

Attitudes and Motivation in the Treatment of IPV

A Case Study of Two Intimately Violent Men

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This case study used qualitative content analysis to examine the cases of two intimately violent men. Both participated in a group intervention but experienced dramatically different outcomes. In the case of “Henri”, the intervention was especially successful, but in the case of “Mikael” it was unsuccessful. The data of this study consisted of the video tapes of the men’s therapy sessions, and of the interviews of their spouses.

The research questions were the following: 1) Were there changes in the men’s attitudes toward a) women, b) masculinity and c) violent behavior?, 2) How high was the men’s motivation for treatment and making changes in themselves? and 3) Did their attitudes and motivation differ from one another?

Studying Henri’s therapy sessions revealed that his attitudes toward women, masculinity and violence changed during the treatment in a way that seemed to support non-violent behavior. In addition, he expressed high motivation for the treatment and for making changes in himself. In Mikael’s case, the therapy sessions revealed no significant changes in his attitudes toward women, masculinity or violence. Especially his attitudes toward women were very restrictive and he also tried to use these attitudes to justify his violent behavior. In addition, Mikael expressed low motivation for the treatment and for changing his behavior.

In this study, intimate partner violence is viewed as a gendered phenomenon. The results offer preliminary evidence that men’s attitudes toward women, masculinity and violence are relevant factors to consider in the treatment of intimately violent men. In addition, it is argued that the participants’ motivation for changing their violent behavior has a significant effect on the outcome of the treatment.

Key Words: IPV, intimate partner violence, perpetrator intervention, attitudes, motivation, qualitative content analysis

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1. INTRODUCTION

1.1. Treatment of IPV Perpetrators

Intimate partner violence (IPV) is a form of violence that takes place in intimate, romantic relationships. It can take several forms and it is usually categorized into physical, emotional and sexual violence. In addition to physical injuries, experiencing intimate partner violence has a connection with poor general health, depression, PTSD and other mental health issues, substance abuse and chronic illnesses (e.g. Black et al. 2011; Coker et al., 2002).

There are several treatment programs available for IPV perpetrators around the world (Eckhardt et al., 2013). The group treatment model is the most common form of treatment (Babcock, Green & Robie, 2004). Due to the modest results of these interventions, their effectiveness has raised a lot of discussion and concern (Aaron & Beaulaurier, 2016; Babcock et al., 2004; Gondolf, 2001; Scott, 2004). Meta-analyses of experimental and quasi-experimental efficacy research suggest that the effects of the interventions are poor on average (Arias & Vilariño, 2013; Babcock et al., 2004; Feder & Wilson, 2005; Stover, Meadows & Kaufman, 2009) and there is no evidence that any one of the traditional interventions is more effective than the others (Babcock et al., 2004; Eckhardt et al., 2013; Stover et al., 2009).

Even though the group IPV perpetrator interventions have had poor results on average, there are no better options available. Therefore, instead of abandoning them as poorly effective, they should be improved based on research (Aaron & Beaulaurier, 2016; Babcock, 2004). In addition, it is important to study alternative promising interventions and to develop new interventions based on empirical evidence (Aaron & Beaulaurier, 2016). It is important to understand why and how the perpetrators of intimate partner violence change their behavior in order to further develop interventions directed at them (e.g. Sheehan, Thakor & Stewart, 2012). An important challenge to consider is the influence of the participants' motivation for treatment and their treatment attendance (Scott, 2004; Saunders, 2008). One of the most promising trends are interventions that address the perpetrators' motivation and/or their readiness to change (Eckhardt et al., 2013; Murphy & Ting, 2010).

As Buttell and Carney (2004) argue, IPV interventions should be studied multidimensionally, considering all factors that the interventions aim at changing. Looking only at the changes in physical violence does not provide a sufficient understanding of the changes that are meaningful for

the victims of IPV (e.g. Buttell & Carney, 2004; Westmarland & Kelly, 2013). In addition, since research suggests that spouse interviews are a more dependable source of information than perpetrator interviews, it is not enough to consider the perpetrators' own view of the situation (Gregory & Erez, 2002).

McGinn, Taylor, McColgan and Lagdon (2016) have suggested that interventions for IPV perpetrators could be seen as “complex interventions”, which are directed at complex health and social care problems. Based on frameworks proposed by Campbell et al. (2007) and Craig et al. (2008), McGinn et al. have formulated a suggestion on a systematic process of developing IPV perpetrator interventions. An important part of their proposal is identifying the perpetrator's internal processes that lead to non-violence. In addition, the treatment mechanisms that encourage these internal processes should be recognized, as well as the barriers that prevent these mechanisms from having an effect. Another important factor to consider is refining the target groups most likely to benefit from the interventions. McGinn et al. also propose that different combinations of intervention components and treatment intensities should be piloted in a systematic manner.

1.2. Understanding IPV from a Current Feminist Perspective

Traditionally, feminist theories have viewed intimate partner violence as the result of a patriarchal culture that allows men to dominate and control their spouses (Scott, 2004). Feminist theories have claimed that men use violence against their spouses because of societal norms that support the belief that men are entitled and even expected to control their spouses. Treatment programs rooted in the traditional feminist theories, such as the highly influential Duluth-model, focus on changing the participants' attitudes toward traditional gender roles and encourage men to challenge patriarchal beliefs.

Despite harsh criticism (e.g. Dutton, 2010) and controversy, feminism continues to be relevant in the research on IPV (DeKeseredy, 2016), and is in its current form able to consider IPV as a complex phenomenon (George & Stith, 2014). According to George and Stith (2014), the current third-wave feminism is able to consider the individual situations of each case and the several factors that help explaining and treating IPV. Despite considering the patriarchal social structure as an important factor behind IPV and its gendered nature, it is not seen as the only explanation. In addition, as DeKeseredy (2016) points out, feminists do not claim that only women are the victims

of IPV, nor that women could never be the perpetrators. Instead they claim that women continue to be by far the predominant victims of IPV and often (but not always) use violence in self-defense.

The role of gender in understanding and treating IPV has been a subject of heated discussion (e.g. O'Campo et al. 2017). A key controversy has been whether men and women are equally violent in intimate relationships. The discussion around this subject has led to taking coercive and controlling behaviors into account to determine what constitutes IPV. It has been argued that there is a significant difference between situational violence and coercive/controlling violence (Kelly & Johnson, 2008). In the case of situational couple violence, violence is not a part of coercion and control toward one partner, but is the result of conflicts that escalate into physical violence. This type of violence is the most common one between couples and seems to be more gender symmetrical than coercive/controlling violence. Coercive/controlling violence is a broader pattern of using power, intimidation and control together with physical violence, and research suggests that women experience it more often than men (Ansara & Hindin, 2010; Tanha et al., 2010).

According to a large national survey (Black et al., 2011) conducted in USA, more than 1 in 3 women and more than 1 in 4 men had experienced rape, physical violence, and/or stalking by an intimate partner during their lifetime. In addition, about 1 in 4 women and 1 in 7 men had experienced severe physical violence from an intimate partner. A recent national survey in Finland (Statistics Finland, 2017) revealed that 69 % of the victims of domestic violence were women and 77,9 % of the perpetrators were men. In the case of aggravated assault the asymmetry between the genders was even more apparent. When the victim was male, half of the perpetrators were also male, but when the victim was female, the perpetrator was male in 90 % of the cases. Despite of the fact that large surveys may downplay the role of gender in IPV by telling more about the more common situational violence than about coercive/controlling violence (Kelly & Johnson, 2008), the asymmetry by gender in the victimization and perpetration of IPV is still evident in these statistics. In addition, these numbers serve to show that IPV is a common issue that deserves more attention than what it is currently getting.

In this study, intimate partner violence is seen as a gendered phenomenon. The current feminist view applied here is interested in understanding the role of gender in IPV in the light of empirical research. Despite what the most eager critics of feminism may think, the purpose of the feminist perspective is not to erase other viewpoints or oversimplify complex phenomena. Its contribution is to help in making sure that the role of gender and gender-role attitudes are considered when seeking to understand IPV.

1.3. The Role of Attitudes in Understanding and Treating IPV

Traditional gender roles and sexism have been found to be related to more accepting attitudes toward IPV which in turn is related to using IPV (Herrero, Rodriguez & Torres, 2017). In addition, it has been argued that men who adhere to sexist and hostile attitudes are more likely to be violent against women (e.g. Flood & Pease 2009) and that women who are more traditional in their gender-role attitudes are less likely to report violence committed by their partner (Harris, Firestone & Vega, 2005).

According to Hammond and Overall (2013), men who express hostile sexism, see their female partners as more manipulative and subversive. Hostile sexism is an ideology that views women as trying to control men by using demands of equality as a means to do so, and includes aggressive attitudes toward women. Sexism can also take a less aggressive form, benevolent sexism (Hammond & Overall, 2013). Benevolent sexism centers around positive attitudes toward women who fill their traditional roles as good homemakers instead of pursuing their own independent goals outside of the domestic domain. Together with hostile sexism, benevolent sexism creates a powerful way of controlling women and narrowing down their possibilities.

According to Flood and Pease's review (2009), the formation of these attitudes is a complex phenomenon that takes place at a variety of social processes at multiple levels of social order. On an individual level, important factors that shape the attitudes toward violence against women were experiencing or witnessing violence, age and development. On an organizational level, participation in violence-supporting social contexts was a central influence. On a societal level, the most important factors were media (especially pornography) and education campaigns.

1.4. Research Questions

The aim of this qualitative case study was to examine two men who took part in the Jyväskylä Model for Treating Intimate Partner Violence, and had dramatically different outcomes. The first case was selected due to being especially successful and the other case was selected due to being especially unsuccessful.

The research questions were the following: 1) Were there changes in the men's attitudes toward a) women, b) masculinity and c) violent behavior?, 2) How high was the men's motivation for

treatment and making changes in themselves? and 3) Did their attitudes and motivation differ from one another?

The hypothesis was that there would be differences in the participants' attitudes toward women, masculinity and violent behavior. I expected that the man who had been able to stop using violence would show more respectful attitudes toward women, show less attitudes according to which violent behavior belongs to being masculine and would show less accepting attitudes toward using violence in general. In addition, I expected that he would be more motivated in participating in the treatment and in changing his behavior than the man who had not been able to stop using violence.

2. METHODS

2.1. Data

The data of this study consisted of video tapes of the two intimately violent men's, "Henri's" and "Mikael's", therapy sessions and their beginning interviews, and of the interviews and ACBI-questionnaires (Abusive and Controlling Behavior Inventory) of their spouses. In addition, in Henri's case, his spouse's two-year follow-up interview was available and analyzed. The group therapy the men attended was part of the Jyväskylä Model for Treating Intimate Partner Violence. The groups met up approximately once a week and each session lasted for 1,5 hours. Henri attended 18 sessions and Mikael 12 sessions in different groups with different therapists. Henri's age wasn't mentioned in his beginning interview, but he was approximately in his 30's and Mikael was in his late 40's. Henri had been in the relationship with his spouse for over 5 years and Mikael's relationship had lasted for over 20 years.

2.1.1. The Jyväskylä Model for Treating Intimate Partner Violence

The Jyväskylä Model for Treating Intimate Partner Violence has been provided in Jyväskylä, Finland, by the Psychotherapy Training and Research Centre together with the Crisis Centre Mobile since 1995 (Holma, Laitila, Sveins & Wahlström, 2005). Before attending the group, the perpetrators have up to 5 individual meetings at the Crisis Centre Mobile. There they are provided information about IPV and their suitability for the group is evaluated. In the Jyväskylä Model, intimate partner violence is seen as coercive control that limits the agency of both the abuser and the victim. In addition to preventing the use of violence and securing the spouses' safety, the treatment aims at providing the participants with more options of action and possibilities for choices.

2.2. Analysis

The data was analyzed using qualitative content analysis. Qualitative content analysis is a systematic method that draws meaningful interpretations from complex data (Gondim & Bendassolli, 2014; Kohlbacher, 2006; Roller & Lavrakas, 2015), and is well suited for retrospective research and for tracking changes (Roller & Lavrakas, 2015). With this method, the researcher is able to consider the data's contextual nature and to make interpretations on not only the apparent but also on the latent content. Qualitative content analysis organizes the data by the use of coding and categorization, but that is not all that it has to offer. As Gondim and Bendassolli (2014) argue, this method can and should be used to further understand and theorize the phenomenon under investigation.

The emphasis on latent meanings and context is a key strength of qualitative content analysis (Gondim & Bendassolli, 2014; Kohlbacher, 2006; Roller & Lavrakas, 2015), which is why it was well suited for this study. This method enabled focusing on the content of the men's speech in their therapy sessions as well as on the content of the interviews of their spouses, and analyzing the changes in their attitudes and motivation. The attitudes and motivation of the men are embedded in their speech that does not straightforwardly answer questions such as "What are your attitudes toward x or y?" or "How motivated are you?" but is a part of the group conversation. The context is vital in fully understanding what the men are trying to express. In addition, since there is a chance that the research subjects may lie or contradict themselves, the researcher has to make careful judgements when making interpretations about the attitudes and motivations behind the explicit wordings.

An important part of qualitative content analysis is to revisit the data and evaluate it again in the light of the understanding gained in the process of conducting research (Roller & Lavrakas, 2015). In this study, I came back to my original notes several times, in order to re-evaluate my understanding of the important excerpts, as well as to make sure that the sections I had marked as irrelevant did not have relevant information in them. In addition, since I noticed that I experienced negative emotions toward the second subject, Mikael, I went through my original notes on him again to evaluate his speech as objectively as possible.

The analysis of the data began by choosing the couples to be included in this study. This was done based on the beginning interviews of the men and on a previous study (Nuutinen, Korvenoja & Holma, 2016), where the effectiveness of the Jyväskylä Model for Treating IPV was evaluated by studying the interviews of the spouses (n=23). From the couples included in that study, I chose two couples that had a similar situation at the beginning of the treatment but experienced very differing changes during and after the intervention. The first case was selected due to being especially

successful: in the case of “Henri”, the treatment had been very effective. The other case was selected due to being especially unsuccessful: in the case of “Mikael”, the treatment had poor results. In both cases there had been some incidents of severe physical violence. According to the spouses’ beginning interviews, both men had had a habit of blaming their spouses for their own violent behavior.

In order to make meaningful interpretations of the data, it is important to begin by first developing a broad understanding of the whole content (Gondim & Bendassolli, 2014; Kohlbacher, 2006; Roller & Lavrakas, 2015). I began by watching the first five sessions of both men fully, including the parts where other men, and not the research subject, were talking. This was done in order to gain an understanding of the context that the men were a part of. Onward from the sixth therapy session, I focused on the parts where the subjects spoke about themselves or took part in the general conversation (mostly excluding the parts where the subjects did not participate in the conversation). I wrote down the content of the men’s speech and marked down the times when they spoke in order to be able to come back to those moments later if necessary. I wrote down almost everything that the men said, excluding only brief comments to the other participant’s speech that did not express anything relevant to this study.

Next, I chose the codes that I used in the data analysis, based on previous research as well as on general understanding of the data. The codes were “negative attitudes toward women”, “positive attitudes toward women”, “violence-encouraging attitudes toward masculinity”, “non-violence-encouraging attitudes toward masculinity”, “attitudes toward violence”, “high motivation”, “low motivation” and “other relevant information”.

It is recommended to test the coding by having more than one researcher use it on the same piece of data (Roller & Lavrakas, 2015). Since I was the only researcher analyzing the data, this was not possible. I sought to compensate this by testing the consistency of the coding by revisiting the same set of data within a long range of time (about three months). The coding resulted in similar results both times, which suggests that it was suitable for getting consistent results.

After watching the men’s therapy sessions and making notes on the content of their speech, I read through my notes and marked all sections that were relevant to my research questions or seemed otherwise important or interesting. After doing this, I proceeded by arranging the data by the codes. Finally, I formulated the data in a more concise form, that included only the key content of each coded section.

I proceeded to forming larger categories: “attitudes toward women”, “attitudes toward masculinity”, “attitudes toward violence” and “motivation”. After this, I extended my analysis to the changes in these categories over time. I analyzed the changes by looking at each category

chronologically in order to form an understanding of the changes in them during the treatment process. I formed a general view of the development in each category and compared the cases with each other. In order to provide a deeper understanding of the cases, I complemented this general view with a more detailed explanation of the results when reporting them.

3. RESULTS

3.1. “Henri”

According to the interviews and ACBI-questionnaires answered by Henri’s spouse there was significant improvement in Henri’s behavior and attitudes during and after attending the group treatment. By the ending interview, physical violence had stopped completely and Henri had stopped blaming his spouse for his violent behavior. The relationship had improved overall and the couple was able to deal with problems in a more constructive manner than before. At the time of the two-year follow-up interview, the couple had broken up but was still in touch since they had children together. The positive changes were still present, and Henri and his ex-spouse were able to communicate and make decisions together without the threat of violence.

Studying Henri’s therapy sessions revealed that his attitudes toward women, masculinity and violence changed in a way that seemed to support non-violent behavior. In addition, he expressed high motivation for the treatment and for making changes in himself.

3.1.1. Attitudes toward Women

In the early sessions (1–3) Henri expressed some sexist attitudes toward women. For example, Henri seemed to think that his spouse was not fully responsible for her thoughts and actions. Henri thought that she had been manipulated by the staff of the local women’s shelter into wanting a judicial separation:

Excerpt 1: Session 2, 0:45:50–0:47:30

Well I for one have nothing positive to say toward any part of that establishment [the women’s shelter] — — Well I felt like she is totally brainwashed when then when these things started coming, that then there is, like, a judicial separation.¹

¹ Note: The excerpts are translated from Finnish and the original direct quotes can be found in the footnotes. “Minullahan ei ole sitten mitään positiivista sanottavaa koko laitoksen suuntaan — — mullahan oli sellanen olo että se on ihan aivopesty kun sit kun rupes tuleen näitä että sit on niinku asumusero”

This can be seen as a demeaning attitude toward his spouse. However, by the third session Henri acknowledged that it was indeed his spouse's own idea to get a separate apartment. In addition, Henri found women as too talkative about private matters and thought that they have a habit of forming alliances against men.

In sessions in the middle (7–14) of his treatment, Henri expressed mixed attitudes toward women, but emphasized taking a respectful and understanding stance toward his spouse. He associated being emotional as something typical for women and expressed difficulties in understanding women. On the other hand, he recognized the importance of treating his spouse with respect and saw this respect as something that made it easier for him to control himself in conflicts. Henri also said that he had realized that he can comfort his spouse despite not fully understanding what the issue is.

In the final sessions (15–18) Henri expressed very few sexist or negative thoughts about women. He took a very understanding position on his spouse's pregnancy and its effects. In addition, he stood up for women in a group conversation where some group members belittled the hardships of pregnancy and labor. In another conversation, Henri recognized expecting nicer behavior as a reward for paying for a date as a negative form of using power against women.

3.1.2. Attitudes toward Masculinity

In the early sessions (1–5) Henri did not talk a lot about his attitudes toward masculinity. However, he told that he had previously spent a lot of time in an environment, where being violent was an appreciated quality in a man.

During sessions 6–8 Henri expressed uncertainty about whether he should defend himself in conflicts or just conform in every situation, and said that he viewed excessive conforming as “having no balls”.

In later sessions (12–14) Henri expressed far more certain opinions in favor of expressing masculinity in a non-violent manner. For example, he said that he does not think that controlling one's behavior and not using violence damages one's masculinity. He even viewed himself as now “being a real man” due to being able to stay calm even when provoked. In session 13 Henri told that his view on masculinity had changed:

Excerpt 2: Session 13, 1:23:00–1:24:10

[Answers when the therapist asks whether the participants' view on masculinity has changed and whether they can now be men in a new way] Yes. Like, insecurities were at least one of the things that I noticed at least in myself, in that certain things had to be, like, won, conversations. – – What does it matter, then, we are both feeling good, two winners face-to-face.²

In his final sessions (16–18) Henri talked about masculinity mostly by pointing out how other members of the group tried (in Henri's opinion) to be "tough men" by doing things that did not really make them any more masculine (for example by being too proud to borrow money).

3.1.3. Attitudes toward Violence

For the most part, Henri took responsibility for his violent behavior and blamed himself during his treatment. From the very beginning of his treatment, Henri thought that his violent behavior was his own fault and that he needed to change:

Excerpt 3: Session 1, 1:06:30–1:06:40

The fact is that there is something a bit wrong with the man [who has used violence] and the man should be made to behave differently in certain situations.³

However, Henri also expressed that he could not be blamed for everything and that also his spouse should change in some ways.

Despite never thinking that violence would be acceptable behavior in an intimate relationship, Henri recognized that it had seemed acceptable and desirable behavior for him in other contexts with other men. By the 12th session, Henri's attitudes toward using violence had changed enough for him to be able to back away when provoked while being out partying with his friends. He told that earlier, before attending the group, he would have started a physical fight without trying any other ways of solving the situation. Henri pointed out the connection between learning to not use physical violence in his intimate relationship and not using violence altogether.

In session 14, Henri told that he now believed that, with time, it was possible to learn to not use violence:

² "Kyllä. Niinku epävarmuustekijät ainakin yhtenä mitä ainakin itestään huomaa siinä että piti saada niinku voitettua tietyt asiat, keskustelut. — — Mitäs sillä on väliä, molemillahan siinä on hyvä olo, kaks voittajaa vastakkain."

³ "Tosiasia on se, että ukossa on vähän vikaa ja pitäis saada ukko käyttäytymään tietyissä tilanteissa toisin."

Excerpt 4: Session 14, 0:30:30–0:31:30

Everything becomes a habit – – well, you get rid of habits when you don't do those habits – – then if earlier there has been the kind of habit that one might have behaved aggressively or, like, or violent or so, well then when it hasn't even crossed one's mind or hasn't been even close and there hasn't been anything, then now, when it has been a year since...⁴

In addition, he recognized expressing negative emotions in a purposefully hurtful way as emotional violence, which he would try to avoid in the future.

In his final sessions (16–18) Henri expressed his attitudes toward violence mostly by criticizing other members of the group. For example, Henri recognized that the way in which one of his group members used economic power was a form of violence. In addition, Henri pointed out that not using violence is not something that one should be especially congratulated about, but that violence is something that should not happen at all in the first place.

3.1.4. Motivation for Treatment

Throughout the treatment, Henri expressed high motivation for treatment several times. He also took note on his progress and its positive consequences repeatedly, which seemed to motivate him further.

Early in his treatment, Henri told that he was motivated to improve his relationship but was also motivated in changing his violent behavior in general. Henri was also very pleased about the fact that he and his spouse were now getting help:

Excerpt 5: Session 3, 0:56:10–0:56:40

[Talking about ending up getting help for IPV] Well this was, like really, winning the lottery, that this happened right now, this whole thing, this has been a totally amazing thing.⁵

⁴

"Jokaisesta asiasta tulee tapa – – tavoistahan pääsee eroon kun on tekemättä niitä tapoja – – niin jos aikasemmin on ollu sellanen tapa että on saattanut käyttäytyä aggressiivisesti tai niinku tai väkivaltaisesti tai näin niin sitten kun ei oo ollu mielessäkään tai oo ollu lähelläkään eikä oo ollu mitään niin nyt kun tässä on vuosi siitä..."

⁵ "Täähän oli niinku oikeesti lottovoitto että tää nyten tapahtu tää koko juttu, tää on ollu ihan huikee juttu"

In later sessions Henri began to accept that it might be best to end his relationship if it would not improve, but expressed being motivated to change his behavior regardless of the fate of his relationship. He also brought up that it is important to take responsibility for one's own actions. In addition, Henri pointed out that one has to make an effort to change when attending the group, instead of passively waiting for the therapists to make the changes happen.

3.2. "Mikael"

According to the interviews and ACBI-questionnaires answered by Mikael's spouse, there were no significant improvements in Mikael's behavior or attitudes. The situation had even worsened in some respects. Mikael's spouse told in her ending interview that Mikael had been even more aggressive since starting the group. The most severe forms of physical violence had stopped, but there had been some less severe physical violence during the treatment. Emotional and sexual violence had continued and the threat of physical violence and feelings of fear were still present. In addition, the spouse had no hopes of the situation getting any better. In this case, there was no follow-up interview available.

Studying Mikael's therapy sessions revealed that his attitudes toward women, masculinity and violence did not change in ways that could be expected to support non-violent behavior. In addition, he expressed low motivation for the treatment and for making changes in himself.

3.2.1. Attitudes toward Women

Mikael's attitudes toward women seemed to be quite sexist and negative throughout the treatment. His spouse's alleged infidelity and her abilities as a household person were central subjects when he spoke about her.

In the first sessions (1–4), Mikael expressed feelings of jealousy and mistrust toward his spouse. He was convinced that his spouse had cheated on him, and talked about jealousy as something that shows that he cares about her.

Excerpt 6: Session 3, 2:25:00–2:25:30

[Talking about how he knows that his spouse has cheated on him on work related trips.] When one sees that preparation, many hours of washing up and scrubbing and painting [her face], jewelry and all fineries and then sometimes she took with her these tip-top pick-up clothes.⁶

Mikael did not seem to be able to see his spouse as a complex human being with several qualities and choices of action. The role of a mother and housekeeper was something that Mikael assigned to his spouse repeatedly. He rarely spoke about his spouse as anything else but either as a good mother and housekeeper or as a cheating woman who was revengeful and secretive. This can be seen as a very restricted way of seeing women, where the only possible roles for a woman are the ones of a perfectly good caretaker or as a deceitful and revengeful spouse. In addition, Mikael confessed to having used sexual violence as a way of getting his spouse to have sex with him. He seemed to think that having sex with his spouse was something that was his right as a husband.

In session 5, Mikael seemed to make some progress in the way he saw his spouse as a woman. For example, he was glad about the fact that his spouse had the courage to argue with him. He also recognized that he had tried to change his spouse according to his own wishes too much. In the following session (6), Mikael took a completely different tone. He talked again about his spouse cheating on him and named this as the reason for his violent behavior. He even said that

Excerpt 7: Session 6, 1:52:30–1:52:40

If she had been like [what] a wife is to me, then there wouldn't have been any need, had been no reason to use violence.⁷

He expressed disappointment in the fact that the authorities allow his spouse to cheat on him but that he is not allowed to hit her even once. When the therapists tried to explain that the purpose of the group is to address his violent behavior that he is responsible for, Mikael blamed them for giving his spouse only rights and no duties at all.

In session 7, Mikael named his spouse's infidelity and the lack of sex as the only issues in their situation, without mentioning his own violent behavior. He also expressed a controlling attitude toward his spouse when he said that he did not "allow" his spouse too much useless daydreaming.

⁶ "Kun näkee jotta laitetaan monta tuntia pestään ja puunataan ja maalataan, korut ja kaikki hepeneet... ja sitten joskus tämmöset viimesen päälle iskuvaatteet otti mukaan"

⁷ "Jos hän olis ollu niinku vaimo on mulle niin ei ois tarvinnu, mitään syytä ois ollu väkivaltaa käyttää"

In session 10, Mikael seemed to talk about women's rights as something that allow women to behave immorally and cheat on their husbands:

Excerpt 8: Session 10, 0:53:00–0:53:20

[Concerning infidelity.] It doesn't, the liberation of the woman, they always say that now the woman has reached the equal [position] with men. At least I never approved that if you have gotten married...⁸

In the 11th session, Mikael still seemed to see his spouse only as either a cheating and revengeful woman or a good mother and spouse. In his last session, Mikael did not show any further change in his attitudes toward women except for acknowledging that his spouse was entitled to keep some things to herself if she did not want to talk about them.

3.2.2. Attitudes toward Masculinity

Mikael did not explicitly connect violence to his attitudes toward masculinity. However, the role of a father and husband was clearly important to him, and his experiences of not being valued in these roles was very difficult for him. An important issue that resulted in Mikael using violence, was that he felt that he was insufficient for his spouse as man. Mikael also had issues with showing vulnerability and accepting help with his health problems. There was no evident change in Mikael's attitudes toward masculinity in the course of his treatment.

3.2.3. Attitudes toward Violence

At first, Mikael seemed to admit that the use of violence was his own problem and seemed to take responsibility for his behavior. In the first session, he seemed to be saying things that sounded right but that lacked sincerity (especially in the light of the later sessions) such as “even one strike is too much”.

⁸ ”Ei se naisen vapautuminen, aina puhutaan että nyt on nainen päässyt miesten kanssa tasavertaiseen. En mä ainakaan koskaan hyväksynyt sitä että jos kerta avioliitossa ollaan...”

In early sessions (1–3), Mikael told that he thought that his violent behavior was caused by too much stress and being hurt and disappointed in himself. Especially jealousy was a big issue that could result in violence when he thought that his spouse was lying to him. Mikael talked about losing his temper, and told that “nothing matters” when he is enraged. On the other hand, he emphasized the fact that he was able to not hit with all his strength, to avoid killing his spouse, using weapons and even to not hit his spouse in places visible to other people.

In the middle of his treatment (4–6), Mikael started talking about violence as “only the consequence, not the cause”. He thought that the real cause that should be addressed was his spouse’s behavior, not his own violent behavior. Mikael’s logic was that one should always approach issues by solving the reasons behind them, not the consequences that resulted from those reasons. In his case, the treatment should have focused on his spouse’s infidelity and secretiveness. He named his violent behavior as merely an “accident” that should also be addressed but that should not be at the center of attention.

Excerpt 9: Session 4, 00:12:50–0:13:43

Now that after all I’m, like, the one to blame due to using violence a few times then then... well, it’s a consequence of this real issue, those reasons should be dealt with, we are healing the consequence, so in that sense there is, like, some contradictory feeling. In my opinion one deals with the reasons, and not the consequences, or of course the consequences have to be dealt with too, when there has been an accident, I don’t deny that, but ...⁹

In sessions 7–10 Mikael expressed few new attitudes toward violence. One sign of progress was the fact that he admitted to being violent. However, in the session before the last one (11), Mikael expressed frustration in the fact that he was the only one who was being blamed in his situation. He did not think that the issues in his marriage were only his fault. When the therapists tried to put the focus back on the fact that he was indeed to blame for his violent behavior, Mikael quickly interrupted them by saying things such as “Yes, I do admit that” in a frustrated manner. In the last session, Mikael did not express attitudes toward violence but focused on talking about how well things were going and that there was no real risk of him using violence again.

⁹ ”Sit kun kuiteskin mä oon niinku se syyppää kun on sitten käyttäny väkivaltaa muutaman kerran niin niin... sehän on seuraus tästä ite asiasta niihin syihin pitäis tarttua parannetaan sitä seurausta niin siinä mieles on niinku ristiriitasta tunnetta. Mun mielestä niihin syihin tartutaan eikä seurauksiin tai tietysti seurauksiinkin täytyy tarttua kun on sattunut vahinko en mä sitä kiellä mutta...”

3.2.4. Motivation for Treatment

In the first session, Mikael gave quite a conflicted picture of his motivation. On the one hand, he downplayed his need for treatment. On the other hand, he said that he had inner motivation to change his behavior and that he took responsibility for his violent behavior. He talked about being able to solve problems at home with no outside help, and that there had been only few situations when he had hit his spouse. He seemed to be trying to give a picture of himself as someone who was very cooperative despite the fact that he did not really need any help.

Excerpt 10: Session 1, 1:08:30–1:08:40

In my opinion, when one joins a group like this, then the will has to come from oneself if one intends to get results.¹⁰

Until session 6, Mikael seemed to be somewhat motivated and talked about always striving for improvements, especially concerning his family life. However, in session 6, Mikael got angry at the therapists, and the picture of him as someone who was motivated to change his violent behavior crumbled. He said that the therapists in the group and the workers at the crisis center were blaming only him despite his spouse's behavior being the cause of the violence. He talked about wanting to deal with their issues alone with no outside help, and that attending the group was of no help:

Excerpt 11: Session 6, 2:14:55–2:15:00

Sitting here doesn't make a shit of a difference to my abusive behavior.¹¹

In session 7, Mikael left a very conflicted picture of his motivation. On the one hand, he said that he was attending the group voluntarily, but only a few moments later he said that he attended the group because he was under the impression that he would face juridical consequences if he had refused (note: attending the group does in no way affect the juridical consequences). He was also under the impression that attending the group would help with his marital troubles in general and would not focus on changing his own behavior.

¹⁰ "Mun mielestä kun tällaseen ryhmään lähtee niin täytyy itestä olla se halu jos meinaa tuloksia saada."

¹¹ "Ei tää mun pahoinpitelyyn auta paskaakaan täällä istuminen"

In sessions 8–10 Mikael seemed to make some progress with his motivation in working in the group. He recognized having had a rebellious attitude and questioning whether the group is the right place for him. In the earlier sessions, he had thought that he should only deal with his issues in his own head and that attending therapy would be of no help. Now he thought that therapy might be helpful. He now was less rebellious toward treatment and found strength to continue in his newfound belief that his situation could improve.

In the last sessions (11–12), Mikael started talking again about how he was the only one getting blamed and that the situation would not have been as “infernal” if he and his spouse would not have gotten professional help. He expressed being open to getting help if a need rises, but did not think that attending the group more times would be important for him.

3.3. Comparing Henri’s and Mikael’s Cases

The most dramatic differences between Henri’s and Mikael’s cases were their attitudes toward women and their motivation for treatment. Henri’s attitudes toward women were respectful for the most part. Mikael on the other hand expressed very controlling and mistrustful attitudes toward women.

Henri’s motivation for treatment and changing himself was high throughout the treatment. Mikael’s expressions of his motivation were conflicted. Mikael also expressed little motivation for changing his violent behavior and was a lot more interested in improving his marriage by changing his spouse’s behavior. In addition, getting professional help for their problems with IPV was “like winning the lottery” for Henri and “infernal” for Mikael.

The two men did also differ in their attitudes toward masculinity and the use of violence. In Henri’s case the change in his attitudes toward masculinity was clearly visible: he went from thinking that violence is a masculine way of resolving conflicts into thinking that it is possible to express masculinity by staying calm when provoked. In Mikael’s case, it was not as clear what his attitudes toward masculinity were in the first place. In those respects, in which he expressed those attitudes, there was no change.

The men’s attitudes toward violence had some similarities but also great differences. By both men, violence was described at times as at least partly “an accident”. In addition, they both saw that one reason behind their violent behavior were their feelings of insufficiency. Mikael thought that violence was only the consequence of his spouse’s behavior, and therefore not the issue that should

be at the focus of the treatment. Henri did also think that there was some room for improvement in his spouse's behavior. However, Henri took responsibility for his violent behavior and thought that it was essential for him to change.

4. DISCUSSION

Analyzing Henri's and Mikael's cases revealed that the men differed in each factor that was studied. Henri's attitudes toward women, masculinity and violence changed in a way that seemed to support non-violent behavior. In addition, he expressed high motivation for the treatment and for making changes in himself. Mikael's attitudes toward women, masculinity and violence did not change in ways that could be expected to support non-violent behavior. In addition, he expressed low motivation for the treatment and for making changes in himself. The biggest differences between Henri's and Mikael's cases were their attitudes toward women and their motivation for treatment.

4.1. Strengths and Limitations

Being a case study of only two cases, the results of this study cannot be generalized. However, limiting the study to two cases enabled analyzing them, and especially the changes along time, in-depth. Since there is still a need for exploring the nature of IPV perpetration with qualitative methods (e.g. McGinn et al., 2016; Sheehan et al., 2012), the use of a qualitative case study was well justified. The use of qualitative content analysis enabled analyzing complex data by considering the context and latent meanings.

A central risk in qualitative content analysis is the possibility that the researcher may have a need to tell a certain kind of story based on the data, and ignore meanings and connections in the data that do not support this story (Roller & Lavrakas, 2015). Since I was the only researcher analyzing the data, it was especially important to acknowledge this risk. This is why I paid a lot of attention to my own thought processes and emotions that might have affected my interpretations and came back to the data several times.

4.2. Implications for Developing Interventions for IPV Perpetrators

IPV perpetrator interventions have had poor results on average and they should be improved based on research (Aaron & Beaulaurier, 2016; Babcock, 2004). Important factors to consider when treating IPV are attitudes related to gender and violence (Flood & Pease, 2009; Herrero, Rodriguez & Torres, 2017), as well as the treatment motivation of the perpetrators (Scott, 2004; Saunders, 2008).

As McGinn et al. (2016) argue, there is a need for a more systematic way of developing these interventions. The results of this study are relevant in relation to three of these five components. Firstly, the results of this study are relevant for exploring and identifying the internal processes which lead to non-violence. In this study, it was evident that Henri, the man who had succeeded in desisting from violence and in changing his behavior, also expressed significant changes in his attitudes toward women and masculinity. I argue that the changes in these attitudes are important internal processes to consider and they deserve further research. Secondly, Henri's case offers some insight to the mechanisms that can encourage those internal processes. It seemed to be very helpful for his treatment process that he shared the treatment model's basic principles already at the first group session: he did not accept using IPV and took responsibility for making changes in himself. Thirdly, the barriers to intervention mechanisms in Mikael's case seemed to be his lack of motivation and an insufficient understanding of the treatment's principles and goals.

These results support the notion that attitudes toward women, masculinity and violence, as well as motivation, are important factors to consider when treating intimately violent men. Sexist attitudes were an essential feature in Mikael's marriage. Mikael expressed both hostile and benevolent sexism. In accordance with Hammond and Overall's (2013) study, Mikael saw his spouse as manipulative and subversive. He expressed hostile sexism when talking about women's rights as a cause of infidelity, and benevolent sexism in the way in which he only spoke positively about his spouse as a good homemaker and mother.

In addition, the results illustrate the notion that it is important to consider several factors instead of only physical violence (e.g. Buttell & Carney, 2004; Westmarland & Kelly, 2013) and to utilize spouse interviews in order to gain a more dependable understanding of the situation (Gregory & Erez, 2002). Especially in the case of Mikael, it was important to look at other factors than just physical violence in order to understand the situation and to evaluate the situation from the spouse's perspective. If only physical violence had been taken into account, the situation would have seemed

a lot better and if only Mikael's own view had been heard, the situation would have seemed completely different.

To gain a better understanding on how to best treat IPV perpetrators, perpetrator interventions should be studied and developed systematically. The results of this study offer support to viewing IPV as a gendered phenomenon. It would be useful to study the role of gender role attitudes and motivation in the treatment of IPV further both qualitatively and quantitatively. In addition, it is important to study which mechanisms in interventions encourage changes and positive development in gender-role attitudes and treatment motivation.

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