that you are uncomfortable with. If you decide to take part in the study, you will be asked to give your written consent by signing the enclosed *Consent Form for Service Users*.

Protection of your Confidentiality

As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and, where applicable, ask for the data concerning you to be erased. All data provided by you during the course of the study will be kept strictly confidential and will be only used for the purpose of the study. Your name or any contact details will not be recorded in the interview transcript. Your name will be changed to a pseudonym to ensure that your involvement remains entirely confidential and anonymous. The only people who will know that you have consented to participating will be the programme co-ordinator, Ms Lauren Agius and Mr Michael Farrugia, staff member. In addition, any details in the dissertation which could potentially identify you will also be removed or changed. Your identity will not be revealed in any publication resulting from this study; however, some anonymised quotes may be used in reports. All the recorded data collected will be erased in by December 2021.

Risks and Discomforts

There are no known risks associated with participating in this research project. Should there be any questions which you find distressing, you are free to refuse to answer. Should you feel discomfort after the interview and feel the need to talk further about our interview, you may contact me so that I will be able to direct you to the relevant Social Services within Appoġġ, namely 'STOP!'.

Potential Benefits

Your contribution will serve to make necessary changes to the programme where appropriate, especially since these types of programmes and their service users are significantly underrepresented in research.

This study will explore attitudes, experiences and insights of the service users, intimate partners or ex-partners and staff about the programme in general and which specific aspects of the programme are thought to be helpful for service users to desist violence and which aspects can be improved.

Shedding light on the attitudes, experiences and insights of the different stakeholders in relation to the DAIP from the three different viewpoints will help provide insight into the receptiveness of those following the programme and their perception of its effectiveness of it. These may then lead to changes how the programme is delivered; what material is covered and the course content.

This will be of help to future service users and their families. Your participation will also contribute to the body of knowledge in this area of psychology.

COVID-19

Depending on the exigencies of Malta at the time of the interview and depending on the participant's wishes, the interview can/might have to be held online or by phone as opposed to the traditional face-to-face interview. Should interviews be held online, the aforementioned recording measures apply and remain unchanged. However, it is important that you understand that you must not record the interview.

Further Queries / Expression of Interest

I would like to take this opportunity to thank you for your time. If you kindly agree to participate in this research project or have any further questions, please do

not hesitate to make contact me or dissertation supervisor on the aforementioned contact information.

CONSENT FORM FOR SERVICE USERS

I, the participant,

- (1) Confirm that I have read the 'Information Sheet' about this research (*An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*) and understand my involvement in this study,
- (2) Have considered the information and clarified to my satisfaction all my concerns about my participation,
- (3) Understand that my participation is voluntary and I am free to withdraw at any time, without giving a specific reason,
- (4) Understand that I am not to record the session myself, and
- (5) Agree to participate in this study.

Name of Participant: _____

Signature: _____ **Date:** _____

Researcher's Name: Annelise Borg

Signature: _____ **Date:** _____

Supervisor's Name: Dr Clarissa Sammut Scerri

Signature: _____ **Date:** _____

Maltese Version

FORMOLA TA' INFORMAZZJONI GHAS-SERVICE USERS

Introduzzjoni

Jiena jisimni Annelise Borg u bħalissa qed nagħmel Master fil-Psikoloġija fl-Università ta' Malta. Bħala parti mill-istudji tiegħi qed nagħmel riċerka ta' studju intitolata: *Evalwazzjoni tal-Programm Domestic Abuse Intervention Program (DAIP) f'Malta*. Inti mistieden tiegħu sehem f'din ir-riċerka.

Hawn taħt għandek issib informazzjoni dwar il-proġett ta' riċerka biex tgħinek fid-deċiżjoni tiegħek jekk tixtieqx tiegħu sehem f'dan l-istudju. Sadanittant, jekk tixtieq ikollok aktar informazzjoni dwar ir-riċerka u/jew tixtieq tiddiskuti kwalunkwe mistoqsija li jista' jkollok, int tista' tikkuntattjani fuq 7928 4858 jew fuq annelise.borg.08@um.edu.mt. Alternattivament, tista' tikkuntattja lis-supervisor tiegħi, Dr. Clarissa Sammut Scerri, fuq clarissa.sammut-scerri@um.edu.mt jew fuq 2340 3061 / 3458.

Jekk jogħġbok kun ċert li taqra sew l-informazzjoni pprezentata hawn taħt.

Għan ta' l-Istudju

L-għan ewlieni ta din ir-riċerka huwa li jevalwa il-programm “Domestic Abuse Intervention Program” (DAIP), li tagħmel parti minn ‘*STOP! the Violence and Abuse*,’ Domestic Violence Services, Appoġġ. Dan se jsir billi niffoka fuq l-opinjoni ta' dawk li użaw is-servizz u li temmew il-programm, fuq l-opinjoni ta' nisa li huma msieħba intimi ta' rġiel li temmew il-programm jew li kienu msieħba intimi iżda minn dakinhar temmew ir-relazzjoni intima tagħhom u issa jagħmlu ‘co-parenting’ ma' rġiel li temmew il-programm, u fuq l-opinjoni tal-professjonisti li jwasslu l-programm. Tajjeb

li tinnota li l-qbil tiegħek biex tipparteċipa ma jeħtieġx lis-sieħba, attwali jew ex, tiegħek tkun involuta u lanqas ma tkun infurmata li inti tajt il-kunsens għal intervista.

Deskrizzjoni tal-Parteċipazzjoni Tiegħek

Sabiex inwettaq ir- riċerka tiegħi, se nintervista madwar sitt irġiel li temmew il-programm, madwar sitt nisa li huma msieħba intimi ta' rġiel li temmew il-programm jew kienu sħab intimi iżda minn dakinhar temmew ir-relazzjoni intima tagħhom u issa jagħmlu 'co-parenting' ma' rġiel li lestew il-programm, il-faċilitaturi tal-programm, il-koordinatur tal-programm, u *l-member of staff*. Inti qed tiġi mistieden biex tieħu sehem f'dan l-istudju għaliex tissodisfa l-kriterji ta' inklużjoni msemmija ta' dan l-istudju. Bħala *service user*, il-parteċipazzjoni tiegħek tinvolvi li tieħu sehem f'intervista individwali ta madwar 60 minuta, fejn ser tiġi mistoqsi mistoqsijiet varji dwar il-programm.

L-intervista ser tkun irrekordjata u traskritta. Ir-*recordings* tal-intervisti ser jinżammu f'fajl protett minn *password* fil-*laptop* tiegħi li huwa wkoll protett minn *password*. It-traskrizzjonijiet tal-intervisti ser ikunu aċċessibbli biss għar-riċerkatur. Dr. Clarissa Sammut Scerri, is-supervisor, ser ikollha biss aċċess għall-verżjonijiet psewdonimati tat-traskrizzjonijiet jiġifieri li għal fini tar-riċerka inti ser tingħata isem ieħor jew numru u dan ikun differenti minn dak tiegħi sabiex l-identita tiegħek tkun protetta. L- ittra fejn inti tagħti l-kunsens biex tipparteċipa u li tkun iffirmajt ser tinzamm f' post separat minn fejn ser jinżammu ir-*recordings* u l-kopji miktuba tal intervista. Dan ifisser li kwalunkwe dettalji identifikabbli se jitneħħew. L-eżaminaturi jistgħu ikollhom aċċess għall-verżjonijiet psewdonimati tat-traskrizzjonijiet fejn meħtieġ għal skopijiet ta' verifika.

Parteċipazzjoni Volontarja

Il-parteċipazzjoni tiegħek f'din ir-riċerka hija kompletament volontarja. Tista' tagħżel li ma tipparteċipax u/jew tista' tirtira l-kunsens tiegħek biex tipparteċipa fi kwalunkwe ħin mingħajr ma tagħti ebda raġuni. M'intix se tkun penalizzat bl-ebda mod jekk inti tiddeċiedi li ma tipparteċipax jew li tirtira mill-istudju, anke wara li tkun diġà aċċettajt li tipparteċipa. Inti tista' tirrifjuta li twieġeb xi mistoqsijiet li inti skomdu bihom. Jekk tiddeċiedi li tiegħu sehem fl-istudju, inti tkun mitlub tagħti l-kunsens tiegħek bil-miktub billi tiffirma l-*Formola ta' Kunsens għas-Service Users* hawnhekk mehmuża.

Protezzjoni ta' Kunfidenzjalità

Bħala parteċipant, għandek id-dritt taħt ir-Regolament Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR) u l-legislazzjoni nazzjonali li taċċessa, tirrettifika u, fejn applikabbli, titlob li d-dejta li tikkonċerna lilek titħassar. L-informazzjoni kollha li tiġi pprovduta minnek matul l-istudju ser tinżamm strettament kunfidenzjali u tintuża biss għall-iskop ta' l-istudju. Ismek jew kwalunkwe dettalji ta' kuntatt mhux se jiġu rreġistrati fit-traskrizzjoni tal-intervista. L-isem tiegħek jinbidel għal psewdonimu biex jiġi żgurat li l-involvement tiegħek jibqa' kompletament kunfidenzjali u anonimu. L-unika nies li jafu li int tajt il-kunsens tiegħek biex tipparteċipa se tkun il-kordinatriċi tal-programm, is-Sinjura Lauren Agius u is-Sinjur Michael Farrugia li jaħdem fis-servizz. Barra minn hekk, kull dettal fl-istudju li jista' potenzjalment jidentifikak jitneħħa jew jinbidel ukoll. L-identità tiegħek ma tiġix żvelata fl-ebda pubblikazzjoni li tirriżulta minn dan l-istudju; madankollu, xi kwotazzjonijiet anonimizzati jistgħu jintużaw f'xi rapporti. Id-data kollha rreġistrata miġbura se titħassar f' Dicembru 2021.

Riskji u Skumditajiet

M'hemm l-ebda riskju magħruf assoċjat mal-partecipazzjoni f'dan il-proġett ta' riċerka. Jekk ikun hemm xi mistoqsijiet li ssib li jikkawżawlek anzjeta`, inti liberu li tirrifjuta li twieġeb. Jekk tħoss xi skumdità wara l-intervista u tħoss il-bżonn li titkellem aktar dwar l-intervista tagħna, tkun tista` tikkuntattja lili sabiex inkun nista' niddireġik għas-servizzi soċjali ta' l-Appoġġ, i.e. 'STOP!'

Benefiċċji Potenzjali

Il-kontribuzzjoni tiegħek se sservi biex tagħmel il-bidliet meħtieġa fil-programm fejn xieraq, speċjalment minħabba li dawn it-tipi ta' programmi u *s-service users* tagħhom mhumiex rappreżentati b'mod sinifikanti fir-riċerka.

Dan l-istudju se jesplora attitudnijiet, esperjenzi u għarfien tas- *service users*, imsieħba intimi jew ex-imsieħba u l-istaff dwar il-programm b'mod ġenerali u liema aspetti speċifiċi tal-programm huma maħsuba li huma ta' għajnuna għas-*service users* biex jieqfu mill-vjolenza u liema aspetti jistgħu jkunu mtejba.

Billi niffoka fuq l-attitudnijiet, l-esperjenzi u l-għarfien tal-partijiet, ser jgħin biex jipprovdi għarfien dwar ir-riċettività ta' dawki li jsegwu l-programm u l-perċezzjoni tagħhom tal-effettività tal-programm. Dawn jistgħu mbagħad iwasslu għal bidliet fil-programm; liema materjal huwa kopert u l-kontenut tal-kors.

Dan se jkun ta' għajnuna għas-*service users* futuri u l-familji tagħhom. Il-partecipazzjoni tiegħek se tikkontribwixxi wkoll għall-korp ta' għarfien f'dan il-qasam tal-psikoloġija.

COVID-19

Minħabba s-sitwazzjoni li ninsabu fiha tal-COVID-19, skont l-esiġenzi ta' Malta fil-ħin tal-intervista u skont ix-xewqat tal-partecipant, l-intervista tista' ssir onlajn jew bit-telefon għall-kuntrarju tal-intervista tradizzjonali wiċċ imb wiċċ, jekk is-sitwazzjoni

nazzjonali titlob hekk. Jekk l-intervisti jsiru onlajn, il-miżuri ta' reġistrazzjoni msemmija hawn fuq japplikaw u jibqgħu l-istess. Madankollu, huwa importanti li tifhem li m'għandekx tirrekordja l-intervista.

Aktar Mistoqsijiet / Espressjoni ta' Interess

Nixtieq nieħu din l-opportunità biex niringrazzjak tal-ħin tiegħek. Jekk ġentilment taqbel li tipparteċipa f'dan il-proġett ta' riċerka jew jekk għandek aktar mistoqsijiet, jekk jogħġbok, toqgħodx lura milli tagħmel kuntatt miegħi jew lis-supervisor tiegħi fuq l-informazzjoni ta' kuntatt imsemmija hawn fuq u aħna nwieġbu l-mistoqsijiet tiegħek mill-aktar fis.

FORMOLA TA' KUNSENS GĦAS-SERVICE USERS

Jien, il-parteċipant,

- (1) Nikkonferma li qrajt l-informazzjoni (minn fuq id-dokument intitolat '*FORMOLA TA' INFORMAZZJONI GĦAS-SERVICE USERS*') dwar din ir-riċerka (*Evalwazzjoni tal-Programm Domestic Abuse Intervention Program (DAIP) f'Malta*) u nifhem l-involviment tiegħi fl-istudju,
- (2) Ikkunsidrajt l-informazzjoni u ċċarajt għas-sodisfazzjoni tiegħi t-tħassib dwar il-parteċipazzjoni tiegħi fir-riċerka,
- (3) Nifhem li l-parteċipazzjoni tiegħi f'din ir-riċerka hija volontarja u li jiena liberu li nirtiraha fi kwalunkwe ħin, mingħajr ma nagħti raġuni speċifika,
- (4) Nifhem li m'iniex nirreġistra (nirrekordja) s-sessjoni jien stess, u
- (5) Naqbel li nipparteċipa f'dan l-istudju.

Isem il-Parteċipant: _____

Firma: _____ **Data:** _____

Isem ir-Riċerkatriċi: Annelise Borg

Firma: _____ **Data:** _____

Isem is-Supervisor: Dr Clarissa Sammut Scerri

Firma: _____ **Data:** _____

**Appendix C: Information Sheet and Consent Form for (Ex)Partners of Service
Users**

English Version

**PARTICIPATION INFORMATION SHEET FOR (EX)PARTNERS OF SERVICE
USERS**

Introduction

My name is Annelise Borg and I am currently reading for a Master Degree in Psychology at the University of Malta. In part-fulfilment of my studies I am carrying out a research study entitled: *An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*. You are invited to take part in this research.

Hereunder please find information about the research project to assist you in your decision to take part in the study. In the meantime, should you wish to acquire further information about the research study and/or to discuss any queries that you may have, you are free to contact me on 79284858 or annelise.borg.08@um.edu.mt. Alternatively, you may contact my dissertation supervisor, Dr. Clarissa Sammut Scerri, on clarissa.sammut-scerri@um.edu.mt or on 2340 3061 / 3458.

Please be sure to read the information presented below carefully.

Purpose of the Study

The aim of this research study is to evaluate the Domestic Abuse Intervention Program (DAIP), within the 'STOP! the Violence and Abuse,' Domestic Violence Services, Appogg. This will be done by focusing on the perceptions of men who completed the programme, intimate (ex) partners of men who have completed the programme, like your good self, and the professionals who deliver the programme. You may wish to note that your agreement to participate does not necessitate your

partner, current or ex, to be involved, nor will he be informed from this end that you have consented to an interview.

Description of your Participation

In order to conduct my study, I will be interviewing around six males who completed the programme, around six women who are intimate partners of men who have completed the programme or were intimate partners but have since ended their intimate relationship and now coparent with men who have completed the programme, like your good self, the programme facilitators, the programme coordinator, and the staff member, your good self. You are being invited to take part in this study because you meet the above inclusion criteria of the study. As an (ex) partner, your participation will involve taking part in an individually held (one-to-one) interview of approximately 60 minutes, wherein you will be asked various questions about the programme.

The interview will be audio-recorded and, later, transcribed verbatim. The recordings of the interviews will be stored in a password protected file in my laptop which is also password-protected. Transcripts of the interviews will only be accessible to the researcher. Dr. Clarissa Sammut Scerri, the supervisor, will only have access to the pseudonymised versions of the transcripts. This means that any identifiable details will be removed. Examiners may also have access to the pseudonymised versions of the transcripts where necessary for verification purposes.

Voluntary Participation

Your participation in this research study is entirely voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time without giving a reason. You will not be penalised in any way should you decide not

to participate or to withdraw from the study, even after you have already agreed to participate. You may refuse to answer any questions that you are uncomfortable with. If you decide to take part in the study, you will be asked to give your written consent by signing the enclosed *Consent Form for Intimate (ex) Partners of Service Users*.

Protection of your Confidentiality

As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and, where applicable, ask for the data concerning you to be erased. All data provided by you during the course of the study will be kept strictly confidential and will be only used for the purpose of the study. Your name or any contact details will not be recorded in the interview transcript. Your name will be changed to a pseudonym to ensure that your involvement remains entirely confidential and anonymous. The only people who will know that you have consented to participating will be the programme co-ordinator, Ms Lauren Agius and Mr Michael Farrugia, staff member. In addition, any details in the dissertation which could potentially identify you will also be removed or changed. Your identity will not be revealed in any publication resulting from this study; however, some anonymised quotes may be used in reports. All the recorded data collected will be erased in by December 2021.

Risks and Discomforts

There are no known risks associated with participating in this research project. Should there be any questions which you find distressing, you are free to refuse to answer. Should you feel discomfort after the interview and feel the need to talk further about our interview, you may contact me so that I will be able to direct

you to the relevant Social Services within Appoġġ, namely the Domestic Violence Unit (DVu).

Potential Benefits

Your contribution will serve to make necessary changes to the programme where appropriate, especially since these types of programmes and their service users are significantly underrepresented in research.

This study will explore attitudes, experiences and insights of the service users, intimate partners or ex-partners and staff about the programme in general and which specific aspects of the programme are thought to be helpful for service users to desist violence and which aspects can be improved.

Shedding light on the attitudes, experiences and insights of the different stakeholders in relation to the DAIP from the three different viewpoints will help provide insight into the receptiveness of those following the programme and their perception of its effectiveness of it. These may then lead to changes how the programme is delivered; what material is covered and the course content.

This will be of help to future service users and their families. Your participation will also contribute to the body of knowledge in this area of psychology.

COVID-19

Depending on the exigencies of Malta at the time of the interview and depending on the participant's wishes, the interview can/might have to be held online or by phone as opposed to the traditional face-to-face interview. Should interviews be held online, the aforementioned recording measures apply and remain unchanged. However, it is important that you understand that you must not record the interview.

Further Queries / Expression of Interest

I would like to take this opportunity to thank you for your time. If you kindly agree to participate in this research project or have any further questions, please do not hesitate to make contact me or dissertation supervisor on the aforementioned contact information.

CONSENT FORM FOR INTIMATE (EX) PARTNERS OF SERVICE USERS

I, the participant,

- (1) Confirm that I have read the 'Information Sheet' about this research (*An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*) and understand my involvement in this study,
- (2) Have considered the information and clarified to my satisfaction all my concerns about my participation,
- (3) Understand that my participation is voluntary and I am free to withdraw at any time, without giving a specific reason,
- (4) Understand that I am not to record the session myself, and
- (5) Agree to participate in this study.

Name of Participant: _____

Signature: _____ **Date:** _____

Researcher's Name: Annelise Borg

Signature: _____ **Date:** _____

Supervisor's Name: Dr Clarissa Sammut Scerri

Signature: _____ **Date:** _____

Maltese Version

FORMOLA TA' INFORMAZZJONI GĦAL-(EX) PARTNERS TAS-SERVICE USERS

Introduzzjoni

Jiena jisimni Annelise Borg u bħalissa qed nagħmel Master fil-Psikoloġija fl-Università ta' Malta. Bħala parti mill-istudju tiegħi qed nagħmel riċerka ta' studju intitolata: *Evalwazzjoni tal-Programm Domestic Abuse Intervention Program (DAIP) f'Malta*. Inti mistiedna tiegħu sehem f'din ir-riċerka.

Hawn taħt għandek issib informazzjoni dwar il-proġett ta' riċerka biex tgħinek fid-deċiżjoni tiegħek jekk tixtieqx tiegħu sehem f'dan l-istudju. Sadanittant, jekk tixtieq ikollok aktar informazzjoni dwar ir-riċerka u/jew tixtieq tiddiskuti kwalunkwe mistoqsija li jista' jkollok, int tista' tikkuntattjani fuq 7928 4858 jew fuq annelise.borg.08@um.edu.mt. Alternattivament, tista' tikkuntattja lis-supervisor tiegħi, Dr. Clarissa Sammut Scerri, fuq clarissa.sammut-scerri@um.edu.mt jew fuq 2340 3061 / 3458.

Jekk jogħġbok kun ċerta li taqra sew l-informazzjoni pprezentata hawn taħt.

Għan ta' l-Istudju

L-għan ewlieni ta din ir-riċerka huwa li jevalwa il-programm “Domestic Abuse Intervention Program” (DAIP), li tagħmel parti minn ‘STOP! the Violence and Abuse,’ Domestic Violence Services, Appoġġ. Dan se jsir billi niffoka fuq l-opinjoni ta' dawk li użaw is-servizz u li temmew il-programm, fuq l-opinjoni ta' nisa li huma msieħba intimi ta' rġiel li temmew il-programm jew li kienu msieħba intimi iżda minn dakinhar temmew ir-relazzjoni intima tagħhom u issa jagħmlu 'co-parenting' ma' rġiel li temmew il-programm, u fuq l-opinjoni tal-professjonisti li jwasslu l-programm. Tajjeb

li tinnota li l-qbil tiegħek biex tipparteċipa ma jeħtieġx lis-sieħeb, attwali jew ex, tiegħek jkun involut u lanqas ma jkun infurmat li inti tajt il-kunsens għal intervista.

Deskrizzjoni tal-Parteċipazzjoni Tiegħek

Sabiex inwettaq ir-riċerka tiegħi, se nintervista madwar sitt irġiel li temmew il-programm, madwar sitt nisa li huma msieħba intimi ta' rġiel li temmew il-programm jew kienu sħab intimi iżda minn dakinhar temmew ir-relazzjoni intima tagħhom u issa jagħmlu 'co-parenting' ma' rġiel li lestew il-programm, il-faċilitaturi tal-programm, il-koordinatur tal-programm, u *l-member of staff*. Inti qed tiġi mistiedna biex tieħu sehem f'dan l-istudju għaliex tissodisfa l-kriterji ta' inklużjoni msemmija ta' dan l-istudju. Bħala sieħba (attwali jew ex), il-parteċipazzjoni tiegħek tinvolvi li tieħu sehem f'intervista individwali ta madwar 60 minuta, fejn ser tiġi mistoqsija mistoqsijiet varji dwar il-programm.

L-intervista ser tkun irrekordjata u traskritta. Ir-*recordings* tal-intervisti ser jinżammu f'fajl protett minn *password* fil-*laptop* tiegħi li huwa wkoll protett minn *password*. It-traskrizzjonijiet tal-intervisti ser ikunu aċċessibbli biss għar-riċerkatur. Dr. Clarissa Sammut Scerri, is-supervisor, ser ikollha biss aċċess għall-verżjonijiet psewdonimati tat-traskrizzjonijiet jiġifieri li għal fini tar-riċerka inti ser tingħata isem ieħor jew numru u dan ikun differenti minn dak tiegħi sabiex l-identita tiegħek tkun protetta. L- ittra fejn inti tagħti l – kunsens biex tipparteċipa u li tkun iffirmit ser tinzamm f' post separat minn fejn ser jinżammu ir-*recordings* u l-kopji miktuba tal intervista. Dan ifisser li kwalunkwe dettalji identifikabbli se jitneħħew. L-eżaminaturi jistgħu ikollhom aċċess għall-verżjonijiet psewdonimati tat-traskrizzjonijiet fejn meħtieġ għal skopijiet ta' verifika.

Parteċipazzjoni Volontarja

Il-parteċipazzjoni tiegħek f'din ir-riċerka hija kompletament volontarja. Tista' tagħżel li ma tipparteċipax u/jew tista' tirtira l-kunsens tiegħek biex tipparteċipa fi kwalunkwe ħin mingħajr ma tagħti ebda raġuni. M'intix se tkun penalizzata bl-ebda mod jekk inti tiddeċiedi li ma tipparteċipax jew li tirtira mill-istudju, anke wara li tkun diġà aċċettajt li tipparteċipa. Inti tista' tirrifjuta li twieġeb xi mistoqsijiet li inti skomda bihom. Jekk tiddeċiedi li tiegħu sehem fl-istudju, inti tkun mitluba tagħti l-kunsens tiegħek bil-miktub billi tiffirma l- *Formola ta' Kunsens għal-(Ex) Imsieħba Intimi Tas-Service Users* hawnekk mehmuża.

Protezzjoni ta' Kunfidenzjalità

Bħala parteċipanta, għandek id-dritt taħt ir-Regolament Ġenerali dwar il-Protezzjoni tad-Dejta (GDPR) u l-legislazzjoni nazzjonali li taċċessa, tirrettifika u fejn applikabbli titlob li d-dejta li tikkonċerna lilek titħassar. L-informazzjoni kollha li tiġi pprovduta minnek matul l-istudju tinżamm strettament kunfidenzjali u tintuża biss għall-iskop ta' l-istudju. Ismek jew kwalunkwe dettalji ta' kuntatt mhux se jiġu rreġistrati fit-traskrizzjoni tal-intervista. L-isem tiegħek jinbidel għal psewdonimu biex jiġi żgurat li l-involvement tiegħek jibqa' kompletament kunfidenzjali u anonimu. L-unika nies li jafu li int tajt il-kunsens tiegħek biex tipparteċipa se tkun il-kordinatriċi tal-programm, is-Sinjura Lauren Agius u is-Sinjur Michael Farrugia li jaħdem fis-servizz. Barra minn hekk, kull dettal fl-istudju li jista' potenzjalment jidentifikak jitneħħa jew jinbidel ukoll. L-identità tiegħek ma tiġix żvelata fl-ebda pubblikazzjoni li tirriżulta minn dan l-istudju; madankollu, xi kwotazzjonijiet anonimizzati jistgħu jintużaw f'xi rapporti. Id-data kollha rreġistrata miġbura se titħassar f' Dicembru 2021.

Riskji u Skumditajiet

M'hemm l-ebda riskju magħruf assoċjat mal-partecipazzjoni f'dan il-proġett ta' riċerka. Jekk ikun hemm xi mistoqsijiet li ssib li jikkawżawlek anzjeta`, inti libera li tirrifjuta li twieġeb. Jekk tħoss xi skumdità wara l-intervista u tħoss il-bżonn li titkellem aktar dwar l-intervista tagħna, tkun tista` tikkuntattja lili sabiex inkun nista' niddireġik għas-servizzi soċjali ta' l-Appoġġ, i.e. Domestic Violence Unit (DVU).

Benefiċċji Potenzjali

Il-kontribuzzjoni tiegħek se sservi biex tagħmel il-bidliet meħtieġa fil-programm fejn xieraq, speċjalment minħabba li dawn it-tipi ta' programmi u s-*service users* tagħhom mhumiex rappreżentati b'mod sinifikanti fir-riċerka.

Dan l-istudju se jesplora attitudnijiet, esperjenzi u għarfien tas- *service users*, imsieħba intimi jew ex-imsieħba u l-istaff dwar il-programm b'mod ġenerali u liema aspetti speċifiċi tal-programm huma maħsuba li huma ta' għajnuna għas-*service users* biex jieqfu mill-vjolenza u liema aspetti jistgħu jkunu mtejba.

Billi niffoka fuq l-attitudnijiet, l-esperjenzi u l-għarfien tal-partijiet, ser jgħin biex jipprovdi għarfien dwar ir-riċettività ta' dawk li jsegwu l-programm u l-perċezzjoni tagħhom tal-effettività tal-programm. Dawn jistgħu mbagħad iwasslu għal bidliet fil-programm; liema materjal huwa kopert u l-kontenut tal-kors.

Dan se jkun ta' għajnuna għas -*service users* futuri u l-familji tagħhom. Il-partecipazzjoni tiegħek se tikkontribwixxi wkoll għall-korp ta' għarfien f'dan il-qasam tal-psikoloġija.

COVID-19

Minħabba s-sitwazzjoni li ninsabu fiha tal-COVID-19, skont l-esiġenzi ta' Malta fil-ħin tal-intervista u skont ix-xewqat tal-partecipanta, l-intervista tista' ssir onlajn jew bit-telefon għall-kuntrarju tal-intervista tradizzjonali wiċċ imb wiċċ, jekk is-sitwazzjoni

nazzjonali titlob hekk. Jekk l-intervisti jsiru onlajn, il-miżuri ta' reġistrazzjoni msemmija hawn fuq japplikaw u jibqgħu l-istess. Madankollu, huwa importanti li tifhem li m'għandekx tirrekordja l-intervista.

Aktar Mistoqsijiet / Espressjoni ta' Interess

Nixtieq nieħu din l-opportunità biex niringrazzjak tal-ħin tiegħek. Jekk ġentilment taqbel li tipparteċipa f'dan il-proġett ta' riċerka jew jekk għandek aktar mistoqsijiet, jekk jogħġbok, toqgħodx lura milli tagħmel kuntatt miegħi jew lis-supervisor tiegħi fuq l-informazzjoni ta' kuntatt imsemmija hawn fuq u aħna nwieġbu l-mistoqsijiet tiegħek mill-aktar fis.

FORMOLA TA' KUNSENS GĦAL-(EX) IMSIEĦBA INTIMI TAS-SERVICE USERS

Jien, il-parteċipant,

- (1) Nikkonferma li qrajt l-informazzjoni (minn fuq id-dokument intitolat '*FORMOLA TA' INFORMAZZJONI GĦAL-(EX) PARTNERS TAS-SERVICE USERS*') dwar din ir-riċerka (*Evalwazzjoni tal-Programm Domestic Abuse Intervention Program (DAIP) f'Malta*) u nifhem l-involviment tiegħi fl-istudju,
- (2) Ikkunsidrajt l-informazzjoni u ċċarajt għas-sodisfazzjoni tiegħi t-tħassib dwar il-parteċipazzjoni tiegħi fir-riċerka,
- (3) Nifhem li l-parteċipazzjoni tiegħi f'din ir-riċerka hija volontarja u li jiena liberu li nirtiraha fi kwalunkwe ħin, mingħajr ma nagħti raġuni speċifika,
- (4) Nifhem li m'iniex nirreġistra (nirrekordja) s-sessjoni jien stess, u
- (5) Naqbel li nipparteċipa f'dan l-istudju.

Isem il-Parteċipant: _____

Firma: _____ **Data:** _____

Isem ir-Riċerkatriċi: Annelise Borg

Firma: _____ **Data:** _____

Isem is-Supervisor: Dr Clarissa Sammut Scerri

Firma: _____ **Data:** _____

Appendix D: Information Sheet and Consent form for Programme Coordinator**PARTICIPATION INFORMATION SHEET FOR THE PROGRAMME****COORDINATOR****Introduction**

My name is Annelise Borg and I am currently reading for a Master Degree in Psychology at the University of Malta. In part-fulfilment of my studies I am carrying out a research study entitled: *An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*. You are invited to take part in this research.

Hereunder please find information about the research project to assist you in your decision to take part in the study. In the meantime, should you wish to acquire further information about the research study and/or to discuss any queries that you may have, you are free to contact me on 79284858 or annelise.borg.08@um.edu.mt. Alternatively, you may contact my dissertation supervisor, Dr. Clarissa Sammut Scerri, on clarissa.sammut-scerri@um.edu.mt or on 2340 3061 / 3458.

Please be sure to read the information presented below carefully.

Purpose of the Study

The aim of this research study is to evaluate the Domestic Abuse Intervention Program (DAIP), within the 'STOP! the Violence and Abuse,' Domestic Violence Services, Appoġġ. This will be done by focusing on the perceptions of men who completed the programme, intimate (ex) partners of men who have completed the programme, and the professionals who deliver the service, like yourself.

Description of your Participation

In order to conduct my study, I will be interviewing around six males who completed the programme, around six women who are intimate partners of men who have completed the programme or were intimate partners but have since ended their

intimate relationship and now coparent with men who have completed the programme, the programme facilitators, the programme coordinator, and the staff member, your good self. You are being invited to take part in this study because you meet the above inclusion criteria of the study. As the programme coordinator, your participation will involve taking part in an individually held (one-to-one) interview of approximately 60 minutes, wherein you will be asked various questions about the programme.

The interview will be audio-recorded and transcribed verbatim. The recordings of the interviews will be stored in a password protected file in my laptop which is also password-protected. The consent form and the transcript of all study participants will be pseudonymised and stored in two separate safe places.

Transcripts of the interviews will only be accessible to the researcher. Given that Dr. Clarissa Sammut Scerri is both my dissertation supervisor and your clinical supervisor, she will only have access to the pseudonymised versions of the transcripts which will be headed as transcript of programme staff. This means that every effort will be done to remove as many identifiable details as possible. Examiners may also have access to the pseudonymised versions of the transcripts where necessary for verification purposes. Please note that complete anonymity in this case cannot be assured in this specific case.

Voluntary Participation

Your participation in this research study is entirely voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time without giving a reason. You will not be penalised in any way should you decide not to participate or to withdraw from the study, even after you have already agreed to participate. You may refuse to answer any questions that you are uncomfortable

with. If you decide to take part in the study, you will be asked to give your written consent by signing the enclosed *Consent Form for the Programme Coordinator*.

Protection of your Confidentiality

As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and, where applicable, ask for the data concerning you to be erased. All data provided by you during the course of the study will be kept strictly confidential and will be only used for the purpose of the study.

While I can guarantee confidentiality, due to the fact that the service is small, it is difficult to guarantee complete anonymity. To minimise chances of identification, in the dissertation, I will not make reference to what the “programme coordinator”, “the staff member”, or “programme facilitators” have said. Instead, I will use the broader category of “service staff” when including the relevant quotes.

In addition, any details in the dissertation which could potentially identify you will also be removed or changed. Your identity will not be revealed in any publication resulting from this study; some anonymised quotes may be used in reports. All the recorded data collected will be erased in by December 2021.

Risks and Discomforts

There are no known risks associated with participating in this research project.

Potential Benefits

Your contribution will serve to make necessary changes to the programme where appropriate, especially since these types of programmes and their service users are significantly underrepresented in research.

This study will explore attitudes, experiences and insights of the service users, intimate partners or ex-partners and staff about the programme in general and which specific aspects of the programme are thought to be helpful for service users to desist violence and which aspects can be improved.

Shedding light on the attitudes, experiences and insights of the different stakeholders in relation to the DAIP from the three different viewpoints will help provide insight into the receptiveness of those following the programme and their perception of its effectiveness of it. These may then lead to changes how the programme is delivered; what material is covered and the course content.

This will be of help to future service users and their families. Your participation will also contribute to the body of knowledge in this area of psychology.

COVID-19

Depending on the exigencies of Malta at the time of the interview and depending on the participant's wishes, the interview can/might have to be held online or by phone as opposed to the traditional face-to-face interview. Should interviews be held online, the aforementioned recording measures apply and remain unchanged. However, it is important that you understand that you must not record the interview.

Further Queries / Expression of Interest

I would like to take this opportunity to thank you for your time. If you kindly agree to participate in this research project or have any further questions, please do not hesitate to make contact me or dissertation supervisor on the aforementioned contact information.

CONSENT FORM FOR THE PROGRAMME COORDINATOR

I, the participant,

- (1) Confirm that I have read the 'Information Sheet' about this research (*An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*) and understand my involvement in this study,
- (2) Have considered the information and clarified to my satisfaction all my concerns about my participation,
- (3) Understand that my participation is voluntary and I am free to withdraw at any time, without giving a specific reason,
- (4) Understand that while confidentiality is guaranteed, anonymity cannot be,
- (5) Understand that I am not to record the session myself, and
- (6) Agree to participate in this study.

Name of Participant: _____

Signature: _____ **Date:** _____

Researcher's Name: Annelise Borg

Signature: _____ **Date:** _____

Supervisor's Name: Dr Clarissa Sammut Scerri

Signature: _____ **Date:** _____

Appendix E: Information Sheet and Consent form for Staff Member**PARTICIPATION INFORMATION SHEET FOR THE STAFF MEMBER****Introduction**

My name is Annelise Borg and I am currently reading for a Master Degree in Psychology at the University of Malta. In part-fulfilment of my studies I am carrying out a research study entitled: *An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*. You are invited to take part in this research.

Hereunder please find information about the research project to assist you in your decision to take part in the study. In the meantime, should you wish to acquire further information about the research study and/or to discuss any queries that you may have, you are free to contact me on 79284858 or annelise.borg.08@um.edu.mt. Alternatively, you may contact my dissertation supervisor, Dr. Clarissa Sammut Scerri, on clarissa.sammut-scerri@um.edu.mt or on 2340 3061 / 3458.

Please be sure to read the information presented below carefully.

Purpose of the Study

The aim of this research study is to evaluate the Domestic Abuse Intervention Program (DAIP), within the 'STOP! the Violence and Abuse,' Domestic Violence Services, Appogg. This will be done by focusing on the perceptions of men who completed the programme, intimate (ex) partners of men who have completed the programme, and the professionals who deliver the service, like yourself.

Description of your Participation

In order to conduct my study, I will be interviewing around six males who completed the programme, around six women who are intimate partners of men who have completed the programme or were intimate partners but have since ended their intimate relationship and now coparent with men who have completed the

programme, the programme facilitators, the programme coordinator, and the staff member, your good self. You are being invited to take part in this study because you meet the above inclusion criteria of the study. As the staff member, your participation will involve taking part in an individually held (one-to-one) interview of approximately 60 minutes, wherein you will be asked various questions about the programme.

The interview will be audio-recorded and transcribed verbatim. The recordings of the interviews will be stored in a password protected file in my laptop which is also password-protected. The consent form and the transcript of all study participants will be pseudonymised and stored in two separate safe places.

Transcripts of the interviews will only be accessible to the researcher. Given that Dr. Clarissa Sammut Scerri is both my dissertation supervisor and your clinical supervisor, she will only have access to the pseudonymised versions of the transcripts which will be headed as transcript of programme staff. This means that every effort will be done to remove as many identifiable details as possible.

Examiners may also have access to the pseudonymised versions of the transcripts where necessary for verification purposes. Please note that complete anonymity in this case cannot be assured in this specific case.

Voluntary Participation

Your participation in this research study is entirely voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time without giving a reason. You will not be penalised in any way should you decide not to participate or to withdraw from the study, even after you have already agreed to participate. You may refuse to answer any questions that you are uncomfortable with. If you decide to take part in the study, you will be asked to give your written consent by signing the enclosed *Consent Form for the Staff Member*.

Protection of your Confidentiality

As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and, where applicable, ask for the data concerning you to be erased. All data provided by you during the course of the study will be kept strictly confidential and will be only used for the purpose of the study.

While I can guarantee confidentiality, due to the fact that the service is small, it is difficult to guarantee complete anonymity. To minimise chances of identification, in the dissertation, I will not make reference to what the “programme coordinator”, “the staff member”, or “programme facilitators” have said. Instead, I will use the broader category of “service staff” when including the relevant quotes.

In addition, any details in the dissertation which could potentially identify you will also be removed or changed. Your identity will not be revealed in any publication resulting from this study; some anonymised quotes may be used in reports. All the recorded data collected will be erased in by December 2021.

Risks and Discomforts

There are no known risks associated with participating in this research project.

Potential Benefits

Your contribution will serve to make necessary changes to the programme where appropriate, especially since these types of programmes and their service users are significantly underrepresented in research.

This study will explore attitudes, experiences and insights of the service users, intimate partners or ex-partners and staff about the programme in general and

which specific aspects of the programme are thought to be helpful for service users to desist violence and which aspects can be improved.

Shedding light on the attitudes, experiences and insights of the different stakeholders in relation to the DAIP from the three different viewpoints will help provide insight into the receptiveness of those following the programme and their perception of its effectiveness of it. These may then lead to changes how the programme is delivered; what material is covered and the course content.

This will be of help to future service users and their families. Your participation will also contribute to the body of knowledge in this area of psychology.

COVID-19

Depending on the exigencies of Malta at the time of the interview and depending on the participant's wishes, the interview can/might have to be held online or by phone as opposed to the traditional face-to-face interview. Should interviews be held online, the aforementioned recording measures apply and remain unchanged. However, it is important that you understand that you must not record the interview.

Further Queries / Expression of Interest

I would like to take this opportunity to thank you for your time. If you kindly agree to participate in this research project or have any further questions, please do not hesitate to make contact me or dissertation supervisor on the aforementioned contact information.

CONSENT FORM FOR THE STAFF MEMBER

I, the participant,

- (1) Confirm that I have read the 'Information Sheet' about this research (*An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*) and understand my involvement in this study,
- (2) Have considered the information and clarified to my satisfaction all my concerns about my participation,
- (3) Understand that my participation is voluntary and I am free to withdraw at any time, without giving a specific reason,
- (4) Understand that while confidentiality is guaranteed, anonymity cannot be,
- (5) Understand that I am not to record the session myself, and
- (6) Agree to participate in this study.

Name of Participant: _____

Signature: _____ **Date:** _____

Researcher's Name: Annelise Borg

Signature: _____ **Date:** _____

Supervisor's Name: Dr Clarissa Sammut Scerri

Signature: _____ **Date:** _____

Appendix F: Information Sheet and Consent form for Facilitators

PARTICIPATION INFORMATION SHEET FOR FACILITATORS

Introduction

My name is Annelise Borg and I am currently reading for a Master Degree in Psychology at the University of Malta. In part-fulfilment of my studies I am carrying out a research study entitled: *An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*. You are invited to take part in this research.

Hereunder please find information about the research project to assist you in your decision to take part in the study. In the meantime, should you wish to acquire further information about the research study and/or to discuss any queries that you may have, you are free to contact me on 79284858 or annelise.borg.08@um.edu.mt. Alternatively, you may contact my dissertation supervisor, Dr. Clarissa Sammut Scerri, on clarissa.sammut-scerri@um.edu.mt or on 2340 3061 / 3458.

Please be sure to read the information presented below carefully.

Purpose of the Study

The aim of this research study is to evaluate the Domestic Abuse Intervention Program (DAIP), within the 'STOP! the Violence and Abuse,' Domestic Violence Services, Appogg. This will be done by focusing on the perceptions of men who completed the programme, intimate (ex) partners of men who have completed the programme, and the professionals who deliver the service, like yourself.

Description of your Participation

In order to conduct my study, I will be interviewing around six males who completed the programme, around six women who are intimate partners of men who have completed the programme or were intimate partners but have since ended their intimate relationship and now coparent with men who have completed the

programme, the programme facilitators, the programme coordinator, and the staff member, your good self. You are being invited to take part in this study because you meet the above inclusion criteria of the study. As a programme facilitator, your participation will involve taking part in a joint interview of approximately 60 minutes, wherein you will be asked various questions about the programme.

The interview will be audio-recorded and transcribed verbatim. The recordings of the interviews will be stored in a password protected file in my laptop which is also password-protected. The consent form and the transcript of all study participants will be pseudonymised and stored in two separate safe places.

Transcripts of the interviews will only be accessible to the researcher. Given that Dr. Clarissa Sammut Scerri is both my dissertation supervisor and your clinical supervisor, she will only have access to the pseudonymised versions of the transcripts which will be headed as transcript of programme staff. This means that every effort will be done to remove as many identifiable details as possible.

Examiners may also have access to the pseudonymised versions of the transcripts where necessary for verification purposes. Please note that complete anonymity in this case cannot be assured in this specific case.

Voluntary Participation

Your participation in this research study is entirely voluntary. You may choose not to participate and/or you may withdraw your consent to participate at any time without giving a reason. You will not be penalised in any way should you decide not to participate or to withdraw from the study, even after you have already agreed to participate. You may refuse to answer any questions that you are uncomfortable with. If you decide to take part in the study, you will be asked to give your written consent by signing the enclosed *Consent Form for Facilitators*.

Protection of your Confidentiality

As a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and, where applicable, ask for the data concerning you to be erased. All data provided by you during the course of the study will be kept strictly confidential and will be only used for the purpose of the study.

While I can guarantee confidentiality, due to the fact that the service is small, it is difficult to guarantee complete anonymity. To minimise chances of identification, in the dissertation, I will not make reference to what the “programme coordinator”, “the staff member”, or “programme facilitators” have said. Instead, I will use the broader category of “service staff” when including the relevant quotes.

In addition, any details in the dissertation which could potentially identify you will also be removed or changed. Your identity will not be revealed in any publication resulting from this study; some anonymised quotes may be used in reports. All the recorded data collected will be erased in by December 2021.

Risks and Discomforts

There are no known risks associated with participating in this research project.

Potential Benefits

Your contribution will serve to make necessary changes to the programme where appropriate, especially since these types of programmes and their service users are significantly underrepresented in research.

This study will explore attitudes, experiences and insights of the service users, intimate partners or ex-partners and staff about the programme in general and

which specific aspects of the programme are thought to be helpful for service users to desist violence and which aspects can be improved.

Shedding light on the attitudes, experiences and insights of the different stakeholders in relation to the DAIP from the three different viewpoints will help provide insight into the receptiveness of those following the programme and their perception of its effectiveness of it. These may then lead to changes how the programme is delivered; what material is covered and the course content.

This will be of help to future service users and their families. Your participation will also contribute to the body of knowledge in this area of psychology.

COVID-19

Depending on the exigencies of Malta at the time of the interview and depending on the participant's wishes, the interview can/might have to be held online or by phone as opposed to the traditional face-to-face interview. Should interviews be held online, the aforementioned recording measures apply and remain unchanged. However, it is important that you understand that you must not record the interview.

Further Queries / Expression of Interest

I would like to take this opportunity to thank you for your time. If you kindly agree to participate in this research project or have any further questions, please do not hesitate to make contact me or dissertation supervisor on the aforementioned contact information.

CONSENT FORM FOR FACILITATORS

I, the participant,

- (1) Confirm that I have read the 'Information Sheet' about this research (*An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta*) and understand my involvement in this study,
- (2) Have considered the information and clarified to my satisfaction all my concerns about my participation,
- (3) Understand that my participation is voluntary and I am free to withdraw at any time, without giving a specific reason,
- (4) Understand that while confidentiality is guaranteed, anonymity cannot be,
- (5) Understand that I am not to record the session myself, and
- (6) Agree to participate in this study.

Name of Participant: _____

Signature: _____ **Date:** _____

Researcher's Name: Annelise Borg

Signature: _____ **Date:** _____

Supervisor's Name: Dr Clarissa Sammut Scerri

Signature: _____ **Date:** _____

Appendix G: Male Service User Interview Guide

English Version

INTERVIEW SCHEDULE FOR SERVICE USERS

An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta

This schedule includes all sections of the interview and also the prompts that may be asked during the interview. The questions will be used to guide the interview.

Demographic Information

- 1) What is your age?
- 2) What year did you complete the programme in?
- 3) What is your current relationship status? Are you still with the person you were with when you did the programme?
- 4) How many children do you have?
- 5) Employment Status
 - Employed – full-time/part-time
 - Self-employed – full-time/part-time
 - Unemployed
 - Retired
 - Unable to work due to disability
- 6) Employment Type¹
 - Highly Skill Non-Manual
 - Low Skilled Non-Manual
 - Skilled Manual
 - Elementary Occupation

¹ I refer here to the International Standard Classification of Occupations (ISCO).

ISCO International Standard Classification of Occupations. (2010, June 9th). *Resolution Concerning Updating the International Standard Classification of Occupations*. International Labour Organisation.

<https://www.ilo.org/public/english/bureau/stat/isco/index.htm>

During the Programme

We are going to talk about the programme that you followed.

7) What was your personal experience of the programme?

Prompts:

- a) Did you feel as though it was suited to your need?
- b) What did 'violence' mean to you? How did you view it before the programme?
- c) Back then how did you make sense of your actions / thoughts / feelings?
- d) What motivated you to start the programme?
- e) In your opinion back then, did you feel you needed to be enrolled in the programme? Why? If not, why not? What were your expectations of the programme?

8) What did you think of the duration of the programme? Was the programme too long or too short? Did you feel you needed more time? If yes, why? If not, why not?

9) What did you think of the room you were in / the group of people you were with / the notes you were given?

10) What did you think of the tasks assigned to you to do over the weeks?

11) Did you attend all the sessions?

12) Did you participate in group activities?

I am going to ask questions about the programme's content. There were various things that struck me when I took a close look at it.

13) The programme facilitators seemed to go out of their way to ensure that everyone felt comfortable. What was your experience?

(Prompts: Was it difficult to share certain things about yourself? Were there members who found it difficult to share their experiences? What helped in this regard?)

14) I understood that the Check-ins were an important part of the programme. The programme seems to acknowledge that people are prone to feel uncomfortable during them. How did you find the check-ins?

(Prompts: did you feel secure / comfortable / encouraged to share?)

15) The programme made use of various methods including handouts, role plays, videos, drawings, story writing, etc. Which did you prefer and why?

- 16) The programme emphasises the issue of “safety” a lot – about how it is important that your partner and the children are safe, necessitating you to stop using violence. On this point, did your behaviour start to change with them? How?
- 17) The programme emphasises the fact that you cannot abuse someone and respect them at the same time. How do you understand this? Did you start to show more respect? Did you start to invest in your relationship? How?
- 18) The programme also covers how abuse is vast, pervasive and directly affects your children. How do you understand this?
- 19) You were taught various strategies in the programme, including peaceful disagreement, time-out, de-escalation, reflexivity etc. Which strategies did you like / find useful?
- 20) You were taught that you always have a choice in your actions, but you need to then be responsible for them. What do you think about this? Have you integrated this into your behaviour? How?
- 21) The programme covered the law against violence and covered gender equality. Did this impact the way that you perceive and understand violence? How? If not, why not?
- 22) Throughout the programme, what did you understand about yourself / your actions / your thoughts / your emotions?
- 23) What motivated you to continue to follow the programme?
- 24) Of all the sessions you attended, was there a particular session that struck you more than others? If so, which? Why? How was it helpful? And which session was the hardest? Which session did you feel uncomfortable in or did not find helpful?
- 25) What stayed with you after the programme?
- 26) Was there something about the programme that was not helpful? Did something bother you? Did you have different expectations about the programme?
- 27) Was there something that you feel was missing from the programme? What? Did you feel that there was something irrelevant / unimportant that was covered? What were these aspects?

After the Programme

Now we are going to talk about life after the programme.

28) What does 'violence' mean to you today? How do you view it now?

29) What is the issue of safety like at home and in your relationships now?

(Prompts: has it changed?)

30) In the programme you were taught to stop, think and reflect before you take action. What do you understand about yourself / your actions / your thoughts / your emotions now? Do you still use some of the strategies or insights that you learnt in the programme? If yes, which ?

31) What prompted you to use violence in the past? Do you still use violence of any kind? If so, why do you think you still choose this behaviour?

32) If you no longer use violence in your relationships, what holds you back from using violence (on your partner / the kids / on your partner in front of the kids) now? What helps you?

Debriefing note:

This is the end of the interview. There are no more questions from my end about the programme that you followed.

I would like to ask what was it like for you to do this interview with me. What was the experience of the interview like for you? Were there any questions which you found difficult to answer? Which questions did you find it comfortable to answer?

Thank you for agreeing to participate and to provide insight into your individual experience. Your views about the programme will provide us with very useful feedback about what works and what can be improved in the programme. I am deeply grateful.

In cases of current violence / discomfort

In the consent form I explained that should you disclose that you are engaging in domestic violence in your current relationship or you are feeling some discomfort as a result of having participated in this interview, I will refer you to help within Appoġġ – to the service ‘*STOP!*’ in order for them to support you.

Maltese Version

Linji Gwida għal Intervista mas-Service User

Informazzjoni Demografika

- 1) Kemm għandek żmien?
- 2) F'liema sena temmejt il-programm?
- 3) X'inhu ir-*relationship status* tiegħek bħalissa? Int għadek mal-persuna li kont magħha meta għamilt il-programm?
- 4) Kemm għandek tfal?
- 5) Impjieg
 - Impjegat – *full-time/part-time*
 - Taħdem għal rasek – *full-time/part-time*
 - Bla Impjieg
 - Irtirat
 - Ma tistax taħdem minħabba diżabilità
- 6) Tip ta' Impjieg²
 - *Highly Skill Non-Manual*
 - *Low Skilled Non-Manual*
 - *Skilled Manual*
 - *Elementary Occupation*

² Qed nirreferi hawnhekk għal-International Standard Classification of Occupations (ISCO).

ISCO International Standard Classification of Occupations. (2010, June 9th). *Resolution Concerning Updating*

the International Standard Classification of Occupations. International Labour Organisation.

<https://www.ilo.org/public/english/bureau/stat/isco/index.htm>

Waqt il-Programm

Ħa nitkellmu ftit fuq il-programm li għamilt.

7) X'kienet l-esperjenza personali tiegħek?

Prompts:

- a) Ħassejt li l-programm kien addattat għalik?
 - b) X'kont tifhem bil-vjolenza dak iż-żmien? Kif kont tħares lejn ir-relazzjoni tiegħek u lejk innifsek?
 - c) Kif kont tifhem l-imġieba tiegħek/ ħsibijietek / kif kont tħossok?
 - d) X'giegħlek issegwi dan il-programm?
 - e) Fil-fehma tiegħek dak iż-żmien, kellek bżonn il-programm inti?
Għaliex? Jekk le, għaliex le? X'kont qed tistenna mill-programm?
- 8) X'taħseb dwar it-tul tal-programm? Il-programm kien twil wisq jew qasir wisq? Ħassejt li għandek bżonn iktar żmien? Jekk iva, għaliex? Jekk le, għaliex le?
- 9) X'deherlek mill-kamra / il-grupp li kont magħhom / min-noti?
- 10) X'deherlek mix-xogħol li kienu jgħad-dar?
- 11) Inti attendejt is-sessjonijiet kollha?
- 12) Kont tipparteċipa fl-attivitajiet tal-grupp?

Ser nistaqsi domandi dwar il-kontenut tal- program. Kien hemm diversi affarijiet li laqtuni, meta dħalt fid-dettal tal-kontenut.

13) Il-mexxeja tal-program deheru li għamlu sforz kbir biex jiżguraw li kulhadd iħossu komdu. Inti x'taħseb fuq dan?

(Prompts: kien diffiċli li titkellem fuq ċerti affarijiet fuqek? Kien hemm membri li sabuha diffiċli jtkellmu fuq l-esperjenzi tagħhom? Int kont sibtha diffiċli ? X'kien jgħinek iktar f'dan ir-rigward?)

14) Il-*Check-ins* laqtuni lili u kienu jidhru parti importanti mill program. Il-programm jirrikonoxxi li fiċ-*check-ins* tistgħa tħossok skomdu. Kif sibthom?

(Prompts: ħassejtek "safe" / komdu / imħeġġeġ biex taqşam ċerta affarijiet?)

15) Il-programm juża metodi varji inklużi għotjiet (*handouts*), *role plays*, vidjows, tpingijiet, stejjer etc. Liema kont tippreferi u għalfejn?

16) Deheru li agħfsu ħafna fuq is-'*safety*' - fuq li l-mara u t-tfal jkunu "*safe*" jiġifieri li tiegħaf mil-vjolenza. Fuq dan il-punt, l-imġieba tiegħek bdiet tinbidel mal-mara jew mat-tfal? Kif?

- 17) Deherhu li agħfsu wkoll fuq il-fatt li ma tistax tabbuża lil xi ħadd u tirrispettahom fl-istess ħin. Din x'tahseb fuqha? Bdejt turi iżjed rispett? Bdejt tinvesti fir-relazzjonijiet tiegħek? B'liema mod?
- 18) Deherhu li agħfsu wkoll fuq il-fatt li l-abbuż huwa vast u mifruż u jaffettwa direttament lil uliedek. Kif affettwak dan? X' laqgħtek minn dak?
- 19) Ġejtu mgħallma diversi strateġiji fil-programm inkluż tgħallimt ma taqbilx b'mod paċifiku, it-*time out*, id-*de-escalation*, li tirrefletti. Liema strateġiji laqtuk?
- 20) Ġejtu mgħallma li dejjem għandkom għażla fl-azzjonijiet tiegħek, imma mbagħad trid tiegħu r-responsabbiltà. X'taħseb fuq din il-ħaga? Tarak tużah dan? B' liema mod?
- 21) Fil-programm semmejtu l-liġi kontra l-vjolenza u fuq l-ugwaljanza bejn il-ġeneri. Bdejt tifhem u tħares lejn il-vjolenza b'mod differenti minn qabel? Kif? Jekk le, għala le?
- 22) Kif bdejt tifhem l -imġieba tiegħek/ ħsibijietek / kif kont tħossok?
- 23) X'immotivak biex tkompli issegwi il-programm?
- 24) Mill- laqgħat kollha li kellek, kien hemm xi laqgħa li laqtitek iktar minn oħrajn? Jekk iva, liema? Għaliex? Kif kienet ta' għajnuna? U liema kienet il -laqgħa li kienet diffiċli? U dik l-iktar li iddejjaq fiha jew li ma sibthiex ta' għajnuna?
- 25) X'inhil dik il-ħaga li bagħqet miegħek wara l-programm?
- 26) Kien hemm xi ħaġa jew laqgħa li ma kinitx ta' għajnuna? Jew xi ħaġa li ddejjqitekk? Stennejt xi ħaġa differenti mil-programm?
- 27) Kien hemm xi ħaġa li thoss li kienet nieqsa? Jew xi ħaġa li kienet zejda?

Wara l-Programm

Issa se nitkellmu ftit dwar ħajtek wara l-programm.

- 28) Illum il-ġurnata x'tifhem bil-vjolenza? Kif tħares lejn il-vjolenza issa?
- 29) Illum il-ġurnata kif ihni l-*issue* ta' *safety* f'darek jew fir-relazzjonijiet tiegħek? (*Prompts*: Inbidlet? Kif inhi issa?)
- 30) Fil-programm tgħallimtu kif tieqfu, taħsbu, u tirriflettu qabel ma tiegħdu azzjoni. Illum il-ġurnata kif tifhem l-imġieba tiegħek / ħsibijietek / kif kont tħossok? Sirt tagħmel dawn l-affarijiet iktar?
- 31) X'waslek biex tuża l-vjolenza fil-passat? U għadek tuża xi tip ta' vjolenza għal dawn ir-raġunijiet? Jekk iva, għalfejn taħseb li għadek tagħzel din ir-reazzjoni?

32) Jekk le, x'izommok milli tuża l-vjolenza (fuq il-mara, fuq it-tfal, fuq il-mara quddiem it-tfal) issa? L-istrategiji? X'jgħinek?

Debriefing note:

Dan huwa t-tmiem tal-intervista. M'hemmx iktar mistoqsijiet min-naħa tiegħi dwar il-programm.

Nixtieq nistaqsi kif ħassejtek inti u tagħmel din l-intervista miegħi. Kif kienet għalik l-esperjenza tal-intervista? Kien hemm xi mistoqsijiet li sibt diffiċli biex twieġeb? U liema mistoqsijiet ħassejtek komdu twieġeb?

Grazzi talli aċċettajt li tipparteċipa u li ttipprovi għarfien dwar l-esperjenza individwali tiegħek. Il-fehmiet tiegħek dwar il-programm jipprovdulna *feedback* utli ħafna dwar dak li jaħdem u x' jista' jittejjeb fil-programm. Jiena grata ħafna għall-partecipazzjoni tiegħek.

F'kazijiet ta' vjolenza / skumdità attwali biss

Fil-formola tal-kunsens spjegajt li jekk inti tiżvela li qed tuża vjolenza fir-relazzjoni attwali tiegħek jew qed tħoss xi skumdità minħabba li pparteċipajt f'din l-intervista, ser inħeggek tfittex għall-għajnuna fl-Appoġġ - lis-'*STOP!*' sabiex jagħtuk l-għajnuna meħtiega.

Appendix H: (Ex)Partners of Service Users Interview Guide

English Version

Interview Schedules for Intimate Partners or Ex-Partners of Service Users

An Evaluation of the Domestic Abuse Intervention Program (DAIP) in Malta

This schedule includes all sections of the interview and also the prompts that may be asked during the interview. The questions will be used to guide the interview.

Demographic Information

- 1) What is your age?
- 2) What year did your partner complete the programme in?
- 3) What is your current relationship status? Are you still with the person you were with when you did the programme?
- 4) How many children do you have?
- 5) Employment Status
 - Employed – full-time/part-time
 - Self-employed – full-time/part-time
 - Unemployed
 - Retired
 - Unable to work due to disability
- 6) Employment Type³
 - Highly Skill Non-Manual
 - Low Skilled Non-Manual
 - Skilled Manual
 - Elementary Occupation

³ I refer here to the International Standard Classification of Occupations (ISCO).

ISCO International Standard Classification of Occupations. (2010, June 9th). *Resolution Concerning Updating the International Standard Classification of Occupations*. International Labour Organisation.

<https://www.ilo.org/public/english/bureau/stat/isco/index.htm>

During the Programme

We are going to talk about the programme that your partner followed.

- 7) What was it like for you, in your relationship and in your family while he was following the programme?

Prompts:

- a) How was he on his return home after the sessions? (Pensive / upset / preoccupied?)
 - b) What did 'violence' mean to you? How did you see yourself in your situation back then?
 - c) How did you make sense of his actions / thoughts / feelings?
 - d) What do you think motivated him to start the programme?
 - e) What were your expectations of the programme?
- 8) Were you or your children involved in the programme? If yes, how were you involved? If not, did you wish to be involved? How? Were you given support? If yes, what kind of support were you given? From whom?
- 9) If you were not given support, did you wish you were given support? What kind of support did you wish you were given at that point?
- 10) Did you have contact with the staff who offer the service and the staff who run the programme? Can you tell me more about this?

I took a close look at the programme and there were various things that struck me.

- 11) The programme emphasises the issue of "safety" a lot – about how it is important that your partner and the children are safe, necessitating you to stop using violence. On this point, did his behaviour start to change with you/the children? How?
- 12) The programme emphasises the fact that you cannot abuse someone and respect them at the same time. During the programme, did you feel as though he started to show more respect towards you and the children? Did he start to invest (emotionally and practically) in his relationships? Did this spark a change of any kind?
- 13) The programme also covers how abuse is vast, pervasive and directly affects your children. How do you understand this? Did you notice him becoming more conscious of the effects of his behaviour with regards to the children?

- 14) The men were taught various strategies in the programme, including peaceful disagreement, time-out, de-escalation, reflexivity etc. Are you familiar with these strategies? Which strategies did he like / find useful? Did you notice him using these tactics? If so, how were these helpful or not helpful ?
- 15) Did you notice any other change in him? If so, what was it?
- 16) What do you think motivated service users to keep attending the programme?

After the Programme

Now we are going to talk about life after the programme.

- 17) What is your situation with regards to being safe from domestic violence today?
(Prompts: Has it changed? Do you feel less scared?)
- 18) What is your situation with regards to feeling free from dynamics of power and control like today?
(Prompts: freedom in what to say, what to do, what to wear, how to spend money, where to go, who to meet etc.)
- 19) How do you think that the programme helped you and your relationship with your partner? Or the relationship between your partner and the children? Is it different to the way that it was in the past? If yes, in what way? If not, in what way?
- 20) Do you perceive him to take responsibility for his past actions? If so, how?
- 21) In the programme the men were taught to stop, think and reflect before they take action. Does he do these things now?
- 22) What is your explanation as to why he used violence in the past?
- 23) If you compare his behaviour to before he did his programme, are there differences in the respect shown to others? Or in his communication style? If so, can you provide me with some examples?
- 24) In your view, which aspects of the programme was helpful ? Do you have any suggestions/ideas about how the programme can be improved? If so, what are they?

Debriefing note:

This is the end of the interview. There are no more questions from my end about the programme.

I would like to ask what was it like for you to do this interview with me. What was the experience of the interview like for you? Were there any questions which you found difficult to answer? Which questions did you find it comfortable to answer?

Thank you for agreeing to participate and to provide insight into your individual experience. Your views about the programme will provide us with very useful feedback about what works and what can be improved in the programme. I am deeply grateful.

In cases of current violence / discomfort

In the consent form, I explained that should you disclose that you are experiencing domestic violence in your current relationship or you are feeling some discomfort as a result of having participated in this interview, I will refer you for help within Appoġġ – to the Domestic Violence Unit in order for them to support you.

Maltese Version

Linji Gwida għal intervista mal-(ex) Siehba tas-Service User

Evalwazzjoni tal-Programm *Domestic Abuse Intervention Program* (DAIP) f'Malta

Dawn il-linji gwida jinkludu t-taqsimiet kollha tal-intervista u wkoll il-*prompts* li jistgħu jiġu mistoqsijin matul l-intervista. Il-mistoqsijiet se jintużaw biex jiggrawidaw l-intervista.

Informazzjoni Demografika

- 1) Kemm għandek żmien?
- 2) F'liema sena temmejt il-programm?
- 3) X'inhu ir-*relationship status* tiegħek bħalissa? Int għadek mal-persuna li kont magħha meta għamilt il-programm?
- 4) Kemm għandek tfal?
- 5) Impjieg
 - Impjegat – *full-time/part-time*
 - Taħdem għal rasek – *full-time/part-time*
 - Bla Impjieg
 - Irtirat
 - Ma tistax taħdem minħabba diżabilità
- 6) Tip ta' Impjieg⁴
 - *Highly Skill Non-Manual*
 - *Low Skilled Non-Manual*
 - *Skilled Manual*
 - *Elementary Occupation*

⁴ Qed nirreferi hawnhekk għal-International Standard Classification of Occupations (ISCO).

ISCO International Standard Classification of Occupations. (2010, June 9th). *Resolution Concerning Updating*

the International Standard Classification of Occupations. International Labour Organisation.

<https://www.ilo.org/public/english/bureau/stat/isco/index.htm>

Waqt il-Programm

Ħa nitkelmu ftit fuq il-programm li għamel is-sieħeb/raġel tiegħek.

- 7) X'kienet l-esperjenza tiegħek, fir-relazzjoni tiegħek u fil-familja tiegħek, waqt li kien qed isegwi l-programm?

(Prompts:

- a) Kif kien jiġi lura d-dar wara s-sessjonijiet?
 - b) X'kont tifhem bil-vjolenza dak iż-żmien? Kif kont tħares lejn ir-relazzjoni tiegħek u lejnk innifsek?
 - c) Kif kont tifhem l-imġieba tiegħu / ħsibijietu / kif kien iħossu?
 - d) X'immotivah biex issegwi dan il-programm?
 - e) Fil-fehma tiegħek dak iż-żmien, kellu bżonnu il-programm? Għaliex? Jekk le, għaliex le? X'kont qed tistenna mill-programm?
- 8) Inti jew uliedek kontu involuti fil-programm? Jekk iva, kif kontu involuti? Jekk le, xtaqt li kontu involuti? Kif? Ingħatajtu appoġġ? Jekk iva, x'tip ta' appoġġ ingħatajtu? Mingħand min?
- 9) Jekk ma ngħatajtx appoġġ, xtaqt li ngħatajt appoġġ? X'tip ta' appoġġ xtaqt li ngħatajt f'dak il-punt?
- 10) Kellek kuntatt mal-istaff li joffri s-servizz u l-istaff li jmexxi l-programm? Tista' tgħidli aktar dwar dan?

Ser nistaqsiek domandi dwar il-kontenut tal-program. Kien hemm diversi affarijiet li laqtuni, meta dħalt fid-dettal tal-kontenut.

- 11) Deheru li agħfsu ħafna fuq is-'*safety*' - fuq li l-mara u t-tfal tkunu "*safe*" jiġifieri li jieqaf mil-vjolenza. Fuq dan il-punt, l-imġieba tiegħu bdiet tinbidel miegħek jew mat-tfal? Kif?
- 12) Deherhu li agħfsu wkoll fuq il-fatt li ma tistax tabbuża lil xi ħadd u tirrispettahom fl-istess ħin. Din x' tahseb fuqha? Ħassejt li beda juri lilek jew/u t-tfal iktar rispettt? Beda jinvesti fir-relazzjoni ta' bejnitkom. Dan nissel bidla fir-relazzjoni tagħkom?
- 13) Deherhu li agħfsu wkoll fuq il-fatt li l-abbuż huwa vast u mifruż u jaffettwa direttament lil uliedkom. Ħassejt li kien iktar konxju dwar l-effetti ta' l-azzjonijiet tiegħu fuq it-tfal?

- 14) Innutajt li beda juża affarijiet li tgħallem fil-programm inkluz, li tgħallem ma jaqbilx ma dak li jkun b'mod paċifiku, *it-time out*, *id-de-escalation*, li tirrefletti?
- 15) Beda jinbidel hu? Kif?
- 16) X'immotivah biex ikompli issegwi il-programm?

Wara l-Programm

Issa se nitkellmu ftit dwar ħajtek wara l-programm.

- 17) Illum il-ġurnata kif tħossok dwar l-*issue* ta' *safety* mill -vjolenza?
(*Prompts*: Inbidlet? Tħossok anqas beżagħna?)
- 18) Tħossok iktar libera miegħu?
(*Prompts*: f'li tgħid, f'li tagħmel, f'li tilbes, fl-infieq, fejn tmur, f'li tgħid, u f'ma min tiltaqa')
- 19) Kif tiddeskrivi r-relazzjoni ta' bejnek u bejnu, ta' bejnu u wliedu? Osservajt xi tibdiliet fl-imġieba tiegħu mat-tfal?
- 20) Jieħu responsabbiltà ta' għemilu? Kif?
- 21) Fil-programm tgħallmu kif jieqfu, jaħsbu, u jirriflettu qabel ma jieħdu azzjoni. Sar jagħmel dawn l-affarijiet iktar?
- 22) X'waslu biex juża l-vjolenza fil-passat? U għadu juża xi tip ta' vjolenza għal dawn ir-raġunijiet? Jekk iva, għalfejn taħseb li għadu jagħzel din ir-reazzjoni? Jekk le, x'izommu lura milli juża l-vjolenza?
- 23) Kien hemm xi tibdil fl-ammont ta' rispett lejn ħaddiehor? Jew fil-mod ta' komunikazzjoni? Jekk iva, tista' tagħtini xi eżempji?
- 24) Għandek xi sugġerimenti dwar kif il-programm jista' jsir aħjar.

Debriefing note:

Dan huwa t-tmiem tal-intervista. M'hemmx iktar mistoqsijiet min-naħa tiegħi dwar il-programm.

Nixtieq nistaqsi kif ħassejtek inti u tagħmel din l-intervista miegħi. Kif kienet għalik l-esperjenza tal-intervista? Kien hemm xi mistoqsijiet li sibt diffiċli biex twieġeb? U liema mistoqsijiet ħassejtek komdu twieġeb?

Grazzi talli aċċettajt li tipparteċipa u li ttipprovi għarfien dwar l-esperjenza individwali tiegħek. Il-fehmiet tiegħek dwar il-programm jipprovdu lna *feedback* utli

ħafna dwar dak li jaħdem u x' jista' jittejjeb fil-programm. Jiena ġrata hafna għall-partecipazzjoni tiegħek.

F'każijiet ta' vjolenza / skumdità attwali biss

Fil-formola tal-kunsens spjegajt li jekk inti tiżvela li qed tuża vjolenza fir-relazzjoni attwali tiegħek jew qed tħoss xi skumdità minħabba li ppartecipajt f'din l-intervista, ser inħeggek tfittex għall-għajnuna fl-Appoġġ - lid-*Domestic Violence Unit* sabiex jagħtuk l-għajnuna meħtiega.

Appendix I: Staff and Facilitator Interview Guide

Interview Schedule for Staff and Facilitators

An Evaluation of the Domestic Violence Perpetrator Programme in Malta

This schedule includes all sections of the interview and also the prompts that may be asked during the interview. The questions will be used to guide the interview.

Introduction

- (1) How long have you been working in this service? And in that time, how many programmes (give or take) have you been present for?
- (2) What do you hope to achieve by the end of the programme? What does a 'successful programme' constitute? How is this success attempted to be achieved?

The Recruiting Phase

- (3) What do you think about the recruitment phase of a programme? What challenges do you face?
- (4) What is looked out for in this initial screening of the men?
(Prompts: Motivation / resistance etc.)

The Programme Phase

- (5) How do you build a rapport with the men both individually and at a group level?
- (6) How do you maximise programme retention / completion? And motivate the men to keep on attending?
- (7) What have you found the men to respond to?
- (8) How do you assist men to assume responsibility for their behaviour / reduce victim blaming?
- (9) From your point of view, do they eventually come to see their violent behaviour as a crime and not something normal? How do they do this?
- (10) From your point of view, do they come to take responsibility? If so how?
- (11) What do you think about groups that are comprised of both those who come voluntarily with those who are court-mandated?

Challenges and Motivation

- (12) Apart from already mentioned challenges, what are the challenges you face to facilitate the programme and have it bear the intended results?

(13) In the face of these challenges, what do you feel keeps you motivated to continue to facilitate the programme?

Programme Strengths

(14) What do you think are the strong points of this particular programme?

Changes

(15) What changes in the programme content would you make to it at this point in time?

- Something that should be omitted?
- Something that should be emphasised further?
- Something that should be added?
- What do you think of;
 - o It's length, and
 - o It's number of participants.
- What do you think that the programme doesn't cover?
- How can it be more effective in helping men stop being violent with their intimate partners and their children?

Appendix J: Process Notes Excerpt**Process Notes: Jake's Interview****My reactions:**

For me personally it was a mind-blowing experience, much like the first time that I met a victim. In the sense that I never met a perpetrator that I know of or one that was willing to admit to his actions. This particular interview for me was like a rollercoaster. I was devastated by the violence he described, I was filled with joy and hope when he said he doesn't do it anymore and the programme helped him so much that he recommends it to others, and I was in awe when he said the presence of the facilitator was therapeutic in and of himself. It's a new level that I aspire to professionally.

Participant's Content:

He praised the programme to no end, when I asked him, "what would you like to change?" he said, "absolutely nothing." I feel like he had a big sense of community with this group and I think he missed that when it was over. He says he goes to the support group to keep in touch. This makes me think about therapeutic group factors and how it can have a family feel to it, as it did with this participant. He said that the most therapeutic thing was the facilitator himself. The programme was a source of nurturance and a source of healing, especially considering he was never close to either of his parents. At the end, I commended him for stopping the violence.

Interview Process:

The questions, while open-ended, seemed to be 'blocking' his story from emerging. The story is integral to how he felt/feels and how he has improved / changed since the completion of the programme. He communicated how useful he felt the programme to be by telling me a story about how he is encouraging a friend of his to do the programme for the greater good of his family.

The programme changed him but he doesn't seem to have the vernacular to express how it has changed him.

I tried really hard to build the ground and a relationship beforehand – I introduced myself and made conversation with him in the hope of getting him to disclose more comfortably in the interview process.

I'm aware of the limitations of the interview process in that there isn't a lot of time/opportunity to familiarise with the full extent of the case.

When it came to asking questions, I didn't want him to repeat himself and asking certain questions verbatim from the interview sheet would have seemed like I wasn't listening to his previous answer. At the same time, I didn't want to skip questions. For this reason, I tried to make the questions conversational by adapting them to our conversation as it was happening. At one point, he broke free from the questions and freestyled by telling me his story which was being 'blocked' from emerging – which helped the interview a lot.

Appendix K: Analysis Excerpt from Sean's Interview

| | | | |
|---|---|---|--|
| S | <p>Din kif ħa napprikaha din għalija? Li mbagħad l-istorja żvolgiet, il-mara tiegħu kienet barranija, bdew jiġġieldu bejniethom għax imbagħad kellhom sentenza ta' ħabs iridu jiskontawha t-tnejn li huma, għax inqabdu flimkien kompliċi, sewwa? U d-diskussjoni kienet tiegħu xgħira illi... <i>by the way</i> dejjem kien <i>understanding</i> il-facilitator ta' jigifieri. Imma dik is-session... once li tkellem dil-persuna illi għalu li għalu kien ikun hemm imbagħad ftit <i>dedication</i> għal dak il-każ, dak il-persuna. Jien kont nibqa' kalm ħa nara jekk japplikax għalija, kif japplika, kif nista' nagħti l-<i>input</i> tiegħi meta jsaqsuna biex nikkumentaw u ngħinu dal-persuna. Hemmhekk kont niegħu sehem jiena. Kont inkun <i>active</i> jiena. Imma <i>deep inside</i> kont naf li m'hijiex, daqshekk gravi l-każ tiegħi. Nibda ngħid... qed tifhem?</p> | <p>"Jien kont nibqa' kalm ħa nara jekk japplikax għalija, kif japplika, kif nista' nagħti l-<i>input</i> tiegħi meta jsaqsuna biex nikkumentaw u ngħinu dal-persuna." – I think he was angry to be put in the same kettle of fish.</p> <p>It's a bit like a mixed ability class... some moments are too easy / simple for the more advanced student. – this alienates the extremes.</p> <p>Almost apologetic that he feels what he could take from the course was minimal (even though what he described he took wasn't to be underestimated)</p> | <p>The realities of the group participants were so different to his that he couldn't feel it applicable to his situation.</p> <p>The discussion veered into directions which he couldn't follow.</p> <p>The male facilitator was always understanding.</p> <p>He tried to remain calm when listening to the stories of others and tried to give his input.</p> <p>He used to actively participate when it came to giving advice.</p> <p>He knew deep down that his case wasn't as bad.</p> |
| A | <p><i>Le, le, please, kompli kun sinċier miegħi. Ehe jekk inti hekk qed tħossok... Naħseb illi bħalma, jien qatt ma ħdimt, ma ħdimtx f'das-servizz partikolari, però din hija naħseb punt validu li tqajjem illi naħseb li kieku forsi kont tkun imdawwar min-nies li kienu jien naf, però kien hemm vantaġġi li kont espost għal dawn is-sitwazzjonijiet gravi u forsi għalhekk jagħmluha ma nafx. Qed ngħidlek, jiena għalhekk qed nagħmilha din ir-riċerka. Forsi kellhom ir-raġuni huma, però ehe min-naħa l-oħra, forsi kieku kien hemm kif għidna qabel, iktar grading, kienet tkun, forsi iktar, tħossha iktar utli u ma kont tħoss li jkun hemm ċertu ammont ta' sessions fejn tibqa' hemm inti tipo jiena speċi ta' jiena x'se niegħu miegħi illum fuqha din. Għax dik mhix feeling sabiħa naħseb li tiegħu miegħek, għax, you know?</i></p> | | |
| S | <p>Ġieli lejn l-aħħar tas-session, ġieli kont inkun <i>lost for words</i> x'se naqbad ngħid bħala</p> | <p>I think the alienation was so great that he</p> | <p>He used to feel lost for words and felt it difficult to</p> |

| | | |
|---|-------------------------------------|---|
| <p><i>conclusion</i>. Għax konna nagħmlu l-<i>conclusion</i>, kulħadd jgħid il-kummenti tiegħu, ġieli ma sibtx x'ngħid. It-<i>ten mintues</i> sakemm imissni jiena, kont inħarbtu moħħi biex nara x'ha naqbad ngħid fuq dik is-session, x'hadt minnha dik is-session. Imma x'tagħmel? M'hemmx x'tagħmel. Anke l-<i>assessment</i> tiegħi ma nħossx li kien tajjeb għax naf li Michael kien qalli li jista' jkun li mill-<i>assessment</i> jirriżulta li kull ma jkolli bżonn ftit <i>sessions one-to-one</i> ma' facilitator u jkellmek b'mod iżjed realistiku għal... u prattiku għas-sitwazzjoni tiegħek. U ma ġarax minn dak. Jiena nħossni li kont mitfugħ, kif taqbad tgħid, ġo xkora waħda. <i>Imma it's ok. Unfortunately</i>, għalkemm kien fadalli ħafna tama li, imbagħad f'daqqa waħda ddeċidiet li ma tridx taf, mhux it-tort tagħhom jġigifieri. Jien bqajt immur il-kors ukoll jġigifieri u kont tkellimt dik il-ġurnata li ma riditx jġigifieri ukoll. Kumbinazzjoni kelli session. Kelli session magħha privata, <i>face-to-face</i> ġiet id-dar jġigifieri u qattli ma rridx inkompli. U xi erba' tjiem wara kelli s-session mal-Appoġġ u tkellimt fuqha magħhom hemmhekk jġigifieri ukoll. <i>But it's ok. It happens</i>, hu? M'hemmx x'tagħmel.</p> | <p>didn't know how to conclude.</p> | <p>give a concluding comment at the end of a session.</p> <p>He used to dread the moment he'd have to give a concluding comment because he would scramble his mind looking for something to say because sometimes, he didn't feel like he 'took anything' from it.</p> <p>He was told that all he might need are a few one-to-one sessions as opposed to the programme.</p> <p>He feels he was tossed into the programme, which wasn't his place to be.</p> <p>His wife suddenly decided there was no hope for reconciliation and he doesn't blame the programme for that.</p> <p>He continued to attend the programme even after there was no hope for reconciliation.</p> |
|---|-------------------------------------|---|

Appendix L: Findings Chapter with Quotes in Maltese

Chapter 4: Findings

In this chapter, I will present the findings of this research. The chapter is divided into three sections, pertaining to the interviews with the MSUs, the FSUs, and the professionals. Each section will first present the summarised versions of these themes and sub-themes and then present the relevant quotes from the participants.

4.1 Findings from the MSUs

Table 4: Themes and sub-themes of MSUs

| Theme | Sub Theme |
|---|---|
| 4.1.1 “A lot of good came from attending the programme.” | 4.1.1.1 Significantly reducing the V+A. |
| | 4.1.1.2 Assuming responsibility. |
| | 4.1.1.3 Becoming more reflective and empathic. |
| | 4.1.1.4 Investing in keeping the family together. |
| 4.1.2 Taking the programme seriously and participating actively. | 4.1.2.1 The programme as an enjoyable experience. |
| | 4.1.2.2 Attending the programme with a purpose. |
| 4.1.3 How facilitators were therapeutic but biased towards women. | 4.1.3.1 Creating safety. |
| | 4.1.3.2 Taking a Collaborative Approach. |
| | 4.1.3.3 Being biased towards women. |

| | |
|--|---|
| 4.1.4 “I don’t belong here. I’m not like the other men.” | |
| 4.1.5 How being in a group helped. | 4.1.5.1 Cohesion and camaraderie. |
| | 4.1.5.2 Learning from and teaching to each other. |
| 4.1.6 What content was helpful. | 4.1.6.1 Finding ‘time-out’ helpful. |

4.1.1 “A lot of good came from attending the programme.”

All MSUs felt that a lot of good came from attending the programme. Some of the MSUs stood corrected about their previous perceptions of the DAIP. The help received led an MSU to advocate and refer people he felt would benefit while another felt that, had he known how helpful it was, he would have participated earlier. One participant even continued to attend the programme after there was no hope for reconciliation with this wife because the programme offered him solace.

“Jien kont ngħid x’għandi bzonn l-programm. [...] Imma mbagħad ħarġu affarijiet pożittivi ovvjament.” (Tim)

“Le jien ninkuraga lil kulħadd [biex jattendi l-program]. Jekk inkun hemm bzonn, nireferih għal-kors.” (Jake)

“Nerġa’ nagħmlu [l-program], anke għalxejn.” (Dan)

“F’daqqa waħda ddecidiet li ma tridx taf. [...] Jien bqajt immur il-kors ukoll jgħifieri u kont tkellimt dik il-ġurnata li ma riditx jgħifieri ukoll.” (Sean)

4.1.1.1 Significantly reducing the V+A. MSUs reported a significant reduction in, if not a complete cessation of, V+A. The V+A started to decrease as the

programme progressed. Minor changes in behaviour started to demonstrate results. While it is hard to pinpoint the exact moment change started to commence, MSUs now perceive themselves as different men. Today, most MSUs do not respond with V+A in the face of provocation. The safety of the other is kept in mind even when arguments start to escalate. One man reports that he still resorts to verbal V+A. However, he is aware that this is wrong and openly admits it.

“L-attitudni tiegħi nbidlet jiġifieri, anke l- kumplimenti židthom. Fejn qabel ma kontx, qabel xejn ma kellix kumplimenti jien.” (Tim)

“Tibqa’ tgħid. U hemmhekk nirvilla, eh! Mhux se nerfa’ jdejja. Imma taf li nidejjaq. Imbagħad naqa fit-tgħajjir, per eżempju. U t-tgħajjir ħażin ukoll. Abbuż.” (Jake)

4.1.1.2 Assuming responsibility. One commonality between MSUs was their assumption of responsibility for their V+A. This was demonstrated in a number of ways. They admitted to their actions and expressed remorse. MSUs acknowledged being at fault by fixing what needed to be fixed in their relationship. This assumption of responsibility helped them make sense of their wives past behaviours as reactions to the V+A. They identified the V+A to be the problem and chose to work on it.

“Jiena naċċetta l-fatt, nassumi r-responsabbiltà, napoloġizza lili nnifsi.” (Sean)

“Mort biex jekk hemm x’nirranġa, jien nirranġa. U issa [...], kien hemm affarijiet li jien stajt nirranġa li qabel ma kontx nara. U illum nagħrafhom, nagħrafhom sew.” (Tim)

4.1.1.3 Becoming more reflective and empathic. The DAIP seems to have led MSUs to become more reflective and empathic. MSUs learnt that their behaviour

pertained to DV, which they previously believed to be restricted to direct physical V+A. They learnt how to reflect and think before acting out, especially in times of frustration.

“Kont naħseb ta, li l-vjolenza, meta jgħidu l-vjolenza mal-mara, moħħi kien imur vjolenza fiżika. Ma kontx naħseb ifhimni, jekk naqbad ngħajjar lill-mara mhix ħaġa ħażina.” (Tim)

“Meta eżempju tkun ħa taqbiżlek tgħid x’se nagħmel jien? Naħseb fil-ħażin jew it-tajjeb?” (Jake)

“Ġieli jkunu ħa jqabzuieli. Aħseb, nibda, aħseb, aħseb” (Dan)

An increase in reflexivity was paired with an increase in empathy. The MSUs learnt to be aware of their wives’ and children’s need for safety when they were angry. They started to view her as a woman with her own opinions, wishes, and right to freedom. Their perspective ceased to be the only factor that they consider in times of disagreement.

“Trid tiddeċiedi x’ħa tagħmel b’idejk. [...] Ingib it-tfal quddiem għajnejja jien. Ingib lilha quddiem ukoll.” (Jake)

“Naċċetta iżjed l-opinjoni tagħna, [...] ntiha ċans titkellem. [...] mhux li ngħid jien biss, le ħa nisma’ tagħha issa.” (Tim)

Reflexivity and empathy were demonstrable in their resolve to disagree peacefully.

“M’hemmx għalfejn li niġu fl-idejn [...] Kapaci li niddiskutu bejnietna u rridu naslu għall-konkluzjoni” (Dan)

4.1.1.4 Investing in keeping the family together. All MSUs were initially motivated to complete the DAIP in order to preserve their relationships. Those whose relationships continued following the programme demonstrated an investment in keeping the family together. One thing that inhibits them from perpetrating V+A is that, ultimately, they want their relationship to survive and their family to remain united. MSUs attempted to sustain their progress with other forms of help (psychotropic medication).

“Dik kienet prijorità għalija dejjem. Jien ma xtaqtx [...] li l-familja tiegħi titkisser u l-konsegwenzi kollha li jgħib miegħu separazzjoni. Ma xtaqthiex tiġri dik.”

(Tim)

4.1.2 Taking the programme seriously and participating actively

4.1.2.1 An enjoyable experience. MSUs experienced the programme as enjoyable. All participants participated actively in the sessions, helping with engagement and making sessions seem shorter. The participation, understood as the key to learning, involved engaging in discussions, being asked to read out loud, and giving advice to group members.

“Kif nista’ nagħti l-input tiegħi meta jsaqsuna biex nikkummentaw u ngħinu dal-persuna. Hemmhekk kont nieħu sehem jiena. Kont inkun active jiena.”

(Sean)

“Jekk tmur b’attitudni li int ħa tieħu xi ħaġa, ħa tipprova titgħallem xi ħaġa, [...] Jekk id-diskussjoni ssibha interessanti, malajr jgħaddu [t-tlett siegħat] ta.”

(Tim)

4.1.2.2 Attending the programme with a purpose. The programme was taken seriously as all participants were there with a voluntary purpose. While they all

wanted their marriages to survive, some participants' decision to attend and continue was influenced by other factors. One attended to demonstrate an effort to improve in any upcoming court case or to pre-empt a court-mandate. Another was motivated to learn from the mistakes of other participants so as not to repeat them.

“Qabel ġara l-każ kont diġà applikajt għalih [il-program]. Plus hekk, però imbagħad qisni għafast biex isir għax bżajt li ħa tiġi bżonnu l-qorti.” (Dan)

“U tgħid ħa nara jekk jistax fil-futur, jekk jirrangaw l-affarijiet, milli qegħdin jgħidu dawn, nitgħallimx xi ħaġa jien ħalli żgur ma nagħmilhiex.” (Sean)

4.1.3 How facilitators were therapeutic but biased towards women

4.1.3.1 Creating Safety. Despite a perception that professionals are biased against men, the facilitators were highly commended and emphatically credited by all MSUs for creating, maintaining, and ensuring safety in the programme. The professionals were committed to helping participants feel comfortable. A testament to this is that one participant felt more comfortable to speak to the professionals than he his own parents. The professional's mere presence and manner in themselves was a great comfort. This safety was cultivated by the demonstration of softness from a male facilitator.

“Jien naħseb illi, l-preżenza ta’ [name of facilitator], [name of facilitator] huwa... qas ma’ missieri ma nitkellem hekk jiġifieri. [name of facilitator] vera ... Sibtu ta’ għajnuna kbira. Fil-preżenza ta’ [name of facilitator] qisni komdu... Qed tifhem? Ħafna.” (Jake)

“[The facilitators] għamlu sforz biex, iġiegħluk tħossok komdu.” (Tim)

4.1.3.2 Taking a Collaborative Approach. The facilitators' collaborative approach also seem to have facilitated therapeutic interventions. Most notably, the

participants acknowledged that being given the opportunity to speak and being met with patience helped them come to the realisation that they had a problem to work on. The facilitators were tentative, took a non-expert position, and were always ready to listen which helped the participants to open up and come to the realisation that they had a problem which needed addressing.

“Jispjegalna. Jagħtina ċans. Paċenzjuż ħafna.” (Jake)

“Waħda milli konna nammiraw kien ikollna sessions, kienu jgħidulna, ‘għidilna jekk hemm xi ħaġa ħażina.’” (Dan)

4.1.3.3 Being biased towards women. A pervasive feeling felt by half of the participants was that the facilitators were biased against men. This feeling seemed to block MSUs from expression. One participant felt that the facilitators seemed not to acknowledge that both men and women are likely to be abusive. This led to the MSUs feeling a range of things including feeling downtrodden as a man, trapped between being in a tumultuous situation at home and being enrolled in a programme where he cannot talk about it, and feeling as though the facilitators were on the women’s side.

“Li hu żgur li min jagħmel il-programm, all out kontra l-irġiel. Jew aħjar ħa npoġġieha mod ieħor. Ma jkunux iridu jisimgħu bil-problemi tan-nisa. Ma jridux jisimgħu problemi tan-nisa. Qisu t-tort dejjem jieħdu r-raġel, u l-mara qaddisin speċi.” (Tim)

“Fil-programm għall-bidu bdejt qisni nkun nervuż għalxiex? Għax jagħtu raġun lilha. Dejjem il-mara.” (Dan)

One predominant feeling among these participants was that they felt their context was ignored. They did not feel that it was acknowledged or validated that

they were experiencing V+A too at the hands of their wives. Ultimately, due consideration about what MSUs were going through was not given.

“B’saħħitha l-mara li kelli. Ġieli refgħat idejha. Ġieli kienet ixxejjer id-daqqiet waqt li nkun qiegħed insuq.” (Dan)

“Ma kienx hemm consideration li jiena kont qiegħed ġo relazzjoni u x’tip ta’ relazzjoni kienet.” (Sean)

4.1.4 “I don’t belong here. I’m not like the other men.”

The discrepancies between the types of V+A that were perpetrated by other programme participants were met with feelings of unease. Men whose V+A pertained exclusively to verbal V+A found it hard to relate to men who would destroy the house and/or beat their women and children. MSUs whose V+A pertained to destroying the house and/or beating their women and children felt out of place in a programme where there was a man who put a gun barrel in his wife’s mouth. This rendered MSUs feeling out of place finding it hard to follow or engage in the session.

“Jiena kelli ħafna, minn dawn li kienu miegħi ... kienu... differenti minni. Kont inħossni veru... qas ħassejtni nirrelata magħhom. [...] Kien hemm wieħed tefa’ s-senter f’ħalqha. Kien hemm ieħor kissrilha l-kustilji.” (Dan)

“L-ewwel ħaġa li ħassejt jiena kienet xokk jiena, meta kont qiegħed il-kors. Fil-kors miegħi kien hemm nies illi qabbduhom bid-droga d-dar, nies li ppruvaw joqtlu lill-mara, nies oħra jidħlu d-dar ikissru, kull ma jsibu d-dar ikissru, nies oħra xurbana. Jiena ma kontx nagħmel, nifforma parti minn dawn l-affarijiet, xejn.” (Sean)

4.1.5 How being in a group helped

4.1.5.1 Cohesion and Camaraderie. Another commonality between all MSUs was that they all felt a sense of belonging in the group. They felt close to and had positive effects on one another. They shared a common goal, were sincere with one another, shared their own and listened to each other's personal histories, and admired one another in their bravery to disclose. Success and improved interpersonal skills are, in part, attributed to the group participants.

“Niċċajjaw bejnietna anke waqt li nkunu... Vera jew inzertajt grupp hekk jew ma nafx għax... kulhadd jgħid il-problemi tiegħu, hadd ma jiddejjaq minn hadd.” (Jake)

“Id-disgħa li aħna konna sincieri bejnietna. U tiegħu pjaċir. U iktar ma titkellem, tiegħu pjaċir. Allura bla ma trid komdu.” (Dan)

4.1.5.2 Learning from and teaching to each other. Half the participants reported that the programme provided them with opportunities to learn from and teach to one another. One participant felt that he had the most to learn being the youngest member and also as though he had a lot to teach others, describing himself to be a victim of V+A of it at the hands of his then wife. Another participant stated that seeing others attempt to remain calm in moments of increased tension helped him learn how to remain calm.

“Immaġina minn xiex għaddejt jiena. Minn xiex għaddejja hi. Aħseb, aħseb!’ kont nagħmillhom.” (Dan)

“Tkun qed tisma’ lill haddieħor ukoll li qiegħed jipprova jikkalma, u l-ieħor jikkalma ukoll bis-saħħa tagħhom.” (Sean)

4.1.6 What content was helpful

The participants said that a variety of the content, material, and methods of facilitation were helpful. The use of visual aids (handouts and drawings) were a simple way to effectively convey a message. These messages often took the form of simple metaphors which were helpful. The film MSUs watched helped them take a bird's eye view of their situation and see it in a new light. The notes were perceived as an extension of the session. The check-ins and check-outs and the discussions that these generated were also highly praised. Discussions were perceived with fascination where the sharing of ideas took place. Apart from individual aspects of the content, another thing that was praised was the variety itself.

“[Isem il-facilitatur] kellu vizzju bil-gemmarker il-ħin kollu jikteb u darba, mhux darba, għamilielna kemm-il darba, penga sigra. Kien jgħidilna biex tikber din is-sigra trid ittiha vitamini tajba. [...] Allura dis-sigra dejjem qed tiekol. Kellu oħra, il-mizien. Tal-mizien. Il-ħażin tqil ħafna, kien jgħidilna. Imma mat-tajjeb... trid ħafna tajjeb biex tegħleb il-mizien. Dik ma ninsieha qatt. Trid tagħmel ħafna tajjeb biex tegħleb il-ftit ħażin.” (Jake)

“Jiena l-oġġett l-iżjed li jimpressjonawni d-diskussjoni imma jgħifieri dawn l-affarijiet jogħġbuni ukoll, il-handouts, tpingi [...]. Speċi toħroġ xi ħaġa minnhom. Imma d-diskussjonijiet, għax tisma' ħafna ideat.” (Tim)

4.1.6.1 Finding ‘time-out’ helpful. Another commonality between MSUs was that they all singled out ‘time-out’ as a particularly helpful lesson. Taking a breather in the middle of a heated argument that normally escalates into V+A had positive effects. It was, in some cases, something that MSUs put to use immediately and something they still use to date.

“Dik it-‘time-out’ tajba ħafna, fhimt?... Għax tkun naqra nervuż jew hekk. U tibda tirranka xi naqra għal għied jew hekk, immur inpejjep sigarett fuq il-bejt.”

(Jake)

“Xi ħaġa li għafsu fuqu ħafna huwa t-time out. Issa mhux billi tiegħu ‘time out.’ Fit-timeout trid tispjegah, trid tfixxru. Jiena ma nistax naqbad u nitlaq b’supervja. Fhimt? Trid tispjega l-persuna għalfejn ħa tagħmel użu mit-‘time-out’.” (Dan)

4.2 Findings from the FSUs

Table 5: Themes and sub-themes of FSUs

| Themes | Sub-Themes |
|---|--|
| 4.2.1 “The Programme exceeded my expectations – it was incredibly helpful.” | |
| 4.2.2 Finding ‘time-out’ helpful. | |
| 4.2.3 Finding additional professional support helpful. | |
| 4.2.4 Missing complementary / supplementary services for partners. | |
| 4.2.5 “He’s become a completely new man.” | 4.2.5.1 “The V+A has stopped – I feel both free and safe.” |
| | 4.2.5.2 “He has assumed responsibility and become more reflective and empathic.” |
| | 4.2.5.3 “We are still repairing the damage.” |

| | |
|--|--|
| 4.2.6 “There was some change but, ultimately, he remained abusive” | 4.2.6.1 “He remained abusive, even after the programme.” |
| | 4.2.6.2 “He never assumed responsibility for his actions.” |

4.2.1 “The programme exceeded my expectations – it was incredibly helpful.”

While FSUs had little or no prior knowledge of the programme, they trusted that it would be of great help to their men. There was an expectation for MSUs to learn from the facilitators as well as from the other group participants. The programme made a world of difference, addressing all abusive tendencies.

“Għax kemm il-kliem u kemm meta kont noħroġ jien kien joqgħod jiffitta u jagħmel. Dawk issa waqfu, m’għadhomx.” (Jess)

“[Stennejt] li ma jibqax hekk. Li jitgħallem anke minn esperjenzi ta’ ħaddieħor. [...] L-għajnuna li stennejt mingħandhom tawhielu. Tawhielu ħafna u meta kelli bżonn jgħifieri sibthom ukoll.” (Sophie)

4.2.2 Finding ‘time-out’ helpful

FSUs credited the improvement, in part, to ‘time-out’. It was useful, helpful and often discussed for both of them to implement it appropriately. It is utilised up to this day even in arguments that are considered petty and trivial.

“Iva, kemm-il darba semmieh fil-fatt it-time out. It-timeout kien isemmihuli ħafna, anke meta ma konniex naqblu. Kien jgħidli ara ħa nieqfu ftit, imbagħad nerġgħu nitkellmu. Fil-fatt, hu qabel ma kienx... qabel kien, issa, issa, issa, [...] Meta beda l-programm, beda jirrealizza li qisu trid tieqaf għal ftit, li hu kien jgħid it-‘time-out.’ (Jess)

“It-time-out hu sar jemmen biha. Qabel ma kienx. [...] Anke per eżempju jkollna argument komuni, jieħu t-time-out. Fhimt? Biex hu m’għadux bħal speci jibqa’... [...] Le, jużaha ħafna t-time-out.” (Sophie)

4.2.3 Finding additional professional support helpful

The DAIP was not offered in isolation. The programme’s co-ordination with victim services suited FSUs and gave them more support.

“[My social worker] was very helpful, vera m’għandniex nitkellmu kif kont nitkellmu qabel imma l-għajnuna mingħandha sibtha “ (Jess)

Some FSUs attended a support group for women whose partners were enrolled in the programme where they picked up helpful information. They learnt how to relate to their men and not to challenge their men in order for an argument not to escalate.

“Jiena mill-programm tgħallimt ħafna affarijiet, per eżempju one, li meta jkun irrabjat ma tkellmux aktar jew tisfidah aktar. Jiena ngħidlek il-verità jien għandi naqra, kif taqbad tgħid?... Hu jgħid tiegħu u jien irrid ngħid tiegħi bilfors. Ma nafx il-għala fhimtni? Għandi daqsxejn dak il-karattru.” (Molly)

4.2.4 Missing complementary / supplementary services for partners

FSUs who did not attend a women’s support group felt that they would have benefited if they were similarly provided with sessions in which they were taught relational skills and strategies that their husbands were.

“Li waqfu s-sessions jien naħseb li kien żball kbir. [...] Li kieku kien hemm ma kontx ngħid ma mmurx, għax jiena nitgħallem ukoll kieku.” (Jess)

“Kultant anke jiena għandi bżonnha [it-time-out], għax ma nafx nużaha, għax jiena tip ta’ bniedma bħalma għidtlek [...] nibqa’ ntaqtaq jiena.” (Sophie)

4.2.5 “He’s become a completely new man.”

4.2.5.1 “The V+A has stopped – I feel both free and safe.” Some women reported a complete cessation of V+A. Their men would come back from the sessions in good spirits and, increasingly, invested further in their relationship. FSUs no longer live in fear of V+A and have improved space for action.

“Before [the programme] even when it came to talking, I would be scared. [...] now I’m less scared. Not less scared, I’m not scared, I should say.” (Jess)

“Qabel anke biex nitkellem kont inkun qisu begħżana. [...] issa le m’għadnix daqshekk, mhux m’għandix daqshekk, m’iniex beżgħana anzi.” (Jess)

*“Inħossni safe miegħu. *gest li jissuġġerixxi qbil* Safe.” (Sophie)*

4.2.5.2 “He has assumed responsibility for his V+A and become more reflective and empathic.” The cessation of V+A was not the only positive change that occurred. In some cases, MSUs assumed responsibility for their V+A and have since become more reflective and empathic individuals. They are aware of their harmful past-doings and have owned up to them by, for example, apologising. Now, in moments of heated tension, MSUs stop and think before acting. They are more patient and collaborate with their women to solve their problems as a couple as opposed to catastrophising. This effort is made in all MSUs’ relationships, not just the relationship with their spouse. MSUs have garnered knowledge about how to face problems effectively and have become more communicative.

“Anke lili jgħini u jixtrili, jonxorli, jaqlagħli l-ħwejjeġ. Anke man-neputijiet u miegħi, aqqas il-kliem m’għadux jgħiduli. Qatt ma qaluli iżjed.” (Jess)

“Indunajt li sar bil-paċenzja jismagħni, itini l-pariri, jgħinni, [...] rrealizzajt anke għal dis-sitwazzjoni li kont għaddejja minnha, sibtu. Jinkwieta per eżempju li dak, u qalli jgħidli, “issa niġi llejla nitkellmu x’inti tħoss.” Bħal speċi, le nħossni ħafna aħjar.” (Sophie)

“Kellu naqra problemi ma’ ommu, mingħalija dak iż-żmien ma kienx ikellimha u bis-saħħa ta’ hekk tal-programmi, beda jkellimha. Fhimt? Jigifieri bħal speċi resaq. Kellu oħtu ma kienx ikellimha, dak il-perjodu żgur għax f’dawn l-aħħar ħames snin, beda jkellimha.” (Sophie)

4.2.5.3 “We are still repairing the damage.” Despite cessations of V+A and improved quality of relationships, some FSUs feel there are some ways to go. That is, they are still in the process of repairing the damage the V+A caused. One couple are on a trial period where the husband would come back home for 3-4 nights a week. Another woman believed that the trust needed to be re-built. She is still occasionally distant from him and admits that she has not fully forgiven him as of yet.

“Jiena beħsiebni nerġgħu nirrangaw u nkunu dejjem flimkien għax jien dik ix-xewqa tiegħi li aħna ilna mizzewġin [il-fuq minn erbgħin] sena, mhux ċajta jigifieri. Jiena kont imwegġa’ ħafna ħafna u ma xtaqtx is-sitwazzjoni hi kif inhi [...] ma naħsibx li ħa ddum dis-sitwazzjoni, beħsiebni nibqgħu dejjem flimkien.” (Jess)

“Għadni mal-passat u kultant jinduna, jgħidli, ‘inti għadek ma, bħal speċi ma ħfirtlix kif suppost għandek taħfirli.” (Sophie)

4.2.6 “There was some change but, ultimately, he remained abusive.”

4.2.6.1 “He remained abusive, even after the programme.” Some FSUs reported that their partners remained abusive. They observed a few changes which

they attributed to the programme. However, these changes meant a change in and/or a small or temporary reduction in V+A, rather than a cessation thereof. There were no changes to FSUs' perceived safety and occasionally men used what was taught in the programme against their wives. These FSUs went as far as to say that they do not believe that certain men who abuse can change.

“Wara l-programm, ma kienx ikun vjolenti ta’ sikwit, jiġifieri għal ħdejn fejn konna qabel fhimtni kien improvja. Imma mentalment xorta, minflok bid-daqqiet kien jgħidhomli bil-ħalq. [...] xorta lili mentalment kien ikissirni moħħi.”
(Molly)

“Baqa’ abbużiv iva. Għax jiena nemmen, jiena nemmen għall-għajnuna kemm inti willing li taċċettaha u tifhimha.” (Sia)

“Ngħid mill-fehma tiegħi, [...] qatt ma tista’ tħossok safe ma [irġiel li qatt kienu abbużivi].” (Molly)

“Ġieli għamilha tat-time-out, ehe. Kien imur [...] ipejjep sigarett jew jitlaq ‘l hemm jew jien nitlaq ‘l hemm. [...] Imma mbagħad meta kont immur ġol-kamra kien jgħidli ‘mela ma tafx tikkomunika?’” (Molly)

“Beda jużaha iva t-time out, imma mhux in a healthy way. Dan per eżempju jitlaq ‘il barra u jiġi xi erba’ sigħat wara u ma jirrispondix il-mobile. Dak mhux time out li titlaq ‘il barra u ma tiġix jew jiġi f’xi l-erbgħa ta’ filgħodu u jgħidli ħadt it-time out. Kien jużaha, hu kollox jużah għall-vantaġġ tiegħu hu.” (Sia)

“Ma tantx nemmen li bniedem li jkun abbużiv jinbidel jiena, ma nemminx. [...] Forsi [dawk l-irġiel li nbidlu bl-għajnuna tal-programm] ma kellhomx daqshekk fuq xiex jaħdmu forsi.” (Sia)

4.2.6.2 “He never assumed responsibility for his actions.” Apart from a persistence of V+A, some men did not take responsibility for their actions. MSUs blamed their fights on their wives or children. A lack of progress was attributed to the type of help being given. Any apology made was an attempt to put a stop to an argument but then an incident would occur later.

“‘Sorry’ naraha jien just qal il-kelma u ddispjaċih ta’ dak il-ħin. Jiġu jumejn oħra u jerga’ l-istess.” (Molly)

“Għax hu kien joqgħod jeqred id-dar li mhux qed ikun hemm kambjament u hekk għax lili qed jgħiduli mod u lili qed jgħidulu mod ieħor.” (Sia)

4.3 Findings from the Professionals

Table 6: Themes and sub-themes of Professionals

| Themes | Sub-Themes |
|---|--|
| 4.3.1 “We do what we know works.” | 4.3.1.1 Being a therapeutic catalyst for change. |
| | 4.3.1.2 Catering for the client population |
| 4.3.2 “There is more than meets the eye – there is more work than just the programme.” | |
| 4.3.3 A team of self-aware and reflexive individuals who meet challenges and still strive towards an ideal. | |
| 4.3.4 “What we do here is not understood by others in FSWS.” | |

| | |
|--|--|
| 4.3.5 Limitations and dangers of the programme | |
| 4.3.6 Working towards reduction and cessation of V+A through small and achievable targets. | |

4.3.1 “We do what we know works.”

4.3.1.1 Being a therapeutic catalyst for change. Rather than being an anger management or social education programme, the professionals stated that the DAIP is a therapeutic programme. A rapport and collaborative alliance is attempted to be built with each SU. This is neither a straight forward task nor always achievable.

“This is not a programme of anger management. There is no management. This is not, like, a CBT programme. This is deeper. This is more embedded, it’s more second order change because it’s going to touch you and the relationships you are in and you as a person and you in the context of the community, in the context of a family, it’s not a matter of [simply] stopping [the V+A].” (Facilitators)

The therapeutic approach seems to be collaborative. Importance is placed on engagement and rapport. MSUs are believed to be capable of change and it is the professionals’ job to facilitate change. The MSU’s narratives, thoughts, and feelings are privileged and their contexts are taken into account. The collaboration involves reassuring MSUs that they stand to gain from this therapeutic exchange. Finally,

while MSUs are engaged through different methods and materials throughout the programme, the therapeutic relationship is prioritised above all else.

“The philosophy behind this change or transformation is built on the therapeutic relationship. That people change. At least we facilitate that.”

(Facilitators)

“We work very much collaboratively, we invite all the time to reflect, to think, to see the consequences, to see the benefits.” (Facilitators)

The professionals constantly implement therapeutic factors. MSUs are treated with empathy, which seems to increase motivation to change. The empathy with which MSUs are met is not to be construed as justification for their actions, which are vehemently uncondoned. But empathy helps MSUs not to feel judged. MSUs need to understand that the professionals are there to help and the aim is the safety of women and children. They are largely supported to privilege their relationships by finding different ways to act when they feel triggered.

“Individually you build, I build a rapport usually... you take time to engage and listen, and empathise. Because some of them will be in very very difficult situations. If [MSUs] begin to develop empathy, they begin to respond. They respond to your empathy.” (Staff)

“I try to relate with what they present. So, you have to be empathic without justifying or without reinforcing their belief that they are, in some way or another in the right.” (Staff)

A singularly important and repeatedly mentioned therapeutic factor is validation. MSUs require validation that they find it hard to control themselves when

triggered. Any hurt rooted in past stories which trigger violent episodes need to be validated.

“You need to validate his feelings when they require validation.” (Staff)

“You can still validate the person. How difficult it is for them in moments of provocation to decide, as they say, to act respectfully. That’s the validation.

What a difficult decision it is. By validating that their past stories trigger them

to react violently. Because they’re provoked by their partners bringing up

sensitive matters or sore spots for them. So, it’s important for us to validate

that hurt, that this is not easy to control and that it’s easy to react. These

triggers, how can you find ways to regulate these triggers. But we validate the

difficult moment.” (Facilitators)

The professionals are emphatic about differentiating between the person and the V+A. They denounce labelling MSUs as ‘perpetrators’ and have relationships based on equality with them, which MSUs respond to. This is communicated by acknowledging every step MSUs take in the right direction. There is not a sole focus on their wrongdoings/relapses, there is also praise for the improvements/investments MSUs make in their relationships.

“You need to help him understand that feeling anger is okay. [...] It’s what happens after that might not be ok.” (Staff)

“The person is not the problem, the person isn’t the abuse, the behaviour is abusive. We make this distinction. Through our relationship we don’t condone the behaviour that is abusive.” (Facilitators)

Unhelpful beliefs are challenged and MSUs are invited to consider alternative actions. The challenging is done delicately and only after engagement and the

establishment of a therapeutic alliance, lest the professionals alienate the individual. They are invited to think about what their partner might be feeling in being abused, what the implications of their V+A are, and to consider behavioural alternatives to V+A. In this respect, the purpose of the programme is not for MSUs to stop being violent, this is regarded as a starting point. The programme then takes MSUs on a trajectory towards restoration and dignity as a person.

“You try to support him in thinking about reflecting how the difference- or the fact that he didn’t create an argument or he didn’t create an issue out of the situation is supporting the relationship, not just his wife not leaving. And his own emotional wellbeing, his wife’s wellbeing, their children’s wellbeing. It’s about supporting them reflect or think about how their actions affect their relationship with the family, or with the wife, and with themselves sometimes.”

(Staff)

“There’s a choice... there’s an option. Alternative behaviour. Yes, you were angry, of course you were angry. What could you have done [other than abuse]? How did abusing your wife help you? There is a lot of resistance towards what they could have done at that stage.” (Staff)

The professionals teach practical skills which can be learnt by MSUs to facilitate change and improve their relationships. The professionals show MSUs a powerful film that that helps MSUs take a bird’s eye view of their situation. MSUs are touched when the topic of their children comes up. They respond to metaphors and topics which directly relate to their interests. When COVID-19 hit, professionals found a way to keep MSUs engaged even though the programme had to be halted by keeping regular phone contact with them. The professionals also notice that

having MSUs listen to themselves admit to V+A out loud tends to bring about awareness. Finally, the professionals facilitate better relationships by modelling them. They show MSUs how to be in and repair relationships.

“Listening to themselves saying what they’ve done can be an eye-opener for some of them. You get some of them who are shocked when they listen to it outside of the house.” (Staff)

“When we confront, challenge, ask, enquire, when they ask us... we try... we teach them how to repair. For example, if I snap at someone, I apologise to him. We help them also by showing that we can make mistakes but also showing them that we can repair.” (Facilitators)

4.3.1.2 Catering for the client population. The professionals demonstrated awareness of the tendencies of this client population by catering towards their needs. This client population are treated with vigilance, a great amount of attention, and appreciate candidness and mutual respect. The programme is further targeted towards the needs of the population by taking place in Maltese. The professionals find out what motivates MSUs individually to attend the programme. The programme has increased from 12 sessions to 28 when the former number of sessions was found to be insufficient. The professionals are also aware that there might be instances of retaliation.

“Meaning, we do talk empathy and understanding, but I mean you have to stay very sharp because you find yourself manipulated in no time and you forget where you are and where you should be going. [...] Even when it comes to ‘time-outs’, you can’t take it for granted that they’re taking them

appropriately. The chances, 9 to 1, that they did not take a real time-out. They used the time-out to be even more abusive.” (Staff)

“There are people who confront you because in a way you try to push them a bit and they retaliate.” (Facilitators)

4.3.2 “There is more than meets the eye – there is more work than just the programme.”

MSUs undergo a comprehensive assessment prior to the DAIP. The professionals look out for life stories and patterns of V+A which are telling of their potential to take responsibility or potential to benefit from the programme. This contributes towards the work that is done in the programme. Once the programme is finished, MSUs may avail of a support group.

*“The assessment is quite comprehensive. We look out for patterns, patterns of abuse. Because if there’s a pattern, it can be tied to power and control.”
(Staff)*

*“The assessment phase and the recruitment phase are extremely important for the programme. There would be no programme without these phases.”
(Staff)*

The service liaises with the DVu whereby they mutually collaborate and support one another. It is deemed a collective effort. The assessment might extend to the psychological services in which MSUs receive a psychological evaluation to determine whether suitability for the programme.

“Another strength is believing even in the women’s services and the work they do in DVu. Meaning that we don’t have those conflicts with them, we have a

good relationship with them, with the victim's social workers and that is a strength because we support one another." (Staff)

"Luckily, when we feel and see certain behaviour that can indicate certain types of personality issues, we have the facility to refer them for an assessment within the foundation. A psychological assessment." (Staff)

4.3.3 A team of self-aware and reflexive individuals who meet challenges and still strive towards an ideal.

The professionals demonstrated skills in reflexivity and self-awareness. The professionals demonstrated that they were open to perhaps not being fully understanding of MSUs. They reflect on client cases and their style of practice. They are aware of the complexities of their work and ponder the outcomes of their interventions very carefully.

"They often told us that we side with the women. They imply that we're implicitly against them. There are these kinds of comments. And I understand them because it's true, from my end, I might not be understanding them 100%." (Facilitators)

"I question, "okay, maybe I could have done something differently in the assessment and explained to him better what the programme is about?" (Staff)

The professionals are motivated by their belief that women and children need to be protected from men. They believe that behind MSUs they work with, there is a family and a network of relationships that stand to gain from MSU's trajectory. Together with the consideration and commitment to the protection of women and children, there are positive beliefs held about MSUs. The professionals believe that

MSUs are unhappy individuals who suffer and have good inside them. The professionals meet the challenges that come into play with believe in the programme and their work. The professionals are partial to group work and experience it to be a humbling experience when there is change in the individual.

“The strengths of the programme, I believe, is that whoever worked in that unit was extremely motivated. I mean, we believe in what we do. We are very very strong supporters of a zero-tolerance attitude. We are very very strong supporters of women and empowerment.” (Staff)

“What helps me a lot is that behind these men there are a lot of relationships, so if I’m going to work with you, I’ll be working with your partner, your parents, your siblings. I will reach these people too.” (Facilitators)

4.3.4 “What we do here is not understood by others in FSWS.”

The professionals expressed that there is a general lack of understanding surrounding the programme. On the one hand, there seems to be a lack of understanding stemming from within FSWS. The programme is often thought of as “anger management,” which it emphatically is not. Also, there seems to be a lack of investment in the programme and access to resources need to be worked that much harder for. This lack of understanding complicates recruitment of facilitators. These challenges have left professionals feeling isolated and unacknowledged.

“You get this sort of challenge even from within the foundation and within the agency. They have no idea how we work and no matter how many times you tell them, they still don’t get it. When you get people working in the agency telling you that it’s anger management that you do... no! It’s not anger management.” (Staff)

“And when people, even within the agency, don’t... absolutely don’t understand, let alone appreciate how hard the work is. [...] So, the result is that you feel extremely isolated. Very isolated.” (Staff)

“Many times, STOP is ignored. For example, there was the domestic violence unit that took everything up. Attention, resources, everything.” (Staff)

4.3.5 Limitations and dangers of the programme

Some of the limitations and dangers of the programme are derived from the fact that the programme takes place in a group setting. The limitations pertain to time constraints; the fact that this is not individual therapy so MSUs do not get the full one-on-one experience and perhaps not as much attention as they desire. Another thing that is complicated in the group setting is that MSUs are different in a variety of ways. Different men have different motivations to join the programme, present with different levels of difficulty, and continue on in the programme for different reasons. Targeting all of them individually is challenging in a group setting.

“You have to imagine, a group setting, someone tells you something and implicitly, there’s more to it... there’s a degree to which you can be compassionate and empathic. You can’t give them as much as you would in a one-to-one session, I’d need to put a stop to it because of time constraints of the group setting.” (Facilitators)

“Some [men] would actually come because they’ve been threatened with separation by the partner or they’re court-mandated. Or, they do realise that they shouldn’t have done what they did.” (Staff)

The dangers of the group is that sometimes MSUs pick up abusive tactics from within the group itself. Some men will learn from each other how to abuse

differently or use the teachings of the programme to abuse further. One common feature is the misuse of 'time-out'.

"Some of them will be like, 'had you taken the time-out?' they'll say, 'yes of course I took the time-out.' When you talk to the wife, the 'time-out' was grabbing the keys, and saying, 'I'm going to the pub.' Or leaving the house without a word and coming home drunk." (Staff)

"When it comes to time-outs, you can't take it for granted that they're taking them appropriately. The chances, 9 to 1, that they did not take a real time-out. They used the time-out to be even more abusive." (Staff)

"Sometimes they actually learn from the group... how to abuse emotionally. So, the facilitator is addressing a certain type of abuse and obviously encouraging them and enabling them to empathise to see how a woman might feel when you do this. And they actually use that. It's a double-edged sword." (Staff)

4.3.6 Working towards reduction and cessation of V+A through small and available targets.

The ideal worked towards involves complete cessation of all V+A. Professionals strive towards equal, empathic, and respectful relationships, as opposed to objectification and domination. This is worked towards by celebrating small and achievable targets, through engagement of clients, and supporting MSUs to identify triggers and recognising their choices to be violent. While for some, success is a complete cessation whereby MSUs take full responsibility for their actions, for others a reduction is also success.

“I mean, the ultimate success that you aspire to is the cessation of all kinds of abuse. Ideally, all the abuse would stop. The perpetrator will develop empathy where there is none or increase his empathy and, hopefully, develop respect towards this partner.” (Staff)

“The programme aims to, first of all, stop the violence. That’s the first, initial step. All types of violence. We don’t talk about physical violence we talk about abuse and violence which includes all. That is something that we aim for from the very beginning. [...] That’s the prerequisite to do the programme. Then, hopefully, that state is sustainable [...] The idea is to move from abuse to respect.” (Facilitators)