ENDING INTIMATE PARTNER VIOLENCE: PREVENTATIVE VERSUS RESTORATIVE INTERVENTIONS – ARE WE WAITING TOO LONG?

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Abstract

This qualitative study aimed to explore the connection between experiences of childhood family violence and the perpetration of intimate partner violence. Rooted in an interpretivist methodology, the perceptions and experiences of six male participants were explored via individual interviews. The participants identified having experienced/witnessed family violence. They too stated perpetuating intimate partner violence. The participants were asked questions exploring how they perceived their childhood experiences and/or exposure to family violence to have and continue to impact them into adulthood. Based on the stories of these participants, four major themes were identified; however, ultimately, the importance of adequate and appropriate responses to the external manifestations of the impacts of family violence was emphasized. The discussion urges that current restorative responses to intimate partner violence be evaluated for ones that are preventative in nature, as well as suggested based on the specific needs of each individual.

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Chapter 1 - Introduction

As a new undergraduate, I worked as a counsellor, primarily for women, who had experienced domestic violence. Armed with my passion, empathy and Lundy Bancroft's book, "Why does he do that?" I aimed to support these women on their healing journeys by providing psychoeducation with a feminist theoretical lens. Within the agency I worked at, men, who had been court ordered to receive services for domestic violence related charges, attended the Men's Anti-Violence Program, otherwise known as the Partner Assault Response Program (PAR). My anger, disbelief and horror at the abuse these women, had experienced, acted as a barrier preventing me from seeing these men, as nothing more than perpetrators of abuse.

Over time, my position evolved and I began to work with children, who had experienced or witnessed violence within their families. Expanding my skill, knowledge and theoretical bases, my work began to become more trauma informed, and rooted in psychodynamic, social learning, trauma focused cognitive-behavioural, narrative and structured sensory theories. It was within this work with children, that I experienced a significant moment of pause and reflection, shifting my values, beliefs and the lens I wore as an anti-violence counsellor and advocate forever.

I met Nathan, who was a 9-year-old boy (*name and age has been changed to protect confidentiality),* several years into my career. Nathan's mother had sought out counselling for him, in hopes of finding support, with what she saw as impacts of the violence he had been exposed to between his two parents since his conception. His mother shared of his daily struggles and described him as very irritable, frustrated, often

exploding with anger and aggressive behaviours, while afterwards raked with grief and confusion over his actions. She shared of his difficulties concentrating and his inability to attend school events without an outburst or him running away from the school.

Nathan not only struggled with his so-called 'bad behaviours', but also with others' reactions. Nathan was bombarded with labels, diagnoses, and misunderstandings of his behaviours. He was described as oppositional, deviant, emotionally and physically aggressive, a runner, attention deficit, hyperactive, anxious and demotivated. Nathan was struggling with his peers and teachers alike and often spent his days sitting in an isolated corner, the principal's office or suspended. His mother shared of her constant struggles to find appropriate, timely support. She faced countless referrals, waitlists and new medical prescriptions. When I met Nathan, he shared very little, struggled to identify his feelings and had adopted and internalized several of his labels, describing himself as a "bad kid".

I began to question the labels and knew there was more to Nathan than 'bad behaviour'. Utilizing my new trauma informed lens, I questioned if Nathan was experiencing trauma related symptoms, having experienced and witnessed violence so early in life. I feared, that Nathan's aggressive behaviours were leading him on a pathway that would inevitable lead him to where he too would become abusive towards a partner, perhaps finding himself, across the hall, in the PAR program. This experience led me to consider that perhaps Violence Against Women services, child witnessing and PAR were not quite as disconnected as I had first believed.

Shortly after this insight, I shifted course and took a contract position within the PAR program, running one group a week with the men. Taking my clinical, trauma-

informed, anti-violence counsellor lens with me, I began to realize that many of the men were victims of their own experiences of childhood abuse and exposure, much like Nathan. Oftentimes, I would see an older version of Nathan sitting across the table from me. Some angry, frustrated and easily agitated, while others were confused and completely raked with grief for their actions. While Nathan faced consequences of suspensions, isolation, as well as stigmatizing labels, these men faced all of this, as well as law enforceable consequences and serious hurt to those they claimed to love the most. My view of these men began to shift and I saw them as more than just their abusive behaviours but as victims of violence as well, each with their own individual story.

Given the powerful and impactful lesson I learned from my work with Nathan and the men, within the PAR program I was motivated to expand my knowledge on the connection between childhood experiences of family violence and the perpetuation of intimate partner violence (IPV). I explored the literature to learn more about how experiences of family violence impact an individual throughout one's life and which factors increase the likelihood of repeating the cycle of violence. In addition, I investigated what current approaches were being taken to support individuals experiencing family violence as well as those perpetuating IPV. Yet, more importantly, to understand the connection more thoroughly, I sought out insight from individuals, who had first-hand experience, asking: **How do men perceive their childhood experiences of family violence impacting their lives?**

Chapter 2 - Literature Review

Literature on violence within families and its subsequent impacts throughout one's life is plentiful, as is research on the relationship between child abuse/exposure and later life violence within intimate relationships. Various theories attempt to explain and lend understanding for the connection. This literature review attempts to explore the existing literature on these issues, as well as what factors contribute to the discrepancies within the connection and the current responses and/or interventions for both children, who have experienced family violence and for individuals, who perpetuate violence within their intimate relationships.

2.1 Conceptualizing Violence Within Families

There are various understandings and terminology used when discussing violence that occurs within families. Family-of-origin violence (Delsol & Margolin, 2004), spousal violence (Dauvergne & Johnson, 2001), interpersonal violence, interfamilial violence, intimate partner violence (IPV) and domestic violence (Feldman, 1997) are but a few of the labels attached to this phenomenon. According to the Family Violence Initiative Report, family violence is understood as "a range of abusive behaviours that occur within relationships based on kinship, intimacy, dependency or trust" (Sinha, 2012, p. 9). The 2010 Statistical Profile of Family Violence in Canada specifies that abusive behaviours include physical, sexual, verbal, emotional, and financial victimization, or neglect (Sinha, 2012). Further, Worell and Remer (2003) and Finkel (2007) recognize that any behaviour carried out with an intent to control, coerce or harm a person or situation constitutes violence. And finally, Delsol and Margolin (2004) take the understanding further by

suggesting how witnessing or being aware of violence between parents or adults within the home is a form of violence with far reaching impacts as well. For this study, experiences of childhood violence within one's family will include both experiencing violence and/or abuse in all its forms (emotional, verbal, physical, sexual, psychological etc.), as well as witnessing violence involving a family member. Furthermore, IPV will be understood as physical, sexual, verbal, emotional, psychological and/or financial abusive behaviours against one's partner.

2.2 A Statistical Snapshot

2.2.1 Violence in families. For too many families the home is the root of their experiences of pain, loss, sadness, violence and trauma. Thousands of people's lives are riddled with the reality of violence and abuse. In North America, a review of "IPV against women indicated lifetime prevalence rates of about 19% for sexual violence, 30% for emotional violence, and 35% for physical violence. Furthermore, intimate partner homicide accounts for up to 11% of total murders nationwide (Swopes, Simonet, Jaffe, Tett, & Davis, 2013). In 2010, Canadian statistical reports based on police reported data and self-reported victimization data from the General Social Survey on Victimization, stated that "there were almost 99,000 victims of family violence, accounting for one-quarter (25%) of all victims of violent crimes" (Sinha, 2012, p. 5). 49% of these victims faced violence from a spouse (Sinha, 2012). Approximately, 70 percent of persons, who are abusive towards their partners, also become abusive towards the children (Wilson, 1997), translating to 18,710 Canadian children and youth under the age of 17 becoming victims of family violence (Sinha, 2012). Broken down even further and more

specifically, 5, 032 children in Ontario and 215 in Hamilton experienced family violence (Sinha, 2012).

Despite parents attempts and beliefs regarding their ability to shield their children from the violence that occurs between themselves, interviews with children have proven the contrary, showing that over 80 % see and hear either the violence or the aftermath (Feldman, 1997). In Clyde Feldman's article, *Childhood Precursors of Adult Interpersonal Violence,* he estimates that "approximately 30% of all children in families either witness inter-parental assault, are physically abused by one of their parents, or are exposed to both" (1997 p. 308). This estimation appears consistent with Canadian statistical report, The General Social Survey, which showed that children witnessed violence in 461,000 households, representing 37% of all households reporting violence (Dauvergne & Johnson, 2001).

2.2.2 Statistics limitations. As a note of caution, one must consider the accuracy of these statistics. While violence within families has been present for centuries, until recently, it was considered normal (Feldman, 1997), disciplinary or a private matter, not a social problem. In the last 30 to 40 years because of the work of various advocacy and intervention projects (Shepard, 1992), there has been a shift in both the meaning attached to the violence within families and in the justice system's response (Sinha, 2012). "Violent acts committed against family members are now recognized as serious violent crimes" (Sinha, 2012, p. 10) and there are consequences for the behaviours now conceptualized as violence within families, abuse, domestic violence and/or IPV (Sinha, 2012).

However, violence remains widely veiled with a cloak of secrecy (Anda et al., 2006) and in many families, it continues to be normalized or minimized. Numerous barriers exist to both legal and non-legal supports for people coming forward, including the fact that numerous forms of emotional and verbal abuse are not police reportable. Children face even further challenges to speaking out as they are in a vulnerable position and simply put, love their parents and do not want them to get in trouble (Sinha, 2012). Knowing this information, I believe it is safe to assume that the above numbers are significantly higher than listed.

2.3 The Impacts of Violence

It is argued that children's early years shape them and affect them well into their adult years. Furthermore, researchers claim that there is an increased risk of developing challenging behaviours and struggles with adjustment for children, who suffer from family violence, as opposed to children not experiencing violence (Anda et al., 2006; Barrett, Mills & Teesson, 2001; Crisci, 2010; De Bellis, 2001; Delsol & Margolin, 2004; Dutton, 1995 & 2008; Hague, 2012; Feldman, 1997; Fellitti et al., 1998; Monahon, 1993; Muzychka, 2014; Palaszynski & Nemeroff, 2009; Perry, 2010; Semiatin et al, 2016; Steele & Kuban, 2013; Swopes et al., 2013; Taft, Schuman, Marshall, Panuzio & Holtzworth-Munroe, 2008; Watt & Scrandis, 2003; Widom & Maxfield, 2001). Children can be impacted physically, emotionally, physiologically, developmentally, socially and cognitively by violence, beginning as early as in utero (Muzychka, 2014). These impacts and/or struggles are either externalized or internalized and can be seen via the child's

behaviours, as well as physical and mental health (Barrett, Mills, & Teesson, 2001; De Bellis, 2001; Monahon,1993; Muzychka, 2014).

Impacts may manifest as increased levels of aggressiveness/anger (De Bellis, 2001; Dutton, 1995; Dutton, 2008; Feldman, 1997; Swopes et al., 2013; Taft et al, 2008), lower self-esteem, attention deficit/hyperactivity, obsessive-compulsive behaviours, impaired social interaction and problem solving skills, poor academic performances (Feldman, 1997), anxiety (Alexander, 1999; Alexander, 1999; Feldman, 1997), fearfulness, intrusive thoughts, developmental delays or regression , dissociation, difficulty trusting others (Muzychka, 2014), hypervigilance, avoidance behaviours, risky behaviours, changes in attachment style, chronic pains and illnesses without any medical explanation (Barrett et al., 2001; Monahon,1993 and De Bellis, 2001), personality disorders (Feldman, 1997; Palaszynski & Nemeroff, 2009), depression (Anda et al., 2006; De Bellis, 2001; Feldman, 1997; Hague, 2012), eating disorders (Felitti, 1998; Hague, 2012), sleep disturbances (Hague, 2012), withdrawal (De Bellis, 2001; Feldman, 1997), self-punishing/self-harming behaviors (Feldman, 1997; Hague, 2012) and suicidal ideations or attempts (Anda et al., 2006; De Bellis, 2001; Feldman, 1997; Hague, 2012).

In addition, prolonged exposure to stressful, chaotic and unsafe situations, such as family violence, disrupts an individual's overall biological stress response system making everyday stresses more difficult to bear and one's ability to remain regulated severely compromised (De Bellis, 2001). Self-regulation is defined as "the many processes by which the human psyche exercises control over its functions, states, and inner processes. Any time individuals want to initiate a new behaviour or override an impulse, for

example, they invoke self-regulatory processes" (Finkel, 2007, p. 195). Likewise, emotional regulation is "the development of the ability to maintain a well-regulated emotional state in coping with everyday stress" (Steele & Kuban, 2013, p. 52). To an onlooker, who does not understand the story behind these behaviours, these may appear to be inappropriate, disrespectful or in need of punishment (Crisci, 2010; Steele & Kuban, 2013). In actuality, such behaviours are completely normal based on the trauma that the body has been put through.

2.3.1 Post Traumatic Stress Disorder (PTSD). Experiencing and/or witnessing family violence can very well be traumatizing for children. Trauma is defined as an experience in which the individual perceives there to be a threat of or an actual death, serious injury or sexual violation, either occurring to the individual directly or one that he/she is exposed to (Sanderson, 2013). In the experience of family violence, not only must the child cope with the violence its self, but the child must also process the fact that it comes at the hands of those meant to love them the most or that they are witnessing a loved one being abused (Dutton, 2008). Dutton (2008) surmised, the impacts to one's attachment to the parent (e.g., insecure attachment) and the experience of being shamed by the parent, all occurring over a prolonged period during a vulnerable developmental phase of life, creates an extremely powerful trauma source. Furthermore, because family violence forces the individual to continuously experience the trauma over a prolonged period and includes multiple violations it can be considered complex trauma (Sanderson, 2013). Literature supports that there is a connection between experiences of childhood abuse and/or exposure to family violence and the acquisition of PTSD symptoms (Barrett

et al., 2001; De Bellis, 2001; Dutton, 1995; Dutton, 2008; Feldman, 1997; Sanderson, 2013; Semiatin, Torres, LaMotte, Portnoy & Murphy, 2016; Swopes et al., 2013; Taft et al. 2008; Watt & Scrandis, 2013).

Experiencing a traumatic event does not necessarily equate to a PTSD diagnosis; however, diagnosis occurs if the individual reacts with fear or disorganized behavior and with complaints of symptoms from four symptom clusters (intrusive symptoms, avoidance symptoms, alterations in cognitions and mood and alterations in arousal) for at least one month (American Psychiatric Association, 1994 & Sanderson, 2013). An individual may experience intrusive distressing memories or dreams (flashbacks), dissociate reactions, psychological distress or reactions to reminders of the trauma (known as triggers) (Sanderson, 2013). Sometimes in attempts to cope with these symptoms, an individual will engage in avoidant behaviours (Sanderson, 2013). The individual may have persistent and exaggerated negative beliefs or expectations about oneself, others or the world. This can include distorted blame of self or others about the cause or consequences of the trauma and may lead to feelings of detachment or estrangement from others (Sanderson, 2013). Other symptoms or impacts may include diminished interest in activities, an inability to experience positive emotions, irritability, aggressiveness, reckless or self-destructive behavior, hyper-vigilance, exaggerated startle response, problems with concentration, and sleep disturbances (Sanderson, 2013).

2.3.2 Intergenerational transmission of violence. The impacts of childhood experiences and/or exposure to family violence do not only impact the individuals physical, emotional and mental well-being. Childhood experiences and/or exposure to

family violence also increases the risk of perpetuating violence in one's own relationships (Dauvergne & Johnson, 2001; De Bellis, 2001; Delsol & Margolin, 2004; Dutton, 1995; Dutton, 2008; Feldman, 1997; Hague, 2012; Finkel, 2007; Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portino, &AlvarezDardet, 2008; Palaszynski & Nemeroff, 2009; Roberts, McLaughlin, Conron & Koenen, 2011; Swopes et al., 2013; Taft et al., 2008; Watt & Scrandis, 2013; Widom & Maxfield, 2001). In their meta-analysis that looked at men, who had reported experiencing family of origin violence and who also acknowledged perpetuating IPV, Delsol and Margolin (2004) found that approximately 60% of these men perpetuated the cycle of violence. Similarly, Dutton and Hart found that experiencing physical abuse in one's family increased the likelihood of men perpetuating any violence by 300% and family violence by 500% (Dutton, 1995).

2.3.2a Theories aimed at explaining why the connection exists. Various theories attempt to explore the reason for the connection. Social learning theory asserts that children learn by observing and imitating the influential people in their lives (Dauvergne & Johnson, 2001). One's social learning processes influence how one interprets social cues, as well as how one searches and selects, which behavioural script is appropriate. If the individual has learned a violent script in response to a social cue, he/she is more likely to engage in violence (Finkel, 2007). The psychodynamic theory stresses the importance of early experiences in shaping one's present day. It is believed that exploring past experiences will "shed light on current psychological difficulties" (Shedler, 2010, p.99). Finally, Bowlby's Attachment Theory asserts that an individual's attachment style develops from a "confidence in the availability of attachment figures, or lack of it"

(Dutton, Saunders, Starzomski & Bartholomew, 1994 p. 1367) during childhood and subsequently, influences expectations for others throughout life. The attachment theory theorizes that "anger and rage follow unmet attachment needs and that threats or separations from attachment figures produce powerful emotional responses such as terror, grief, and rage" (Dutton et al., 1994, p. 1368); therefore, suggesting that IPV occurs due to perceived threats of separation, abandonment or an unmet need from their partner (Dutton et al., 1994).

Another theory for the connection is that PTSD symptoms increase the risk of perpetrating IPV (Dutton, 1995; Jakupcap & Tull, 2005; Semiatin et al., 2016; Swopes et al., 2013) and the extent that they experience trauma symptoms connects with the rate that they engage in IPV (Hague, 2012). Survival mode theory suggests that individuals who suffer from PTSD are easily triggered into a biological survivor mode response, when a threat is perceived (Barrett, Mills, & Teesson, 2011, p. 722). Joshua N. Semiatin and colleagues (2016) study supported this theory reporting that higher levels of PTSD symptoms correlated with lower relationship adjustment, increased relationship problems, and higher levels of physically, emotionally and sexually abusive behaviors.

As discussed previously, individuals with PTSD, struggle with reactivity and self-regulation due to the disruptions to their biological stress response systems. Their brains have adapted to survive in chaotic and at times unsafe environments and thus, the fight, flight or freeze responses within the brain, are easily activated (Perry, 2004). When the individual's brain switches over to survival mode, one's ability to problem solve, reason, and control one's impulses are limited (Kuban, 2016 and Perry, 2004). Finkel, DeWall,

Slotter, Oaten & Foshee (2009) believed that during these moments IPV can occur. Conclusively, this theory asserts that abusive behaviours are less about choice and more about reactivity and unconscious survival mechanisms (Jakupcap & Tull, 2005; DeBellis, 2001; Dutton 1995; Swopes et al, 2013; Taft et al., 2008).

Lastly, the fear avoidance theory surmises that to avoid fear-related thoughts and/or feelings that are brought on when triggered, people engage in anger and physical aggression (Barrett, Mills, & Teesson, 2011). Jakupcap & Tull (2005) researched the effects of trauma exposure on anger hostility and violence in men and found that "men with PTSD reported significantly greater anger and hostility, and significantly more aggressive/violent acts than did men without trauma exposure or PTSD symptoms" (Jakupcap Tull, 2005, p. 594). Also, Jakupcap and Tull found that "more than twice as many acts of aggression and violence [occurred] in the context of a romantic relationship" (Jakupcap & Tull, 2005, p. 594). Due to the number of men, with PTSD disclosing aggressive and violent behaviours in their relationship, Jakupcap and Tull concluded that PTSD has "harmful impact[s] on traumatized men's partners" (Jakupcap & Tull, 2005, p. 596) and that perhaps undiagnosed and untreated PTSD and the subsequent symptoms of anger and aggression are connected to the connection between childhood trauma and IPV (Jakupcap, 2005).

2.3.2 b Discrepancies. Although the numbers and evidence are startling and highlight that a connection does exist between childhood experiences of violence and IPV later in life, the connection is not absolute. Not all individuals, who experience childhood violence and abuse, grow up to abuse their partners and/or children. Returning to Delsol

& Margolin's (2004) meta-analysis, although they found that 60% of men, who experienced childhood family violence later engage in IPV within their own families, they also found that 8-27 % of men without these experiences also engaged in IPV. As well, longitudinal studies reviewed suggested that the connection was only "fairly modest" (p. 108). Therefore, exposure alone is not the only precursor to repeating the cycle of violence and additional variables influence the probability of the connection.

2.4 Risk versus Protective Factors

Feldman (1997) challenges the mindset that "violence begets violence" (p. 10) declaring that many factors in a child's life serve to mediate both the extent that the child is impacted but also the risk of intergenerational transmission of violence. Researchers have begun to investigate the possible influencing factors (DeBellis, 2001; Delsol & Margolin, 2004; Feldman, 1997; Finkel, 2007). They have concluded that the risk of developing later life challenges and/or repeating the cycle of violence depends on a complex balance between protective factors and risk factors (Feldman, 1997). Such factors may include the child's developmental stage or level when violence takes place, as well as his existing coping skills and the degree of support received. Social learning and/or messages taught, particularly one's that condone abusive behaviours and promote rigid sex role expectations are also a significant risk factor. Other factors include the degree to which the child's attachment style is disrupted, the existence of PTSD symptoms, if there are familial impacts, the presence of antisocial behaviours, genetics, and/or heritability. As an adult, factors may include psychopathology and/or personality

disorders, substance abuse and finally, contextual factors such as martial problems or overall life stressors (Delsol & Margolin, 2004; Feldman, 1997).

2.4.1 Support. The most consistent factor throughout the literature regarding risk or protective factors for intergeneration transmission of violence, is the degree of support received. This could include responses such as social bonds, reactions to the violence or "uncritical and warm relationship[s] with one parent, friendships with peers, participating in activities outside school…[and] having older siblings" (Feldman, 1997, p. 316). Additional protective factors that have been cited for mediating long term impacts on children include positive characteristics of the person perpetuating the abuse/violence, the meaning attached to the experiences and existing coping abilities, level of intervening within the violence between parents, and/or allying with either parent (Delsol & Margolin, 2004).

2.4.1a Secondary sources of trauma. As children struggle through their day to day lives, coping with the symptoms of their trauma, oftentimes, the symptoms are overlooked and passed off as misbehaviour. The symptoms or impacts may be perceived as nosiness, defiance, withdrawal, aggressive behaviours, lack of interest, anger, difficulty getting along with others. In these circumstances, the absence of support does more than just create barriers for healing and resolving the child's experiences. The reality is that a lack of support or inappropriate support/interventions can cause further harm (Crisci, 2010; Kuban, 2013; Weinstein, Staffelbach & Biaggio, 2000). Adult's frustration and sense of helplessness in attempts to respond to the child can increase symptomatic behaviours and consequently, a negative association can be attached to the child.

Unintentionally people do more harm than good when they do not understand or connect what is going on beyond the behaviours and respond with disbelief, denial, discounting, blame, stigmatized, or denial of assistance (Crisci, 2001; Matsakis, 1996).

2.4.1b Misdiagnosis. Also, too often children's symptoms are being labelled as a mental health or academic challenges, such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), bipolar disorder(BPD) and/or learning disabilities as opposed to PTSD (Ford et al., 1999; Watt & Scrandis, 2013; Weinstein et al., 2000). Watt and Scrandis' (2013) study exploring the life perspective of men who engage in IPV and childhood experiences of family violence shared that while their participants reported evaluations for behavioral and academic problems, as well as formal and informal mental health labels and diagnoses, none of the participants reported receiving specialized treatment for their traumas (p. 2825).

Most notably and most common in terms of misdiagnosis is PTSD versus ADHD. In one study, "54% of sexually abused children, [who were diagnosed] with PTSD also met diagnostic criteria for ADHD" (Weinstein, Staffelbach & Baggio, 2000, p.367). Similarly, another source reports 25-45% of maltreated children present with ADHD symptoms versus 9% of ADHD in the general population (Glod & Teicher, 1996). Finally, 68% of sexually abused children in one study met the criteria for PTSD and 20% for ADHD. All of the children who met ADHD criteria also met the PTSD criteria (Kuban, 2013).

The National Institute for Trauma and Loss in Children attributes misdiagnosis to overlapping symptomology and a tendency to focus on children's behaviours versus their

stories (Kuban, 2013; Weinstein, Staffelbah & Biaggio, 2000). Weinstein et al. (2000) mirror these beliefs in their study that explored the overlap by examining the DSM and literature and concluded that there is "considerable symptom overlap, symptom co-occurrence, and symptom resemblance between ADHD and PTSD" (2000, p. 369). Overall, both PTSD and ADHD present as hypervigilant, inattention, detachment, irritability, angry outbursts, distraction, restlessness, impatience, impulsivity, difficulty concentrating and limited sense of the future (Kuban, 2013). Support or intervention for a child with ADHD is significantly different than one experiencing PTSD; therefore, the risks of mislabelling a child are deep and long lasting.

2.5 Society's Responses/Interventions to Family Violence –Prevention versus Restorative

Despite the vast literature evidenced in this review highlighting the devastating and long-lasting impacts of childhood experiences of family violence, responses continued to be fragmented, standardized, time-limited and most startling, reparative later in life. The next section of this literature review explores current societal responses to family violence and available resources for both children and adults.

2.5.1 Managerial attack on social work. Federal spending directed at social services is at its lowest since 1949, predating the original welfare state (Brodie, 1999). In the late 1980's, in the name of correcting a deficit, the federal government retreated further from social policy (Brodie, 1999) cutting another $7 billion from social spending in 1994-1995 (McKeen, 2006). A political reform took place and the neoliberalism

paradigm emerged, focusing on privatization, individualization, market competitiveness and economic growth (McKeen, 2006).

Existing programs were restructured and/or eliminated (McKeen, 2006) guided by a New Public Management model (NPMM), which was "based around the concepts of …markets, managers and measurement [as well as] … economy, efficiency and effectiveness" (Trevithick, 2014, p. 299). Rather than being guided by the core values based on relationships, altruism, care and social justice, social services workers are forced to operate within managerial guidelines prioritizing cost saving measures over the needs of the people (Campbell & Gregor, 2002). However, this cost-effective, efficient, one-size fits all mentality is alienating, damaging, ineffective, and one could argue forces families to now face violence on a structural level as well as the personal. Johan Galtung (1969) introduced the concept that social structures can harm individuals by inhibiting one's abilities to meet one's fundamental basic needs. NPMM creates barriers to healing, feeling safe and ultimately compromises the quality of service delivered and professionals' ability to help individuals and families.

2.5.2 Services for children. Ontario has faced a steady reduction of funds directed towards social programs meant to safeguard children in the last several years (Aronson & Sammon, 2000). As a result, only a small number of children receive specialized support (Poole, Beran, & Thurston, 2008). Vingilis, Zaric and Shanley (2010) report that only "a minority of children and youth with mental health problems receive treatment" (384) despite being in contact with educational systems and health care

settings. Yet even more startling is that even less children receive specialized support from a professional (Vingilis et al., 2010).

For those in contact with programs, managerial restrictions get in the way of providing the best support possible. First, program specific funding leaves little room for shifts and changes (Eakin, 2007) and there are rigid restrictions in place when it comes to service delivery. Consequently, many families are bounced around from service to service trying to find one that fits their needs, if one exists at all. Or it may mean that a family must attend a multitude of organizations for their multiple needs to be met. In a study on help seeking for children with mental health problems, Reid et al. found that all families involved in their study were involved with multiple organizations and contacted on average four agencies within one year (Reid et al., 2010). This creates an increased burden for attending appointments and the multitude of workers creates chaos, instability, uncertainty, and possible re-traumatisation, which does little in terms of creating a sense of safety to be able to do the necessary work.

In addition, funding restrictions and cuts, as well as imposed managerial targets and regulations have resulted in fewer workers with bigger caseloads, less time for clients (Aronson & Sammon, 2000), as well as never-ending wait lists, which are all too common in public funded services (Reid et al., 2010). This inevitably fosters a sense of feeling alone for the clients. In Hamilton, Ontario, CONTACT Hamilton is advertised as the entry point to services for children and youth with emotional, behavioural or developmental concerns. This agency is a necessary gateway for receiving services; however, they too warn families that waiting lists exist and are based on need

(CONTACT Hamilton). This system, ruled by narrow definitions of need and an emphasis on risk, inevitable allows children suffering from quieter, more concealed impacts, which are defined as 'low-risk' impacts, to be denied service and fall through the gaps (Trevithick, 2014).

Also, current practice expectations promote quick efficient service. When clients finally make their way into service, workers are pushed to close as quickly as possible to meet targets. This form of practice makes it impossible to aid in anything other than presenting or immediate needs (Aronson & Sammon, 2000). In Ontario, there is an extreme and apparent tension regarding short-term, crisis-driven work versus longer-term preventative work (Aronson & Sammon, 2000). This solution-based form of social work eliminates the possibility of addressing problems at their root and instead offers Band-Aid, short-term solutions, unless workers choose to take this work on in their own personal time, more specifically unpaid (Baines, 2008).

The most dangerous implication of managerialism on social work practice is the threat it poses to human relationships. Trevithick shares, "The most important doorway into the emotional dimension of working with children and families, and one that is significant in all areas of social work practice, is the relationships practitioners work to build" (2014, p. 288). The prescribed protocols and techniques of managerialism are in complete disparity to best practice for working with children, who have experienced violence. The process of healing and reversing the dehumanisation of abuse, is best achieved through consistent, predictable and "authentic human relationships" (Sanderson,

2013, p. 71); thus, enabling the child to build trust and safety (Sanderson, 2013). Yet currently, the literature suggests that families are receiving quite the opposite.

2.5.3 Services for men, who perpetrate IPV. Current responses for men, who engage in IPV include mandated arrests in domestic disputes, criminal and court procedures focused on involving the victim and keeping them safe, and mandated counselling programs for those that engage in abusive behaviours (Heslop, Kelly, David, & Scott, 2016; Stover, Meadows & Kaufman, 2009). It is believed that the threat of "criminal justice ramifications [will] deter perpetrators from continuing to use violence" (Stover et al., 2009, p. 223). Yet these responses appear to disregard and minimize the research that suggests that perpetuating IPV may not always be a choice, but perhaps the result of early traumatic experiences.

Specifically, court mandated programming for men found guilty of engaging in IPV is predominantly the PAR program. In Ontario specifically, Department of Justice Canada's report *Programming Responses for Intimate Partner Violence* states regardless of whether a man is considered early intervention (no formal charges laid) or has been formally charged, "offenders will enter the same 12-week PAR program" (Heslop et al., 2016, p.47). Despite being dated, PAR continues to be rooted in the Duluth model, which was created in the 1980's by activists within the "battered women's movement" (Pence & Paymar, 1993, p. xiii). Based primarily on feminist ideologies, the Duluth model is a psychoeducational group that focuses on "re-educating men to hold less sexist attitudes, form more egalitarian relationships, and better recognize and confront male privilege personally and in society" (Heslop et al., 2016, p. 6). Founders of the Duluth model

believe that to spend time considering contextual factors, such as socialization, family of origin environments and/or abuse, mental health or various forms of oppression is considered a disservice to women and allows men to justify, rationalize and take on the status of a victim, ultimately excusing the abusive behaviours and not holding the men accountable (Pence & Paymar, 1993).

While the program appears to be helpful to some, statistics suggest that it is not working for others. Labriola, Rempel and Davis' (2005) study and review of mandated programming based on the Duluth model declared, "The main findings from our randomized trial are consistent with other recent trials, of which none found that mandating offenders to a batterer program for groups for men produced lower rates of re-abuse" (p. viii). Even further, one study found that men who had witnessed family of origin violence had significantly higher recidivism rates (Shepard, 1992). Although dated, this study was of particular interest for this study and provided an area to be considered when it comes to exploring why PAR programming is not completely successful. I wonder if the psychoeducation, present-oriented format of the Duluth model is effective for the men, who have childhood experiences of family violence and whose abusive behaviours are perhaps rooted in left over impacts.

2.6 Conclusion

In conclusion, IPV and family violence is a devastatingly, long term, societal problem that is connected to multiple struggles in people's lives. However, despite the vast literature, as evidenced in this review, it appears that not enough is put in place to circumvent the long-term impacts and later life risks. Current funding allocation

addressing this issue appears to prioritize later-life responses to those who engage in the abusive behaviours; however, fails to address the very factors that may be contributing to the violence. In addition, it appears that although current punitive interventions may work for some, the one size fits all approach is ineffective for most. If literature suggests that early experiences of family violence and later life perpetuation of IPV are connected, would it not make sense to take on a more preventative approach? I believe that there needs to be more consideration for offering individualized support as soon as possible to circumvent long term impacts and struggles. Furthermore, to truly know what is needed we need not assume we know what will be best, but seek direction from those who have suffered these life challenges. Consequently, I have chosen to ask men directly how they perceived to have been impacted by their experiences of family violence.

Chapter 3 - Methodology

3.1 Research Design

3.1.1 Qualitative research. The goal of this study is to gain an understanding of the perceptions men have regarding how their childhood experiences impact their lives. The hope is that this exploration will shed light on why some men repeat the cycle of violence while others do not and ultimately, learn how to circumvent the connection.

Qualitative research "aims to understand the meaning of human action" (Carter & Little, 2007, p. 1316) and pulls in aspects of social behaviours and context typically dismissed by quantitative approaches (Holosko, 2006). Qualitative research recognizes that human behaviour cannot be completely predicted and recognizes that "social situations contain a great deal of ambiguity" (Neuman, 1997, p. 59). Depending on the individual and context certain actions and/or experiences can have multiple meanings attached to them or be interpreted differently (Neuman, 1997); consequently, there is multitudes of possible responses.

By considering these layers to human life, qualitative research enables the researcher to engage in "methodologies that celebrate richness, depth, nuance, context, multi-dimensionality and complexity…rather than editing these elements out in search of the general picture or the average" (Mason, 2002, p. 1). As a result, Mason (2002) argues that qualitative researchers can create arguments about how things contextually work, producing "well-founded cross-contextual generalities [versus] more flimsy de-contextual versions" (pg. 1).

Honouring the spirit of qualitative research, I have chosen people as my "primary data source" (Mason, 2002, p. 56), specifically male participants, who had both experienced and engaged in family violence/IPV. I utilized a semi-structured, exploratory individual interview focusing on how the men perceived to be impacted, labelled and supported. Value has been placed in the experiences, knowledge, perceptions and understandings of the men, who chose to be part of this study, and is guided by an interpretative theoretical framework.

3.1.2 Theoretical framework: Interpretivist. Created in response to the debate regarding how to soundly and properly study the science of the social world (Neuman, 1997), interpretivist researchers aim to uncover and understand human action within the context of an individual's world, which interpretivists believe is socially constructed (Neuman, 1997). By interacting with others, individuals attach meaning, values, interpretations and rules of living to various actions that both he/she and others engage in (Mason, 2002; Neuman, 1997). These constructed meanings are then used to interpret one's world and make sense of it; consequently, shaping and guiding subsequent decisions, actions, as well as how one experiences life (Neuman, 1997).

Interpretivist researchers seek to understand the process of how individuals create and maintain his/her social world (Neuman, 1997), questioning: How has the individual understood the actions of those around him/her? What meaning has he/she attached to the actions as a result? How have these interpretations guided their decision-making processes? In the quest to gain understanding, the primary goal of interpretivist research is to obtain an insider view of the phenomenon that is being studied (Mason, 2002). This

is attempted by seeking out the knowledge, views, understandings, experiences and meaning attached to those experiences from those enmeshed in the social world the researcher wishes to understand (Hesse-Biber & Leavy, 2011; Mason, 2002).

3.1.3 Reflexivity: An insider and outsider position. As a qualitative researcher, one "plays such a direct and intimate role" (Dwyer & Buckle, 2009, pg. 55) with both the data collection and analysis; therefore, to maintain the integrity of the project a certain degree of reflexivity is vital (Finlay, 2002, Hellawell, 2006; Dwyer & Buckle, 2009). Reflexivity is the continuing process of thoughtful and conscious self-awareness and encompasses an evaluation of how one's self is situated in the research process and how that position impacts the work itself (Finlay, 2002; Hellawell, 2006). The researcher must consider the degree to which he/she holds an insider and/or outsider position.

In one of the earliest conceptualizations, Robert Merton "defines the insider as an individual who possesses a *priori* intimate knowledge of the community and its members" (Hellawell, 2006, p. 484); however, knowledge does not necessarily equate to being a member of the researched community itself (Hellawell, 2006). A researcher is considered an insider when he/she "shares an identity, language, [and/or] experiential base with the study participants" (Dwyer & Buckle, 2009). Conversely, an outsider does not have *priori* knowledge of the community that is being studied (Hellawell, 2006). Each position offers various advantages and disadvantages and neither guarantees valid and absolute knowledge.

Within the insider position, the researcher has an increased likelihood of holding knowledge that can only be obtained from this position, as well as opportunities for

increased rapport, communication and acceptance, the ability to gauge for honest and accurate information in responses, and finally, due to relatability, insiders often illicit more intimate details from participants (Dwyer & Buckle, 2009; Hellawell, 2006). However, the risks of a dual role causing conflict and/or confusion, personal experiences clouding perceptions and the analysis of participants' stories, as well as the risk that participants may assume understanding and fail to share their individual stories fully, all pose increased challenges for the insider (Dwyer & Buckle, 2009; Hellawell, 2006).

Conversely, one does not have to hold an insider position to empathize or adequately represent the experiences of those being studied (Dwyer & Buckle, 2009). From the outsider position, the researcher has the benefit of viewing the topic with fresh eyes and can maintain an objective and distant stance, sometimes able to explore certain intellectual puzzles otherwise too difficult for an insider (Hellawell, 2006). Also, an outsider can consider "a wider perspective, with its connections, causal patterns, and influences" (Dwyer & Buckle, 2009, p. 59).

Dwyer and Buckle (2009) argue that "holding membership in a group does not denote complete sameness within that group. Likewise, not being a member of a group does not denote complete difference" (p. 60). In addition, due to the intimate nature of qualitative research the researcher can never remain a true outsider and due to the researcher role and the power imbalances that it encompasses, the researcher can never fully be an insider either (Dwyer & Buckle, 2009). Often, researchers will find themselves with certain characteristics from both positions, or they may find themselves

sliding along the continuum at various points in their study (Dwyer & Buckle, 2009; Hellawell, 2006).

So too is the case for myself. As a young woman, who grew up in a home where I dominantly felt safe, loved and prioritized, I am aware of my outsider status as I interview men, who have experienced the opposite. I wonder how my gender, age, social position, position of authority, and lack of relatable experience influenced what the men choose to share with me and their comfort to do so. Being mindful of this outsider position, I made effort to establish rapport by attending the PAR groups to introduce myself and through conversations prior to meeting with the men. I also continuously expressed to the men that it was their insight and experience as opposed to my own that were vital to this project. I clarified understanding with the participants throughout the interview and transcribed each interview verbatim to safeguard against applying any preconceived ideas to their stories and to ensure my lens was not clouding their accounts and perceptions. On the other hand, I believe that my experience in anti-violence/trauma based work, as well as my compassionate and non-judgemental stance created opportunities for validation, understanding and ultimately created an environment where the participants felt safe sharing their stories.

3.2 Research Methods

3.2.1 Data collection and/or recruitment. My goal was to recruit male participants, who had both experienced family violence and engaged in IPV. As mentioned previously, experiences of childhood violence within one's family will include both experiencing violence and/or abuse in all its forms (emotional, verbal, physical,

sexual, psychological etc.), as well as witnessing violence involving a family member. Based on my previous observations and professional connections, I concluded that the PAR program could be a successful avenue for recruitment. Following ethics approval (see *Appendix 9*) and permission from the executive director of the agency where PAR programming is delivered (see *Appendix 6*), I met with program facilitators to present the purpose of my study, asking them to read the recruitment script (see *Appendix 2*) and provide the recruitment handout (see *Appendix 1*) within each of their groups and intakes.

Unfortunately, recruitment served to be more difficult than previously assumed. Two weeks after meeting with PAR program facilitators, I had not heard from any participants and therefore, reached out to three additional PAR programs in surrounding areas. After another week with no responses, I decided to submit a change form to the ethics board requesting to attend groups myself and present information regarding the study. I hoped that presenting the information personally may help to facilitate a level of rapport and provide a sense of emotional safety for potential participants. This proved successful.

When participants expressed interest, the letter of information, consent form (*Appendix 3*) and interview guide (*Appendix 4*) were provided. I provided the potential participant with the opportunity to ask any additional questions and reiterated the potential risk and benefits of the study, the process of their participation, their confidentiality rights and limitations, and finally, expressed my gratitude for sharing pieces of their story with me. Each participant was given the option of meeting in a public community location; however, many men chose to meet before or after their group for

convenience. One day prior to the interview, I called the participant to remind and confirm his ability to attend. Throughout each step of my research project I kept details notes to refer to during the writing phase.

3.2.1a Ethical considerations. Within my professional role as an anti-violence counsellor in the community that I recruited from, there was the possibility for conflicts of interests. Being mindful of this, I asked PAR program facilitators to hand out the recruitment flyers. Acknowledging that a power imbalance exists between program facilitators and group participants, a script was provided (see *Appendix 2*). I also noted in the letter of information/consent that not all participants would be selected to participate, therefore should a conflict arise I could utilize this piece with the interested participant without breaking confidentiality of a client.

When my recruitment method switched to presenting the information myself to the PAR groups I provided information about the study and ensured that all men approached me freely and willingly. I explicitly stated that I did have experience working in the PAR program but that I was approaching the group from an academic position versus a professional one.

3.2.2 Study participants. I did not have any specific eligibility requirements when it came to a potential participant's age, location, affiliation etc.; however, this study is exploring men's experiences so only men were recruited and interviewed. For this study, I initially had nine men respond and book interviews and ended with six interviews. The men ranged from early twenties to mid fifties. Data was not collected regarding the participants' employment status; however, none of the men obtained their

high school diploma. Each participant was enrolled in PAR programming for domestic violence related incidents and shared experiencing and/or witnessing family violence as a child.

3.2.3 Interview process. Upon meeting each participant, the letter of information and consent form were reviewed, discussed and consent was requested either verbally (see *Appendix 7*) or written. Each participant was given a $20 Tim Horton gift certificate as a thank you for their time and contribution to the project. I asked each participant to sign an honorarium receipt (see *Appendix 8)* for funding purposes providing them with the option to sign their name or use their participant study code to protect their confidentiality. With the participants' permission, the interviews were audio-recorded and later transcribed verbatim by myself.

Due to the sensitivity of the content and the possibility of the participant being triggered, each participant was provided with a community resource contact information sheet (see *Appendix 5*) should they require any additional support after completing their interview. Careful consideration was taken to only ask about the men's perceptions, rather than details of the family violence and/or IPV.

In addition, to protect each participant's anonymity all identifying information (names, home towns etc.) was taken out of transcriptions and participants were identified by an alias rather than their given names. All notes and consent forms were kept in a locked cabinet and the audio-recorded information was deleted after it was transcribed and anonymized.

Finally, to maintain a consistent and emotionally safe environment for my participants, it was important for me to remain reflexive. As a female, anti-violence counsellor, who holds feminist beliefs, I was aware of certain emotional responses that I experienced at some points during the interview process. Challenging what I perceived as oppressive and/or sexist comments would be common practice in my role as a counsellor; however, I recognized that speaking out would create barriers for the participants to be honest and forthcoming and thwart my goals of learning and understanding. This left me in an internal struggle and at times feelings of discomfort. I acknowledged and named these feelings, yet reminded myself of the overarching goals for this project, which is to gain an understanding of the connection between childhood experiences of family violence and the perpetuation of IPV to learn how to better intervene and circumvent the risk of repeating the cycle.

3.2.4 Data analysis. Although this project had a specific research goal and research question, the interpretivist approach requires the researcher to allow themes to emerge from the data, as opposed to utilizing the data to validate preconceived ideas and/or conclusions. Therefore, I read each transcript inductively (Ryan & Bernard, 2003). I used different coloured highlighters and made notes directly on the transcripts to organize the data collected from each participant. I first went through and highlighted any data that suggested how the participant experienced his life and the meaning he attached to this. This data was then sorted out into categories including how people responded to them, formal and informal labels attached to them, services put in place and supports identified.

Using a different colour highlighter, I then sought out data that provided glimpses into how the participant felt that these experiences impacted their daily lives, choices and actions on physical, emotional, behavioural, social or relational levels. Again, I noted what this meant to the participant. The participants' perceptions of how they felt they were impacted was divided into the following categories: (i) as children, (ii) as adults, (iii) positive versus negative impacts, and (iv) how these impacts were manifested. Finally, using yet another colour highlighter, I sought out how the various impacts influenced the participants' perceptions of themselves. This process was repeated for each of the six transcripts individually.

After going through each transcript individually I organized the data collectively by creating lists of the various impacts, feelings, labels/diagnosis and services that came up in the individual transcripts. I reread through each of the transcripts and checked off when a participant shared each listed item to create a visual and uncover commonalities amongst the different interviews. Once the data was organized, I then noted what struck me and my overall thoughts about what it all meant. To ensure that I remained true to the interpretivist framework and that my previous clinical experience did not sway the data analysis, I placed notes reminding me not to further label the participants and prompting me to consider what the men were telling me. Based on this process the following chapter will present the significant findings compiled in response to how men perceived their childhood experiences of family violence impacting their lives.

Chapter 4 - Findings

This section summarizes the major findings and emerging dominant themes. With the intent of allowing the participants' voices and stories to be heard and their perceptions to be honoured, I have chosen to utilize many of their own words via quotes. Although not asked, all the participants shared that they had experienced and/or witnessed physical, emotional, verbal and psychological abuse. One participant disclosed experiencing sexual abuse. Four of the participants described experiences of neglect, abandonment and poverty. While one participant witnessed only three incidents of verbal and physical violence between a sibling and partner outside of his home, the rest of the participants shared experiencing events related to family violence their entire childhood into adulthood. Despite the individuality of each story there was several commonalities in the participants' accounts of how they perceived these experiences impacted them.

The participants openly shared how they perceived to be impacted by their experiences of family violence, much of which correlated with the findings in the literature review. All the participants shared various struggles within the school system, such as disruptive behaviours, truancy, difficulty focusing, learning challenges, oppositional attitudes, multiple suspensions and not completing their requirements to obtain their diploma. Struggles with their peers was also discussed including isolation, being bullied and engaging in bullying behaviours. Four of the participants described themselves as aggressive or violent. All the participants, who experienced violence within the home, left or were kicked out at a young age and therefore had to take care of themselves and sometimes another sibling. Three of the participants described sleep

disturbances and three also described a physiological impact (a tick, day wetting and physical responses to feelings of anxiety).

Despite these impacts it was other's responses or lack thereof that appeared to have the biggest affect on the participants. Each of the participants' stories mirrored Nathan's story, in that they too faced multiple barriers to receiving appropriate and adequate support needed to circumvent the long-term impacts of experiencing family violence. Consequently, each of the men in this study faced struggles in their adult lives, including enrollment in the PAR programming and IPV related behaviours.

4.1 Services versus Support

First and most dominant amongst the participants' accounts was the fact that although services were put in place when they were children these services were not described as supports. Brad told me about his involvement with CAS, doctors, teachers, family counselling, and individual counselling. However, when asked about the support he received, his reply was "none". The one support that Brad did identify as helpful was his sister: "My sister is my world. She made things easier to deal with"; however, later in the interview he also described her as, "always putting me down". In terms of services received in later life, Brad also recounted how he had attended a PAR program prior to his current enrollment and also attended anger management three times. I asked Brad to share if these programs were helpful. He shared:

> No, because at the time of the first anti-violence I was like, 'whatever'. I wasn't really committed to doing it. So, I just didn't learn anything…Anger management I've done twice. Three times. I completed it and the third time I got halfway

through and I was like ‘why am I here’?... I learned pretty much that I can listen to music and go for walks.

Erik also reported having had numerous interventions directed at addressing his behaviours, particularly his aggressiveness both as a child and as an adult. He too shared that Family and Children Services (FACS) was heavily involved, seven different psychiatrists, residential psychiatric services, group homes, jail time, individual counselling (but only with police accompaniment), QUEST, COAST, PAR, and anger management was court mandated thirteen times. He added, “I have thirteen different diplomas” and when I asked if any of it was helpful to manage his anger, he shared, “not one little bit”.

Alex also shared numerous services or agencies involved: CAS, diversion programs, SNAP, COAST, a military neurologist, teachers, shelters, doctors and teachers. A positive presence in his life was the Cadet program; however, unfortunately, this was used as leverage against him: “She would try to extort me and blackmail me and use the good things in my life”. Alex shared his perceptions of the multitude of services imposed on his life, “They bounced between one to the next to the next and then with each diagnosis came 10 medications”.

Conversely, despite telling a teacher about the abuse he was experiencing at home, Scott did not receive any form of service or support until it was court ordered as an adult. First after he received drug related charges, “I had to go to the therapy one day because I was under drugs in the courts okay” and then for his domestic violence related charges. He stated finding both programs helpful, sharing, “I was supposed to be there six months

but I asked if I could stay more longer because I was not ready to go out you know"? In terms of the PAR program, he expressed that he enjoyed the opportunity to talk so things do not get "stuck". Overall, Scott expressed gratitude and appreciation for his mandated counselling stating, "I'm happy because I got some help maybe and I never want to go before. I was shy and scared".

Adam did not name any formal supports or services. However, he did name his parents as supports, sharing that when they learned about the violence he was being exposed to "they stopped me from going over there". This is a very different story than the other participants and perhaps not so coincidentally, Adam shared less extensive impacts. Perhaps this type of supportive response contributes to Adam's perceptions of his childhood, which he says was "pretty Walt Disney".

Although I had originally speculated that services were not being offered in the lives of men, who were repeating the cycle of violence that they once endured, the interpretivist model paved the way for me to see that the reality in the lives of my participants was different. What the participants' stories provided was insight into the fact that while services were being made available, they were not considered as a resource of support during the participants' childhood struggles. In fact, what is especially alarming is that as the participants described these services as well as the responses they received to their impacts it became clear that the services and/or supports were being perceived as quite the opposite.

4.2 Punished versus Helped

Throughout the interviews, the participants described how they felt they were blamed, punished, isolated or disregarded rather than helped. First, Brad recalled getting in trouble for the ways in which his impacts manifested. He talked about how he was often being put in a time out chair while in Kindergarten, isolated from his peers, and also sent to an alternative education program, group homes and foster homes. As an adult, he told me that he spent time in jail. When discussing his attempts to talk about what he was experiencing, Brad shared, "I tried to explain it was more of less my mother…They would be like, 'why are you blaming your mom?'". Brad again explained how he felt misunderstood and labeled the problem when he recounted his experiences of family counselling:

> Like we went to counseling. She'd act like the goody-two-shoes in the meeting but then just before we went into the meeting she'd be like, 'this and this and this and that' and I'd get in there and be like, 'Mom, just be you in there'. And then she would get in there, and she be like, 'he's always doing this and I can't take it anymore. Like he's just out of control' …And then I would lose my mind in the meeting and she be like, 'see? I don't have no control over him'. Like she made me look like the bad one so many times.

Also, Scott stated that he attempted to explain to a teacher what was happening at home:

> I remember one day, the teacher was a man...He asked me, 'How come when you come to school you always sleep on your desk? You're the only one that does that'? He didn't understand. So, I continue to tell him about my dad and what he

> do. And everyone was listening to me. And they said it's impossible… He called my mom. He talked to my mom and she told him don't do nothing. She was so scared and she was crying. So, he decided not to do nothing.

Not only did Scott reveal that he was not believed he also described being punished when he continued, "…when my dad came home my mom told him this. And I remember he beat me…"

Erik shared similar sentiments telling me that as a child he was not "allowed" to socialize with the other students, was placed in a "bad behaviour" adjustment program, had multiple suspensions and was finally expelled. In addition, Erik reports that he was first charged at age 8, forced on numerous medications, and sent to in-patient psychiatric care facilities. He told me, "They kept putting me in and out of the psych ward…I was in straight jackets and everything…They had me on twelve different kinds of medications at one time for all the different diagnoses". He too ended up in both federal and provincial jail: "I've done fifteen years, nine months inside. I've been in the pen twice". When I asked Erik to tell me about asking for help and/or support his response was, "I tried. I tried". He recounted the feeling of no one helping him and instead being labelled as the problem:

> No one is helping me and I'm all by myself. And everyone's like I don't want anything to do with him because he's a badass. He's going crazy. He's doing everything in sin. And everybody called me that my whole life.

The fear of punishment kept Jesse from even speaking out and asking for help. He told me, "I never told anyone. I just basically took my lumps and that was it…I'd

probably get punished again or whatever. And, I just kept quiet". He too described times where instead of inquiring or asking him about his life, the adults were "...bouncing [me] around from class to class, trying to find out the right class for me…So, that was a challenge". Jesse reports that this was the response to his struggles academically. As an adult, Jesse talked about unsuccessfully trying to ask CAS for support for him and his partner to be able to get their children out of kinship care. He shared, "I'm feeling shut out big time…and, umm, when me and [my partner] were having spousal disagreements, I was basically asking for support but no support was given…We are basically left in the dark".

Further, Alex also talked about punishing and blaming responses. To start, he disclosed that he was given multiple suspensions due to his aggressive behaviours: "I probably had hundreds of suspensions for fighting. It was like every week…I was never in school for more than a week without getting kicked out again". Eventually he was expelled from school. He also shared being removed from his home by police, forced on medication, threatened by his uncle that he would "kick the s***" out of him, placed into foster care, where he shared that he was locked in a dark attic, and finally he was sent to detention centres and various diversion programs.

Like Brad, Alex also expressed feeling that he got people "pointing the finger saying, 'you're wrong you're wrong you're wrong'" and labelling him as the problem when he had a reaction to the abuse he was experiencing. He shared, "Anyone I tried to talk to about it was already on her side and telling me that I needed to go see a doctor and

get medication," "There was no one to help me get out of that situation," and "No, nobody came to me and said, 'hey what's going on'"?

Instead, Alex described feeling that he was not taken seriously because he was the "troubled little brat that was always causing a ruckus". He recounted:

> I'll never forget. My mother used to beat us. And I'm not proud of this but eventually I'd had enough and she couldn't beat me up anymore because I was bigger than her. So, I kind of gave her a push back that day and she called my aunt and uncle and I'll never forget my uncle saying, 'if you ever'. He looked me in the face and said, 'if you ever lay a hand on your mother again, I'll kick the s*** out of you'. And it was just because they didn't see that she'd been beating my ass for years now…That really, really hurt me because it wasn't like that. I was the one being attacked.

Finally, Alex revealed that he began to avoid the services all together:

> I had COAST come to the house sitting down and doing family meetings. And I got to the point where I wouldn't even come home after school because I knew…They were one-sided. You, you, you, problems, problem, problems. Let's put you on medication.

The stories that the participants provided shed light on how current responses are perceived. Hurt and anger were evident as the participants shared how they perceived people in their worlds focusing on their behaviors rather than on what was really happening around them and to them; therefore, leaving them feeling unsupported, blamed, punished and left to fend for themselves.

4.3 The Power of a Label

The findings indicate participants experienced being subject to multiple labels, both formally and informally. For the participants of this study, the labels that were attached to them continue to make their mark. The participants shared with sadness, hurt and anger how they felt they were viewed. Brad recalled being referred to as "an out-of-control child," "a bad kid," "worthless," "nothing," "addict," "bum," and "you're going to amount to nothing". Erik recalled being feared and being referred to as "a sinner," "badass," "nothing but a convict," "useless," "imbecile," and "nobody". He shared with me, "I did it all for acceptance. I did it all for fame. I wanted to fit in. That's not really who I am" (Erik). Jesse shared being referred to as "not normal," "a dummy," the cause of his father's health issues, and "the devil child". Alex recalled the following labels: "a troubled kid," "brat," "a woman hater," and "just a pay check".

Adam added, he was perceived differently by various people. While his parents were steadfast with seeing him "as someone, who can do no wrong," others saw him as a "retard," "rude and ignorant," or "odd". On the other hand, Adam also described being seen as "sweet and loving and caring and a good Dad". Scott also recalled being labelled positively, as a "protector" or father figure. For the most part however, the negative labels resonate off the page suggesting that negative labels, especially those coming from important people in our lives, are not easily forgotten.

Labels can have a powerful influence on how one sees one's self. Although some of the participants could see themselves positively, these positive messages were in constant battle with the memory of the past and the continued negative messages and/or

labels. For a lot of the participants, they began to internalize the labels they felt attacked with, as evidenced by how they described themselves. Brad described himself as a "piece of s***," "not a man," "socially awkward," "psychotic," "bipolar," "lost," that something was wrong with him and he also expressed feeling more than once that he couldn't accomplish things. Jesse expressed wishing he "would be a little smarter as the other kids and fit into a normal group". He also shared feeling like he was "not good enough" for his parents, "delayed" but then conversely, shared that his experiences have made him into a "better person". Alex, also shared conflicting self-perceptions. While on one hand he could share how his experiences impacted him in a positive way, on the other he also referred to himself in negative terms. This was illustrated when he first states, "…the person I've become because of all those horrible things, it's just pushed the good out of me". However, later he referred to himself as "not normal" when he shared obsessive compulsive tendencies and at times feeling "worthless". Erik was again similar. While on one hand he challenged the labels attached to him vehemently, at times during the interview he also referred to himself as having an "evil personality," being "a badass," and a bit "psychotic". Adam described himself as "kind of a jerk," "a raving retard" and "an opstinent little s*** head kid". Yet, also described himself as a "well-rounded" "genius". Finally, Scott internalized the label of "protector" that had been attached to him.

In addition, five out of the six participants had mental health labels attached to them either formally or informally. Four of the participants had ADHD, three had ODD and three were labelled as having a learning disability, three reported depression, two were diagnosed with multiple personality disorder, one was diagnosed with bipolar, one

was diagnosed with schizophrenia and one was labelled criminally insane "because I constantly broke the law and didn't care" (Alex). One shared feelings of paranoia but had not had any sort of formal assessment. Four of the participants had multiple labels attached to them.

Hearing the magnitude of the attacks that the participants endured both physically and emotionally, it is easy to see them as more than just their abusive behaviours but as victims of abuse and disservice as well. The participants said it best: "…it's just not fair, "that's not who I really am" and "…that shot me down". Conclusively, multiple service providers, feeling unsupported and blamed, possible misdiagnoses and failure to look beyond the challenging behaviours served as barriers for the participants to get the support that they needed to be able to heal.

4.4 Long-Term Costs of Childhood Family Violence

Thus far the participants have described not only a lack of help and/or support within their childhoods but several negative labels attached to them and their responses to the family violence they experienced. The next section explores the long-terms impacts and/or struggles that the participants in this study shared enduring.

4.4.1 Intimate relationship. Participants shared various experiences related to intimate relationships. Brad disclosed that he was involved in three abusive relationships, "My other three relationships that I have had were abusive mentally, physically, and just emotionally, from both sides". He disclosed how violence within relationships became normalized for him: "Growing up, witnessing it, it just made me feel like it was ok I think". Other participants either acknowledged or eluded to abusive behaviours in their

relationships as well. Scott said, “I do something bad to my girlfriend I know” he too acknowledged IPV. Erik acknowledged hitting his ex-partner as well as being angry, jealous and controlling to his partners, particularly with male friends. Jesse denied that his past impacted his current relationships; however, told me that, “the whole reason the kids got taken out is because of the arguing”. Finally, Adam disclosed:

> “The structures of family are falling apart and my family fell apart too. And I’m a part of it and that really destroys me inside. I still get overly frustrated and that frustrations came out the wrong way and got me in trouble”.

Conclusively, all the participants appeared to be repeating the cycle of violence.

Another element that emerged related to characteristics of relationships was trust. Two participants expressed how their experiences have affected their ability to trust others. Brad revealed, “I don’t trust a lot of people. I feel like I should trust. Like in my mind I want to trust everyone. I probably will trust everyone until they screw me but most of the time people will screw you, so”. Also, Adam talked about his struggles to trust people too: “People are very evil and vindictive that way. If they think that they can get something out of you, they’ll play on it any way they can”. An inability to trust another, particularly a partner, may lead to additional struggles within relationships. For Erik, his fear of loosing the relationship and lack of trust led to controlling and threatening behaviours. He said:

> She just kind of looks at another guy and I automatically go back to getting cheated on or being abused…‘Don’t do that. If you do that, I’m going to leave you’…Or I’ll tell them, ‘you can’t hang out with this person because I don’t trust

> them and I know that they are a bird'. Well you're not really supposed to do that to your significant other's friends. If she wants to hang out with people that's her choice. I don't have to like them. I don't have to hang out with them. They're not my friends. Why should I give a sh**? But I do automatically…She's going to screw somebody if I'm not around.

4.4.2 Family relationships: access to children. In addition to impacts within intimate relationships, many of the participants shared information about how their family was impacted as well. Three participants openly reported that they had CAS involved with their families; however, due to the mandatory obligations to report any exposure or experiences of domestic violence on children, it is possible that with police involvement that CAS was involved with the five participants, who have smaller children.

When this writer asked if Erik had access with his son he shared:

> "Not yet. Because of this PAR program and FACS having an issue with me hitting the mother and everything else and I got to go to court and I wanted to get a job… I know I can have supervised access but I'm not just going to jump into that situation blind again. I've done that too many times…I'm scared".

Jesse shared that his children are in kinship care and Adam shared that he has supervised access with his children twice a week. Scott has adult children; however, did share that due to his behaviours that his children have no contact with him and that he has never seen his three grandchildren. Therefore, the children of the participants are also beginning to be impacted as well.

4.4.3 Substance use. All six of the participants reported substance use to different degrees. Substances disclosed included alcohol, marijuana, crack cocaine, meth, or speed. Brad and Erik described themselves as addicts. Scott reported that he drinks until he blacks out. Adam said that he smokes marijuana daily. Alex did not disclose substance use as an adult but shared that he sold and smoked marijuana as a kid. Jeese disclosed that after incidents with his father that he would "crack a beer and just chill". Brad, Erik and Alex described their substance use beginning as a child.

Again, all participants shared that the substances were used as a distraction or escape. Brad said, "It helped me escape reality. They gave me the escape that I wanted". Alex stated, "Getting high helped give me time to put it to the back of my head and forget". Scott told me that the alcohol made him "…feel better you know. I feel like nothing could touch me" and Adam revealed, "it relaxes me and helps me think about other things". With substances being used as a coping tool there is an increased risk for additional struggles and challenges that are associated with addiction. Two of the participants in this study already described themselves as addicts.

4.4.4 Conflict with the law. Participants talked about the experiences that put them in conflict with the law. Brad disclosed that he had attended the PAR program in the past as well as mandated anger management programming. As a child, Brad shared, he was in and out of group homes as well: "...two months or two and a half months later I literally ended up in a group home for six months. Then I got out for a week and I went back for six months". Scott told me that he had previous drug related charges. Erik said that he faced his first charges at age 8 and has "67 assault charges". Erik also stated, that

he has “done 15 years, 9 months inside. I’ve been in the pen twice”. When asked if he had been charged as a youth, Alex responded, “oh I was charged so many times as a youth. You wouldn't even believe my records,” further sharing that he had been in and out of group homes and diversion programs as well. Finally, Adam reported, “I've got these domestic violence charges. I don't know how it even happened or how I got, I went to jail for it and all that”. The findings suggest that conflict with the law is a highly likely long-term impact.

4.4.5 Impacts on physical health. The findings indicate that few participants experienced physical struggles. Scott stated, “About two years ago I made a heart attack…You know when people say that you see your life pass you by? It’s true”. He also described ailments with his stomach and attributed this to his past and not having an opportunity to release his feelings. He said, “I have problems with my stomach so I have to be careful” and “It’s better for me to talk. I’ve learned this. Because if I keep it inside too much like when I was young I have something wrong with my stomach today”. Scott also shared, he stills struggles with his sleep, as he did when he was a child. He told me, “I didn’t sleep too well. I was scared in the night because sometimes I hear my mom scream…So that's why now I sleep but I sleep like one eye is open”. Erik also discussed physical ailments as well such as “chronic headaches all the time”. Erik described frequent nightmares as a kid of his family members hurting him. When I asked him to tell me how his sleep is today he stated, “To a point. Sometimes…It’s extremely affected” but did not elaborate any further. Finally, Brad and Jesse both shared struggles with their appetites, but attributed this to the medication they were taking as opposed to a direct

impact from their childhood experiences. Brad said, “I remember I stopped taking them because they made me like a zombie. I couldn’t eat”. Likewise, Jesse said, “My parents kept trying to figure out why my lunch kept coming back. So, it knocked off my eating”. As a whole, while it is not overwhelmingly dominant it appears that impacts continue to impact an individual’s physical well-being.

4.4.6 Trauma related responses. Many of the participants shared impacts directly connected to experiencing a significant event. Most common was intrusive memories and/or reminders of their experiences of family violence. Brad told me that he is “always thinking about it” and that he is not able to leave the house “without worrying about something”. Erik shared having “a lot of nightmares” about people in his family hurting him. Jesse told me, “I’ve never forgotten” and finally, Alex said, “[it] haunts me day in and day out” and “I'd have the same nightmare over and over and over again”.

Oftentimes, when reminder of the past presented themselves, the participants described a loss of cognitive reasoning and oftentimes automatic reactions. Brad described how when he is in situations that remind him of how his step-father used to treat him he gets angry very quickly and becomes reactive: “...when the triggers do happen, it’s almost like a feeling like you don’t know what to do…so you just freeze up”. When asked how his body feels in those moments, Brad responded, “I want to say dizzy but not dizzy because like it’s just more overwhelmed”. At another point in the interview, Brad again described becoming angry and reactive when he said, “I get so angry and it gets to the point where I just felt like I couldn’t control myself” and “I wouldn't even think of it. I just take things, smash it, punch holes in the wall”. Scott also described, “So,

I can't accept somebody's drunk and talk to me. I can't because what I see is my Dad". When asked how he responds in these moments, Scott shared, "I jump on the person…I'm going to fight them". Likewise, Erik reports that when he becomes triggered or angry that there is no thought process, saying, "When I go off it's just boom. I'm going through it". Conversely, both Scott and Alex reported experiencing gaps in their memories related to the violence experienced. Scott said, "I've lost parts of me because before 14 years old I don't remember anything". Alex shared, "There's a lot of gaps in my memory". These pieces of the participants' narratives provide insight into the fact that oftentimes, the experiences continue to be felt and lived long after it has taken place.

4.5 Conclusion

With Nathan, I advocated that his behaviours were indicators of struggles he was enduring and impacts from what he had endured in his young life. Essentially, the behaviours were cries for help. One can conclude that the same was true for the participants within this study. Heartbreakingly, these cries for help went unheard and unanswered. Even more devastating is that the participants' perceptions were that they were punished for the behaviours associated with their attempts to cope with the family violence. Consequently, it appears that the participants did not receive adequate support to assist them in fully healing from their experiences of family violence and therefore, unresolved impacts followed them into adulthood. As a result, each of the participants described numerous challenges that continue to hinder their day to day lives.

Chapter 5 - Discussion

The previous chapter outlined the findings from this study. It would appear that the participants' experiences of family violence and the subsequent responses have left their mark on their lives—as they all noted continuous struggles. Their stories have painted a picture into the significant ways in which unresolved childhood experiences of violence can continue to impact one's life into adulthood. This chapter will discuss how the findings of this study connects with the existing literature and will make suggestions on ways in which we can improve current approaches and/or responses to individuals, who have experienced family violence both as children and as adults, who have repeated the cycle of violence. I will also discuss the limitations of this study and areas for further research.

5.1 Links to Literature

When reflecting on what was learned within the review of the literature there were multiple similarities with the findings of this study. Specifically, experiences of witnessing and/or experiencing family violence create numerous struggles in one's life and continues with them into adulthood, that those experiences can be a source of complex trauma leading to trauma related impacts and finally, that the responses and misdiagnoses that victims of family violence receive can also have devastatingly, long lasting impacts.

5.1.1 The impacts of family violence and IPV. Finkel (2007), as well as Steele and Kuban (2013) discussed how traumatic life events impact a child physically and cognitively and often manifest with struggles either externally or internally. The

participants' accounts of the impacts they experienced daily were consistent with this as well as the argument that an individual's early years shape them and affect them well into their adult years. This was especially true for the five participants (Brad, Scott, Erik, Jesse and Alex), who experienced chronic abuse or complex trauma. Particularly significant is that these participants shared impacts specifically related to re-experiencing and reacting to reminders of their childhood experiences of family violence. While I do not wish to add another label or possible diagnosis to the participants these findings support the argument that experiences of childhood abuse and/or experiences of family violence can increase the likelihood of PTSD related impacts emerging (Barrett et al., 2001; De Bellis, 2001; Dutton, 1995; Dutton, 2008; Feldman, 1997; Sanderson, 2013; Semiatin et al., 2016; Swopes et al., 2013; Taft et al. 2008; Watt & Scrandis, 2013). Furthermore, these specific impacts related to PTSD increases the likelihood of IPV (Semiatin et al., 2016). Overall, unresolved impacts continue to plague the participants into adulthood and potentially act as risk factors for repeating the cycle of violence. This echoes the work of others' research (Dauvergne & Johnson, 2001; De Bellis, 2001; Delsol & Margolin, 2004; Dutton, 1995; Dutton, 2008; Feldman, 1997; Hague, 2012; Finkel, 2007; Gil-Gonzalez et al., 2008; Palaszynski & Nemeroff, 2009; Roberts et al., 2011; Swopes et al., 2013; Taft et al., 2008; Watt & Scrandis, 2013; Widom & Maxfield, 2001).

5.1.2 Misdiagnoses. All of participants had labels attached to them informally and formally. These labels, diagnoses and perceptions that were being attached to the participants were very likely a driving force in how they were responded to and which interventions were selected. While the participants may very well have been enduring

struggles related to their diagnoses, can we be certain? The literature showed that due to the overlapping symptomology and a focus on behaviours, that oftentimes an individual can be misdiagnosed most commonly with ADHD, ODD, bipolar and/or a learning disability versus PTSD (Ford et al., 1999; Watt & Scrandis, 2013; Weinstein et al., 2000). While the participants shared labels from this list, none of the men had a diagnosis for PTSD, nor were they assessed for trauma. The participants also described feeling as though their stories were not heard and that their behaviours were the focus. It stands to reason that somewhere along the way there is a high likelihood that the participants were misdiagnosed and therefore, it is likely that the services presented for these participants were inadequate, inappropriate and possibly exasperated rather than relieved symptoms (Weinstein et al., 2000). Conclusively, if assumptions are made and labels are too freely and quickly attached to individuals, the results can be devastating. Not only can this have an impact on how the individual views one's self, but there is also the risk of the individual getting inadequate resources assigned to them and inaccurate help; therefore, hindering their ability to heal.

5.1.3 Support or lack thereof. As mentioned in the literature review, the biggest risk or protective factor for intergenerational transmission of violence and the acquisition of trauma related impacts is the degree that the individual feels supported (Delsol & Margolin, 2004; Feldman, 1997). However, the literature also found that there are significant concerns when it comes to services for children, who have experienced family violence as managerialism threatens the ability of services providers to provide adequate support for children to heal (Aronson & Sammon, 2000; Baines, 2008; Eakin, 2007;

Poole et al., 2008; Reid et al., 2010; Sanderson, 2013; Trevithick, 2014; Vingilis et al., 2010).

While I had first thought that lack of service would be a dominant theme, it surprised me to learn that all the participants save two (Jesse and Adam) received numerous different types of services throughout their lives. However, despite the presence of these services, five participants described an absence of emotional rapport or emotional safety in their lives. Several of the participants described feeling that the services that they were provided felt blaming rather than supportive and consequently began to avoid appointments. Is this indicative of the impact of managerialism on service delivery?

Unfortunately, things did not get any better as adults. As per the literature, current responses to men who engage in IPV are punitive in nature (Stover, Meadows & Kaufman, 2009)) and meant to reduce the likelihood of reoffending by increasing self-awareness, understanding, empathy, as well as learning the necessary skills and tools to be able to engage in healthy relationships (Ministry of the Attorney Genral, 2014). In program evaluations, studies show that the programs are not entirely effective and do not produce lower rates of re-abuse (Labriola et al., 2005). More significant however, is the finding that PAR has been found to be significantly less effective for men, who have histories of childhood family violence (Shepard, 1992). Again, while this reference is dated it presents a valid argument and one that requires further research.

Not a lot of data was generated to be able to make an accurate evaluation of the PAR program for the participants; however, for at least two of the participants this was

not their first time in the program. In terms of additional services that the participants shared having received in adulthood, all were court mandated and again only one participant shared an element of his trauma being considered. Scott described attending counselling after his drug related charges. While he described the counselling as helpful it was only nine months long. Certainly not long enough to resolve a life time of trauma. Brad and Erik shared being court ordered to attend anger management multiple times. Neither of them found the program helpful yet, it was continued to be mandated with each new charge.

Conclusively, the absence of support and the perception that they are continuously labelled as the problem and/or bad may have caused more harm than good by creating a secondary source of trauma and increasing the risk of later life challenges (Crisci, 2010; Kuban, 2013; Weinstein et al., 2000). A secondary source of trauma was said to occur when the people, institutions, caregivers, and others to whom the trauma survivor turns for support or assistance respond with disbelief, denial, discounting, blame, stigmatized, or denial of assistance (Crisci, 2010; Matsakis, 1996). As opposed to receiving support and opportunities to heal, the participants of the study shared the opposite. It is this absence of support and consequently, the unresolved impacts of violence, that I believe to be the most significant risk factor to the perpetuation of IPV.

5.2 Implications of Findings

The literature review discusses how the social services delivery model and current federal spending has shifted to one that focuses on economy, efficiency and effectiveness (Trevithick, 2014). This consequently led to substantial cuts to federal spending for social

services (Brodie, 1999) and shifted how services can and have been provided. Current policy developers would benefit from considering if this directive is really the most cost-effective or efficient response. Based on the learning done within this project and the insights provided by those with lived experience, the following section reflects on this and discusses what I believe and the participants believe would be helpful.

5.2.1 The importance of a trauma informed lens. The participants in this study described numerous different points of contact with people or different social support services throughout their lives; however, most of them described feeling unheard, blamed and punished, rather than supported. Participants described feeling that their behaviours became the focus of intervention, if intervention was received at all. For three of the participants (Scott, Jesse and Adam), no service or intervention was in place until they were adults and at this point, in conflict with the law. So many opportunities were lost, where the behaviours of the participants were seen as personal deficits, rather than the manifestation of an inner and outer struggle. Perhaps, this is due to the fact that although the concept of trauma has been around for some time, it is still not always acknowledged by mainstream practice and society (Wilson, Friedman & Lindy, 2001).

In the literature review, I discussed how others' responses and a sense of connectedness can serve as protective factors mediating the impacts of family violence. Therefore, I believe that an understanding of trauma and its impacts must become more enmeshed within various disciplines regardless of whether it seems to be applicable. The truth of the matter is that individuals impacted by trauma are vast and their struggles can have a compounding effect on not only their own lives but the lives of those around them.

It is integral that we adequately equip as many individuals as possible to make a positive impact in the lives of those that are desperately crying out for help. Perhaps with a deeper understanding in our society, we can create an environment in which trauma is well understood and that individuals will be met with support regardless of where they go. In fact, with a deeper understanding throughout society, the impacts of trauma will likely be noticed sooner rather than later and healing can begin.

5.2.2 Maintaining a curious stance. With a trauma lens, one will begin to wonder where the individual's behaviours come from. Steele and Kuban (2013), promotes taking on a curious stand point, specifically when working with children. Questions that start with why are urged to be replaced with ones that begin with what; therefore, creating an environment of empathy, support and emotional safety for the individual to share what they are feeling and experiencing. This approach is described as less "threatening" (Steele & Kuban, 2013, p. 86) to one, whose brain has been hard wired to react to the slightest sense of danger or perceived threat.

This approach combined with an understanding of trauma and its impacts, will also likely avoid inaccurate labels and misdiagnoses, which is another factor that appeared to significantly impact the participants of this study. Symptom overlap, co-occurrence, and resemblance make it absolutely essential for service providers to have time and space to build rapport, emotional safety and a sense of connectedness with their client. This will provide opportunities for the individual to share their story and for the service provider to listen without preconceived notions of what is going on. If this time is not taken, there will likely be misunderstanding, misdiagnosing, and inaccurate

intervention plans that will consequently leave the behaviour/impacts unresolved and potentially re-victimize the individual.

5.2.3 The value of time. Unfortunately, time is a scarce commodity for service workers. Managerialist driven policies enforce cost-efficient practices. This has led to fewer workers with bigger caseloads, leaving less time for clients, who they are pressured to close quickly to meet high statistical targets (Aronson & Sammon, 2000). I argue that current policies are costlier. The participants described feeling bounced around from service to service as children where at each new stop they acquired a new label and therefore, a new service plan. However, little to no support was described and consequently, the participants each shared significant life-long struggles with mental health, conflict with the law and IPV. For each unresolved impact that the participants shared experiencing there is a significant cost to both them, their loved ones and society.

More funding needs to be invested back into social services for children, who have experienced family violence. This will enable professionals the space, time and resources to be able explore the perceptions and reality of the children, build rapport and learn what is needed. By doing so, one can better determine appropriate services, cut out unnecessary and wasteful uses of resources and hopefully help the child heal and thrive.

5.2.4 Get rid of cookie cutter responses to IPV: Social policy reform. While the hope is to develop new policies that will circumvent life-long struggles, including but not limited to IPV, I believe that there needs to be adjustment to current responses to men, who engage in IPV. While there is not just one reason why a man may be engaging in IPV, this fact appears to be discounted in current responses. The findings of this study

suggest that IPV can occur in part due to unresolved impacts of childhood experiences of family violence. While PAR can be very impactful to many individuals, for those that suffer from trauma related impacts, I question if the cognitive reframing and psychoeducational methods (Pence & Paymar, 1993) will be effective. In the literature review, the impacts of trauma on the brain, biological stress response system, and one's ability to self-regulate and emotionally regulate have been discussed. If the abusive behaviours are rooted outside of the cognitive part of the brain, then it stands to reason that intervention must start there too. For at least two of the participants in this study their current enrollment was not their first time. Also, Erik shared that he was ordered to attend anger management thirteen times. Thirteen times! If the mandated programming is being forced multiple times and has little to no positive impact perceived by participants or demonstrated via statistics on recidivism rates (Shepard, 1992), how is this cost-effective or efficient as per the goals of managerialism (Trevithick, 2014)?

5.2.4a An alternative approach to IPV. While individualized support and/or treatment and creating treatment options appears costly, I believe that it would be more cost-effective and efficient to provide services that will address the needs of the individual and increase the likelihood of success and change. I believe that there must be a shift in policies directed at social services allowing for there to be more tailored intervention plans for men, who perpetuate violence. Intervention plans must consider the context or root of the abusive behaviours and select the best type of response and/or service that will inspire the greatest change and ultimately end the abusive behaviours. The Duluth model argues that to spend time considering contextual factors does a

disservice to women and allows men to justify, rationalize and take on the status of victim, as well as providing them with an excuse for their behaviours (Pence & Paymar, 1993). I am in no way saying that men should not be held accountable; however, I believe that consideration must be made regarding the factors that contribute to a man's abusive behaviours. To do otherwise, in my opinion, is the disservice to women and hinders the goal of ending IPV.

5.3 Study Limitations

5.3.1 Lack of established rapport. First and foremost, the subject matter of this study is highly sensitive. It can be difficult to discuss and likely has a layer of shame, guilt and embarrassment entwined amidst the facts. I did not have an established professional relationship with any of the participants, and therefore, rapport was only minimally built through the few interactions I had with them prior to the interview. Although most of the participants appeared to be forthcoming, in my professional experience, deeper and more intricate details typically come out after a certain level of trust and rapport has been established. With this said, it is likely that only a glimpse of the participants' stories was shared during these interviews and had there been space for additional interviews, the data elicited may have been even richer.

5.3.2 Limited participants. Also, due to time constraints and difficulties with the recruitment for this project, I was only able to interview six participants. Had there been time to do this project on a larger scale, I could have gained more validity to the conclusions drawn. In addition, I would have liked to have more than one participant, who had witnessed the violence rather than experienced it, to be able to enhance the

analysis and consider the degree that witnessing the violence impacted individuals similarly and/or differently.

5.3.3 Limitations of interpretivism. While the interpretivist approach enables a researcher to gain deeper understanding or an insider perspective of a phenomena, as well as the ability to consider context (Holosko, 2011), there are some limitations that must be considered.

Being that the overarching goal of the framework is understanding, findings are general conclusions rather than precise, verified results (Holosko, 2011). The struggle here is that certain researchers would challenge the validity of this study alleging it is void of logic or generalizability (Holosko, 2011 and Neuman, 1997) and therefore, not helpful or conclusive. However, I argue that black and white thinking, reducing people to binary categories and generalisations is not realistic or fair when it comes to the reality of lived lives. Too many factors can influence outcomes. Too many differing variables exist within the lives of those being studied. Not everyone starts at the same place in life, with equal resources and supports in place, and therefore, people cannot be grouped so easily.

With these limitations in mind, this study attempted to avoid making generalisations or proving that one experience causes the other but instead aimed to create space for deeper understanding and consideration when it comes to the correlation between childhood experiences of violence and IPV.

5.4 Further Research

I think it would be extremely beneficial to explore the effectiveness of current mandated program models, specifically the Duluth model for perpetrators, who have also

experienced family violence. The literature review of this study showcased how PTSD symptoms increase the risk of perpetrating IPV (Dutton, 1995; Jakupcap & Tull, 2005; Semiatin et al., 2016; Swopes et al., 2013). Furthermore, it was uncovered that men who had witnessed family violence had higher recidivism rates (Shepard, 1992) suggesting that current programming is less effective for these individuals. This study is quite old and I struggled to find a more updated version on a similar topic. I believe it would be beneficial to update and take this concept further exploring how many men, who are reoffending and having to retake the mandated PAR program have experiences of childhood family violence and/or PTSD. This will further validate the argument that the psychoeducation, cognitive based Duluth model must be one of several options, assisting men in healing from their own trauma and therefore decreasing the risk of IPV related behaviours.

5.5 Conclusion

Bruce Perry states: "We are the product of our childhoods. The health and creativity of a community is renewed each generation through its children. The family, community, or society that understands and values its children thrives; the society that does not is destined to fail" (Muzychka, 2014, p. 28). Under the current paradigm, one can not help but wonder, what will the future of Canada look like? If children do not receive the appropriate support, it is likely that the impacts will remain unresolved and continue with them into adulthood. If children are being challenged by not only the impacts of violence, but also misdiagnoses, inappropriate interventions and a lack of understanding then how can we expect them to succeed? If children are not able to

receive the appropriate support, guidance or opportunities to heal from the trauma of violence, then where does that leave them as adults? Are we providing the opportunities to place as many protective factors in place to interrupt the cycle of violence? The findings of this study suggest that this is not the case.

Through the perceptions, reflection and stories of the men in this study, it is evident that they not only felt impacted by their experiences of family violence but even more so by the lack of support. The participants described impact after impact and failed attempts of asking for help, but what is even more disheartening is the fact that the interventions meant to halt IPV failed to consider the very evident connection between childhood experiences of family violence and IPV. I, in no way, wish to suggest, that the men, who experience family violence can use their pasts as justification or to expunge themselves of blame for the abusive behaviours they have engaged in. I also do not wish to completely dismiss the Duluth model and its ideologies. I do believe that IPV is rooted in tactics meant to have power and control over a partner and that men must be held accountable for their behaviours. What this project suggests, however is that context does matter and that abusive behaviours can *at times* be rooted in the impacts of childhood experiences of family violence.

It is my hope that this study will be shared and utilized across professions working with these individuals throughout their life courses. Moreover, that we continue to strive to gain a deeper and more accurate understanding of the factors that contribute to IPV. Thus, we are able to be better equipped in our roles to support and facilitate change and ultimately be one step closer to ending violence against women and children.

Let us facilitate a world in which the Nathans are seen for more than just their 'bad behaviours' but for the brave, resilient and resourceful individuals that they are. Let us pause before we deliver out consequences. Let us challenge ourselves to ask questions, hear the non-verbal messages and nurture, listen, and strive to be what the Nathans need in order to thrive throughout life. Let us be the safe space for children, who desperately need to feel safe. Let's be the first step in ending the cycle of violence.

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Appendix 1: Recruitment Handout

Have you experienced violence in your family as a child?

Have you too, engaged in abusive behaviours towards your partner?

PARTICIPANTS ARE NEEDED FOR
RESEARCH on *the long-term impacts of witnessing/experiencing family violence*

Should you choose to participate, you can expect the following:

- A private interview session, for approximately one hour
- Questions regarding how you feel you have been impacted and how you were or were not supported
- The opportunity to contribute to research aimed at finding better ways to support children, who have experienced family violence, sooner rather than later

For more information about this study, or to volunteer for this study, please contact:

Rebecca Sepper
McMaster University School of Social Work
at
williarm@mcmaster.ca or 905-730-4202

Thank you in advance for your consideration.

This study has been reviewed by, and received ethics clearance by the McMaster Research Ethics Board.

APPENDIX 2

Recruitment Script for Men's Anti-Violence Program Facilitators
Shared on Behalf of the Researcher
By the Holder of the Participants' Contact Information
Rebecca Sepper B.S.W., M.S.W. Candidate, R.S.W., C.T.P
Master of Social Work Candidate

Study Title: Preventative versus Restorative Interventions Aimed at Ending Intimate Partner Violence. Are We Waiting Too Long?

Rebecca Sepper, a McMaster University student, has contacted our program asking us to share information about a study she is doing as a requirement for her Master of Social Work degree. She would like to meet with and interview men, who have experienced violence in their families as children and who have also behaved in abusive ways within their relationships. Her questions will focus on how you have felt impacted by your experiences and the level of support you received.

Rebecca is inviting you to take part in a face-to-face interview that will last approximately 60 minutes. If you are interested in participating in this study, you can contact her directly by email so you can discuss or ask questions.

This study is not connected with our agency or this program. Rebecca will not tell us if you choose to participate or not in this study; and it will not impact your position in the program or our final report about your participation.

In addition, this study has been reviewed and cleared by the McMaster Research Ethics Board. If you have questions or concerns about your rights as a participant or about the way the study is being conducted you may contact:

McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
Gilmour Hall – Room 305 (ROADS)
E-mail: ethicsoffice@mcmaster.ca

DATE: February 03, 2017

APPENDIX 3

LETTER OF INFORMATION / CONSENT

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions - Are We Waiting Too Long?

Principal Investigator:
Dr. Mirna Carranza
School of Social Work
McMaster University
Hamilton, Ontario, Canada
(905) 525-9140 ext. 23789
E-mail: carranz@mcmaster.ca

Student Investigator:
Rebecca Sepper
School of Social Work
McMaster University
Hamilton, Ontario, Canada

E-mail: williarm@mcmaster.ca

Purpose of the Study:

It is the purpose of this study to explore how childhood experiences of family violence impacts one's life experiences. I am particularly interested in working with individuals, who have both experienced family violence as a child and engaged in abusive behaviours towards their partners. Specifically, I aim to understand how individuals continue to feel impacted in adulthood and what type of support they did or did not receive.

I am doing this study as a requirement of my Master of Social Work degree. I am seeking to learn not only how unresolved impacts of family violence may contribute to intimate partner violence but also if there are other factors that contribute as well. My goal is to create an understanding of the factors contributing to intimate partner violence, thus, helping to place appropriate protective resources and supports in place rather than ones after the violence has occurred.

Procedures involved in the Research:

Should you choose to participate in this study, you will be asked to respond to some questions in a 60 minute face-to-face interview. With your permission, I will be audio-recording the interviews as well as taking hand-written notes. For your privacy and convenience, interviews will be held within a private meeting room at a local library, community centre or McMaster University. Below you will find some of the questions I will be asking:

- *How do you feel that you were impacted by witnessing and/or experiencing family violence as a child at … (home, school, interactions with peers and adults, emotionally, etc.)?*
- *What type of support did you receive for your experiences and the impacts you have shared? How do you define support?*
- *If no support was received, why do you think this was the case?*
- *If support was received, tell me about this experience.*
- *How do you feel that you are still impacted by your experiences as a child?*
- *How do you feel that your experiences have impacted your relationships?*

I have attached a copy of the interview guide I will be using for you to preview.

Potential Harms, Risks or Discomforts:

The risks involved in participating in this study are minimal; however, it is possible that during the interview that you may feel overwhelmed or stressed by sharing your story and/or experience feelings such as anger, shame, embarrassment, or sadness.

Keeping this risk in mind, interview questions will not require you to share details of the family violence you have experienced or engaged in. Questions will focus on impacts and your interpretations of the level of support that you received.

Although no identifying information will be used in my research, it is always possible that someone may recognize pieces of your story and then assume your participation.

If at any point, you feel the need to pause, reschedule or cancel the interview you are free to do so. A community resource list will also be provided if any additional support is desired.

Please know that you can choose not to answer any questions and/or can withdraw from this study at any point up until 10 days after your interview. After this time, all information collected will no longer contain identifiable information and therefore will not be able to be removed.

Potential Benefits

The research may not benefit you directly; however, your participation will shed light on the impacts that a lack of appropriate and timely support for experiences of family violence can have on an individual, both short and long term. I believe that the knowledge gained from this research project will encourage additional research, increase understanding of the needs of children and lead to a re-evaluation of funding provided for children's counselling.

As a thank you for taking part in this project you will be given a $20 Tim Horton's gift card. A receipt will need to be signed for funding purposes.

Confidentiality

You are participating in this study confidentiality. I will not use your name or any information that will identify you. Only my research supervisor and I will be aware of your participation. However, we are often identified through the stories we tell. Please keep this in mind when deciding what to share with me.

The information you have shared will be kept on a computer that will be password protected. Once the study is completed, a summary of the data (without identifying information attached) will

be kept up to two years to complete my current Master of Social Work thesis and any future research or presentations based on my findings. After the two years, the data will be destroyed.

Legally Required Disclosure:

Although I will protect your privacy as outlined above, please keep in mind that I am legally obligated to ask for all identifying information and report on the following concerns:

> *A child is at risk of harm, including exposure or experiencing any form of violence. This includes when a person has been historically violent to children and currently has access to children.*

Participation and Withdrawal:

If you decide to be part of the study, you can stop (withdraw), from the interview for whatever reason, even after signing the consent form or part-way through the study or up 10 days after your interview. After this time, I will be in the data analysis and writing phase of my thesis. Also, your information will no longer be identifiable. If you decide to withdraw, there will be no consequences to you and you may keep the $20 Tim Horton's gift card. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. If you do not want to answer some of the questions you do not have to but you can still be in the study.

Please note that although I am grateful for all interest expressed in this study, not all individuals can be selected for participation.

Information about the Study Results:

I expect to have this study completed by September 2017. If you would like a brief summary of the results, please let me know how you would like it sent to you.

Questions about the Study:

If you have questions or need more information about the study itself, please contact me at:

williarm@mcmaster.ca

Or
You can contact my supervisor:
Dr. Mirna Carranza
Telephone: 905-525-9140 ext. 23789
E-mail: carranz@mcmaster.ca

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance. If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat
Telephone: (905) 525-9140 ext. 23142
C/o Research Office for Administrative Development and Support
E-mail: ethicsoffice@mcmaster.ca

CONSENT

- I have read the information presented in the information letter about a study being conducted by Rebecca Sepper of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until 10 days after my interview.
- I understand that both Rebecca and her supervisor will have access to the data collected from this interview.
- I understand the legal requirements to reports any concerns regarding the safety and well-being of a child.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: _____ Date: _____

Name of Participant (Printed) _____

1. I agree that the interview can be audio recorded.

… Yes.

… No.

2. …Yes, I would like to receive a summary of the study's results.

Please send them to me at this email address _____

Or to this mailing address: _____

_____

_____

… No, I do not want to receive a summary of the study's results.

3. I agree to be contacted about a follow-up interview, and understand that I can always decline the request.

... Yes. Please contact me at: _____

... No.

Appendix 4

Interview Questions

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions - Are We Waiting Too Long?

How do men perceive their childhood experiences of family violence impacting their lives?

Rebecca Sepper, (Master of Social Work student)
(Department of Social Work – McMaster University)

Preamble: This gives you an idea what I would like to learn about your perceptions of how your experiences have impacted you throughout your life. These questions are a guide for our conversation, which will be one-to-one and open-ended (not just "yes or no" answers). Because of this, the exact wording may change a little. Sometimes I will use other short questions to make sure I understand what you told me or if I need more information when we are talking such as: "*So, you are saying that …?*), to get more information ("*Please tell me more?")*, or to learn what you think or feel about something ("*Why do you think that is…?").*

Please know that you do not have to answer any question that you do not want to and that you can request to break, reschedule or end the interview at any time that you wish. I am providing a community resource information sheet for you to use if you are feeling overwhelmed after this interview.

I will not be keeping track of any information that will identify you, but please remember that sometimes we can be identified by the stories we share.

If you change your mind about wanting to participate in this study, you have until 10 days after your interview to contact me. If you do change your mind, I will destroy all notes and recordings for this interview.

Please remember that I am legally obligated to ask for all identifiable information and report any concerns that I may have for a child at risk of harm, including experiencing or witnessing any form of violence.

- How do you feel you were impacted by witnessing and/or experiencing family violence as a child at… (home, school, interactions with peers and adults, emotionally, etc.)?
- How old were you when you experienced or witnessed family violence? For how long did it occur?
- What labels/diagnoses were attached to you (i.e. ADHD, oppositional defiant, anxiety, PTSD, behavioural etc.)? What did this mean for you?
- What type of support did you receive for your experiences and the impacts you have shared? How do you define support?
- If no support was received, why do you think this was the case?
- If support was received, tell me about this experience.
- What do you think would have been helpful to you and/or your family?
- What have you learned from your experiences?
- How do you feel that you are still impacted by your experiences as a child?
- How do you feel that your experiences have impacted your relationships?
- How do you feel that people have seen you throughout your life?
- How do you see yourself?

END

Appendix 5
Community Resources

Hamilton Support Resources

Counselling Services for Men

Catholic Family Services	*905-527-3823*
Community Information Services	*905-528-0104*
Sexual Assault Centre Support Line	*905-525-4162*
Sexual Assault/Domestic Violence Care Centre	*905-521-2100 ext.73557*

Distress Centres

COAST (Crisis Outreach & Support Team)	*905-972-8338*
Sexual Assault Centre Support Line	*905-525-4162*
Suicide Prevention Crisis Line	*905-522-1477*
Victim Services – Hamilton Police	*905-546-4904*
Drug & Alcohol Treatment Information	*1-800-565-8603*
Ontario Problem Gambling Helpline	*1-888-230-3505*
The Children's Aid Society	*905-522-8053*
Catholic Children's Aid Society	*905-525-2012*

Haldimand-Norfolk Support Resources

Counselling Services for Men

Family Services Counselling Programs	*519-587-2441*
Brant Family Counselling Centre	*519-753-4173*
Community Support Centre Haldimand-Norfolk	*905-765-4408*
Victim Services of Haldimand and Norfolk	*1-800-264-6671*

Distress Centres

Community Addiction & Mental Health Services of Haldmand and Norfolk
CAST (Crisis Assessment and Support Team) – Mental health crisis 1-866-487-2278

Halton Support Resources

Counselling Services for Men

Mental Health Care & Treatment	*1-800-641-7529*
Halton Support Services	*905-844-7864*

Distress Centres

Crisis Outreach and Support Team	*905-972-8338*
Sexual Assault & Violence Intervention Services	*905-875-1555*

Appendix 6 – Support for Recruitment

From: Cindy Kinnon
Sent: Monday, March 13, 2017 11:22 AM
To: Rebecca M. Sepper
Subject: Re: ethics approval

Hi Rebecca,
Thank you for the update as to the ethics approval for your research project. As discussed with you previously, I give my permission to recruit subjects for your research project from the CFS men's anti-violence program.
Please let me know if you require any further information.
Regards, Cindy

Cindy Kinnon
Executive Director
Catholic Family Services
447 Main Street East, Unit 201
Hamilton, ON, L8N 1K1
T-905-527-3823 ext 226
F-905-546-5779
ckinnon@cfshw.com
www.cfshw.com

APPENDIX 7

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions - Are We Waiting Too Long?
Rebecca Sepper

RESEARCHER'S LOG FOR RECORDING VERBAL CONSENT

Participant's Unique ID number (i.e. 08-A01)	Participant's name	Date:

APPENDIX 8

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions - Are We Waiting Too Long?
Rebecca Sepper

Honorarium Receipt

I, _____have received a $20 Tim Horton's gift certificate from Rebecca Sepper for participating in this study.

Name: _____ Date:_____

McMaster University
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McMaster University Research Ethics Board (MREB)

c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca

CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH

Application Status: New ☑ **Addendum** ☐ **Project Number:** 2017 072

TITLE OF RESEARCH PROJECT:

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions - Are We Waiting Too Long?

Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
M. Carranza	Social Work	23789	carranz@mcmaster.ca
Co-Investigators/ Students	**Dept./Address**	**Phone**	**E-Mail**
R. Sepper	Social Work		williarm@mcmaster.ca

The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:

☐ The application protocol is cleared as presented without questions or requests for modification.
☑ The application protocol is cleared as revised without questions or requests for modification.
☐ The application protocol is cleared subject to clarification and/or modification as appended or identified below:

COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.

Reporting Frequency:	Annual: May-02-2018	Other:

Date: May-02-2017 **Vice Chair, Dr. S. Watt** Susan Watt

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McMaster University Research Ethics Board (MREB)

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Application Status: New ☐ **Addendum** ☑ **Project Number:** 2017 072

TITLE OF RESEARCH PROJECT:

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions - Are We Waiting Too Long?

Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
M. Carranza	Social Work	23789	carranz@mcmaster.ca
Co-Investigators/ Students	**Dept./Address**	**Phone**	**E-Mail**
R. Sepper	Social Work		williarm@mcmaster.ca

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COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.

Amendment#1, cleared May 17, 2017

Reporting Frequency:	Annual: May-02-2018	Other:

Date: May-02-2017 **Vice Chair, Dr. S. Watt** Susan Watt

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McMaster University Research Ethics Board (MREB)

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CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH

Application Status: New ☐ **Addendum** ☑ **Project Number:** 2017 072

TITLE OF RESEARCH PROJECT:

Ending Intimate Partner Violence (IPV): Preventative versus Restorative Interventions – Are We Waiting Too Long?

Faculty Investigator(s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
M. Carranza	Social Work	23789	carranz@mcmaster.ca
Co-Investigators/ Students	**Dept./Address**	**Phone**	**E-Mail**
R. Sepper	Social Work		williarm@mcmaster.ca

The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:

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☑ The application protocol is cleared as revised without questions or requests for modification.
☐ The application protocol is cleared subject to clarification and/or modification as appended or identified below:

COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.

Amendment#2, cleared May 26, 2017

Reporting Frequency:	Annual: May-02-2018	Other:

Date: May-02-2017 **Vice Chair, Dr. S. Watt** Susan Watt