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CORRECTIONAL SERVICE OF CANADA
FAMILY VIOLENCE INITIATIVE

MEETING OF TREATMENT PROGRAM DIRECTORS
OCTOBER 26 TO 27, 1993

SERVICE CORRECTIONNEL DU CANADA
INITIATIVE DE LUTTE CONTRE LA VIOLENCE FAMILIALE

RÉUNION DES DIRECTEURS DE PROGRAMME DE TRAITEMENT
TENUE LES 26 ET 27 OCTOBRE 1993

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du Service correctionnel du Canada

Ottawa, Ontario
January/janvier 1994
CORRECTIONAL SERVICE OF CANADA
FAMILY VIOLENCE INITIATIVE

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OCTOBER 26 TO 27, 1993

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Ottawa, Ontario
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BACKGROUND

CSC's mandate under the Family Violence Initiative is to reduce the incidence of family violence among the offender population through the development of an infrastructure for family violence preventive education, treatment, and intervention programming within institutional and community-based settings. Professional training, policy development and research also represent key activities undertaken. CSC's initiatives will contribute to the protection of society by actively encouraging and assisting offenders to become law-abiding citizens, while exercising safe, reasonable, secure and humane control, as stated in CSC's Mission.

As part of the overall strategy, CSC has contracted for six treatment demonstration projects at institutional and community sites. Projects with both institutional and community components are located in Victoria and Laval. Community projects are located in Edmonton, Ottawa, Toronto, and St. John's. The aim of treatment demonstration projects is to develop, implement and evaluate, prototype treatment models suitable for the federal offender clientele. These programs have a number of differing approaches; however, all are based largely on pro-feminist theory. Programs attempt to teach offenders new skills and non-violent ways of interacting within their intimate relationships. Gender issues, as well as power and control issues and attitudes are addressed. Support services are offered to women partners of men involved in treatment. Additionally, some programs provide services for their children.

Demonstration projects located in Ottawa and Edmonton have been in existence since the Fall of 1990. Following an initial contractual period of 18 months, CSC extended the contracts for an additional period. The work of these two projects has been invaluable to the newer projects which were implemented during fiscal year 1992/93.

Funding has also been provided for special initiatives across the country, including:

- an Aboriginal treatment program at Stony Mountain Institution;
- a variety of services for federally sentenced women at the Prison for Women, Kingston, Ontario and in Prince Albert, Saskatchewan and Halifax, Nova Scotia. Most of these services focus on issues related to survivors of abuse; and
- a linkage to services within a broad social service network established in the London, Ontario area to respond to woman abuse. Services are provided to federal offenders, their partners and children.
Regional offices of CSC have also been provided with funding for innovative projects which are intended to build linkages within the local communities to enhance CSC's overall response to family violence.

MEETING OF OCTOBER 26 TO 27, 1993

From October 26 to 27, 1993, the Family Violence Initiative sponsored a meeting of CSC funded treatment project directors and staff. The following projects were represented: Victoria, Edmonton, Winnipeg, London, Toronto, Ottawa, Laval and St. John's. CSC Family Violence Regional Project Officers and NHQ Family Violence staff also attended.

The purpose of the meeting was to share information about program development and research, identify issues of mutual concern, and discuss ways of dealing with the issues raised.

Although CSC has held and plans to continue to hold bi-annual meetings of treatment project directors, it was decided for the October 26 to 27 meeting that all interested project staff would be invited to attend, in order to broaden the network of information sharing among the projects.

To focus the presentations, a list of questions was provided to the treatment program directors:

(a) Program Development and Implementation

1. describe the program development phase
2. describe the implementation phase
3. describe the referral process

In responding to the above questions, treatment program staff were asked to consider the following questions:

- what difficulties were encountered and how were these overcome;
- what issues needed to be addressed before proceeding further; and
- what strategies/mechanisms were devised to address these difficulties/issues?

(b) Treatment Process

- describe the various components of the program
- describe the changes which have had to be made to adjust to the offender clientele since program implementation
- describe any problems which have been encountered during the treatment process
- describe any additional services which were required to meet the needs of the federal offender clientele
- what components of the program have proven to be positive/useful to date?
(c) Program Monitoring - Research and Follow-up
- describe the mechanisms in place to determine program effectiveness, including a brief, non-technical summary of any research results which have been obtained to date.

(d) Plans
- describe any planned or anticipated changes to the treatment process which are foreseen in the near future in light of (preliminary) program monitoring and research results.

Copies of presentations provided by the treatment program staff, are included in this document (Appendix A). In addition to the copies of presentations which were provided by project staff, David Currie's presentation was transcribed, as it provided an interesting summary of some of the discussions over the two days. This is included with the copies of presentations. A copy of the agenda and meeting participants is also attached for information purposes (Appendix B).

ISSUES RAISED AS A RESULT OF THE MEETING

Some of the key issues raised were as follows:

1. Obtaining Appropriate Referrals: Program directors stressed the importance of working closely with CSC staff to provide them with adequate information about risk markers for family violence in order to obtain appropriate referrals.

2. Evaluating Offender Readiness for Treatment: Program staff noted that it is difficult to determine which qualities will assure offenders "successfully complete" treatment. Clients are often resistant to the treatment process and lack motivation to change. In addition to this, many drop out because their conditional release is suspended or revoked for reasons unrelated to family violence treatment (e.g., drug offence).

Many programs are looking at ways to enhance offender involvement in the treatment process. For example, the Victoria project has implemented a pre-treatment phase at a halfway house for those offenders who were seen as not ready to participate in the mainstream group process upon release. Edmonton has developed a third component to their program specifically aimed at federal offenders entitled "Making It On the Streets" which deals with typical situations offenders may find themselves in while on parole. Other programs have instituted pre-treatment educational group sessions to help the offenders become accustomed to the group process and thereby ready them for entering community programs.
3. Making Contact With and Providing Support to Women Partners: Making contact with the women partners of the offenders is seen as an essential program responsibility which contributes to the personal safety of the woman and her children. Most programs have experienced difficulty in maintaining contact with the women and only some have been successful in engaging women partners in the support groups. Projects such as St. John's and Victoria, which have linkages to existing community shelters (e.g., women's shelters), appear to be more effective than those which provide an independent service.

4. Confidentiality: Each program is required to have a confidentiality policy which outlines the conditions under which information will be shared. Women partners are often concerned about sharing information with project staff. All programs were encouraged to work closely with parole staff to ensure that safety of women and children is a priority.

5. Assessing Client Dangerousness (or Safety): Family violence programming for federal offenders is an experimental area. Assessment and treatment procedures are relatively unproven. Because of this, most program staff are reluctant to provide assessment information which would be used in release decision making, as completion of a program does not necessarily mean the offender will not re-offend. At present, most programs provide CSC with information on the number of sessions attended and the general level of participation.

Treatment for family violence is often a long-term process requiring repeated interventions at varying levels of intensity. Federal offenders may need to be exposed to material at a basic, non-threatening level to prepare them for psycho-educational programs such as the community-based treatment programs. This material is often difficult for them to internalize and may require repeated interventions. In fact, one of the programs is finding that some men are expressing a desire to become re-involved in treatment following suspension or revocation. This leads them to believe that the treatment process, as it is often interrupted, may require a number of repetitions to be effective. It is important that decision-makers are adequately informed about the limitations of experimental programs at this time.

6. Research and Evaluation Issues: There was general agreement that further refinements to the assessment and outcome measures are required. The Research and Statistics Branch held a technical meeting in Ottawa on December 8 and 9 to address this issue.
SERVICE CORRECTIONNEL DU CANADA
INITIATIVE DE LUTTE CONTRE LA VIOLENCE FAMILIALE

RÉUNION DES DIRECTEURS DE PROGRAMME DE TRAITEMENT
TENUE LES 26 ET 27 OCTOBRE 1993

CONTEXTE

Dans le cadre de l’Initiative de lutte contre la violence familiale, le mandat du SCC consiste à réduire l’incidence de la violence familiale chez les délinquants en élaborant une infrastructure pour les programmes de prévention, de traitement et d’intervention en matière de violence familiale dans les établissements et la collectivité. La formation professionnelle, l’élaboration de politiques et la recherche constituent également des activités importantes entreprises dans le cadre de l’Initiative. Comme l’indique son énoncé de Mission, le SCC, par ses initiatives, contribuera à la protection de la société en incitant activement et en aidant les délinquants à devenir des citoyens respectueux des lois tout en exerçant un contrôle raisonnable, sûr, sécuritaire et humanitaire.

Dans le cadre de sa stratégie globale, le SCC a signé des contrats en vue de l’application de six projets pilotes de traitement dans des établissements et dans la collectivité. Les projets comportant des composantes destinées à la fois pour la clientèle des établissements et de la collectivité sont situés à Victoria et à Laval. Les projets offerts dans la collectivité sont situés à Edmonton, Ottawa, Toronto et St.John’s. L’objet de ces projets pilotes est d’élaborer, de mettre en œuvre et d’évaluer des modèles de traitement qui conviennent à une clientèle de délinquants sous responsabilité fédérale. Bien que ces programmes suivent des approches différentes, ils sont tous en grande partie fondés sur une théorie proféministe. Les programmes visent à enseigner aux délinquants de nouvelles aptitudes et des moyens non violents de vivre leurs relations intimes. On traite également des aspects touchant l’égalité hommes-femmes ainsi que le pouvoir et le contrôle. Des services de soutien sont offerts aux partenaires des hommes qui suivent le traitement. En outre, certains programmes offrent des services aux enfants.


Des fonds ont également été fournis pour des initiatives spéciales entreprises à l’échelle nationale, y compris:
• un programme de traitement pour les autochtones à l’établissement de Stony Mountain;
• divers services destinés aux détenues sous responsabilité fédérale à la Prison des femmes de Kingston (Ontario), à Prince Albert (Saskatchewan) et à Halifax (Nouvelle-Écosse). La plupart de ces services sont principalement destinés aux victimes de mauvais traitements;
• un rattachement aux services faisant partie d’un vaste réseau de services sociaux établi dans la région de London (Ontario) pour aider les femmes victimes de violence. Les services sont fournis aux délinquants sous responsabilité fédérale, à leur partenaire et à leurs enfants.

Les bureaux régionaux du SCC ont également reçu des fonds pour mettre sur pied des projets innovateurs visant à établir des liens avec les collectivités locales pour accroître la portée de l’intervention globale du SCC en matière de lutte contre la violence familiale.

RÉUNION DES 26 ET 27 OCTOBRE 1993

Les 26 et 27 octobre 1993, les responsables de l’Initiative de lutte contre la violence familiale ont organisé une réunion des directeurs/trices et des employé(e)s des programmes de traitement qui sont financés par le SCC. Des représentant(e)s de Victoria, Edmonton, Winnipeg, London, Toronto, Ottawa, Laval et St. John’s étaient présent(e)s. Les agent(e)s de projet du SCC responsables de la lutte contre la violence familiale dans les régions et à l’AC étaient également présents.

La réunion avait pour objet de permettre aux participant(e)s d’échanger des renseignements sur l’élaboration de programmes et la recherche, de cerner les sujets d’intérêt commun et de discuter de moyens de régler les problèmes soulevés.

Même si le SCC a déjà tenu des réunions semestrielles des directeurs/trices des programmes de traitement et prévoit en tenir d’autres, il a décidé que la réunion des 26 et 27 octobre s’adresserait à tous les responsables de projets compétents, dans le but d’élargir le réseau d’échange d’informations entre les responsables de projets.

Une liste de questions a été fournie aux directeurs/trices des programmes de traitement pour leur permettre de structurer leurs présentations :

a) Élaboration et mise en œuvre des programmes

1. décrire l’étape de l’élaboration;
2. décrire l’étape de la mise en œuvre;
3. décrire le processus de renvoi (processus par lequel les personnes sont dirigées vers le programme)
Pour répondre aux éléments précités, les directeurs/trices des programmes de traitement devaient prendre en considération les questions suivantes :

- quelles difficultés ils/elles avaient rencontrées et comment elles avaient été surmontées;
- quels points devaient être réglés avant d'aller plus loin;
- quelles stratégies ou mécanismes ont été créés pour résoudre ces difficultés.

b) Processus de traitement

- décrire les différentes composantes du programme;
- décrire les changements qui ont dû être apportés depuis la mise en œuvre pour adapter le programme à la clientèle de délinquants;
- décrire les problèmes rencontrés au cours du processus de traitement;
- décrire tous les services supplémentaires requis pour répondre aux besoins de la clientèle de délinquants sous responsabilité fédérale;
- quelles composantes du programme se sont révélées positives et utiles jusqu'à ce jour?

c) Contrôle du programme – recherche et suivi

- décrire les mécanismes qui sont en place pour déterminer l'efficacité du programme, y compris un bref résumé non technique des résultats de recherche qui ont été obtenus à ce jour, le cas échéant.

d) Plans

- décrire les changements qu'ils prévoyaient apporter sous peu au processus de traitement, à la lumière des résultats (préliminaires) du contrôle du programme et de la recherche.

QUESTIONS SOULEVÉES À LA SUITE DE LA RÉUNION

Voici quelques-unes des questions clés soulevées :

1. Pertinence des renvois : Les directeurs/trices de programmes ont insisté sur l'importance de travailler en étroite collaboration avec le personnel du SCC, c'est-à-dire de lui fournir les renseignements pertinents concernant les indicateurs du risque en matière de violence familiale pour que les renvois soient appropriés.
2. Évaluation permettant de déterminer si le délinquant est prêt à suivre un traitement : Les responsables des programmes ont indiqué qu’il leur était difficile de déterminer quelles qualités permettaient aux délinquants de «terminer avec succès» leur programme. Les clients sont souvent réticents à suivre le programme de traitement et peu motivés à modifier leur comportement. En outre, de nombreux participants abandonnent le traitement parce que leur liberté sous condition a été suspendue ou révoquée pour des raisons non liées au traitement contre la violence familiale (p. ex. infraction liée à la drogue).

De nombreux responsables de programmes cherchent des moyens de favoriser la participation des délinquants au processus de traitement. Par exemple, le projet de Victoria a mis sur pied une phase préalable au traitement dans un foyer de transition pour les délinquants que l’on ne juge pas prêts à participer au processus général au moment de leur mise en liberté. À Edmonton, on a élaboré une troisième composante du programme destinée spécialement aux délinquants sous responsabilité fédérale, intitulée : Making It On the Streets, qui porte sur les situations courantes auxquelles les délinquants pourraient avoir à faire face pendant la liberté conditionnelle. D’autres programmes ont instauré des séances de sensibilisation de groupe préalables au traitement pour aider les délinquants à s’habituer aux discussions de groupe et ainsi les préparer à participer aux programmes offerts dans la collectivité.

3. Communications avec les conjointes pour leur fournir un appui : L’entrée en contact avec les partenaires des délinquants est considérée comme une responsabilité essentielle du programme, qui contribue à protéger la sécurité de la femme et de ses enfants. La plupart des programmes ont éprouvé de la difficulté à maintenir les contacts avec la partenaire, et seulement quelques-uns ont réussi à convaincre les partenaires de recourir aux groupes de soutien. Les projets tels ceux de St. John’s et de Victoria, qui sont rattachés aux refuges communautaires actuels (p. ex. les refuges pour femmes), semblent être plus efficaces que ceux qui fournissent un service indépendant.

4. Confidentialité : Chaque programme doit avoir sa politique en matière de confidentialité qui énonce les conditions régissant la communication de renseignements. Les partenaires sont souvent réticentes à fournir des renseignements aux responsables du projet. Il faut que tous les employés affectés aux programmes travaillent en étroite collaboration avec les agent(e)s de liberté conditionnelle pour s’assurer que la sécurité des femmes et des enfants constitue une priorité.
5. Évaluation de la dangerosité (ou de la sécurité) des clients : Les programmes de lutte contre la violence familiale offerts aux délinquants sous responsabilité fédérale en sont encore au stade expérimental. Les procédures d'évaluation et de traitement n'ont pas encore fait leurs preuves. C'est pourquoi la plupart des responsables de programmes hésitent à fournir les renseignements concernant les évaluations pouvant servir à la prise de décisions en matière de mise en liberté, car le fait qu'un délinquant ait terminé son traitement ne veut pas nécessairement dire qu'il ne récidivera pas. À l'heure actuelle, la plupart des programmes fournissent au SCC des informations sur le nombre de séances que les délinquants ont suivies et sur le taux général de participation.

Le traitement de la violence familiale représente souvent un long processus nécessitant de nombreuses interventions à divers niveaux d'intensité. Il peut arriver que les délinquants sous responsabilité fédérale aient d'abord à assimiler des notions de base, sans conséquences, pour se préparer à suivre des programmes psychoéducatifs tels les programmes de traitement offerts dans la collectivité. Ces notions sont souvent difficiles à assimiler et peuvent nécessiter plusieurs interventions. En fait, les responsables d'un programme donné ont constaté que certains hommes exprimaient le désir de participer à nouveau au traitement après la suspension ou la révocation de leur liberté sous condition. Cette tendance indique que le processus de traitement peut nécessiter un certain nombre de répétitions pour être vraiment efficace, étant donné que ce processus est souvent interrompu. Il importe que les décideur(e)s soient bien informé(e)s des limites que présentent à l'heure actuelle ces programmes expérimentaux.

6. Recherche et évaluation : Tous se sont entendu(e)s pour dire qu'il fallait apporter d'autres améliorations aux instruments d'évaluation et de mesure des résultats. La Direction de la recherche et des statistiques a tenu une réunion technique les 8 et 9 décembre derniers à Ottawa pour discuter de ce sujet.
ATTENDEES / PARTICIPANTS
ATTENDEES
TREATMENT PROGRAM DIRECTORS’ MEETING
FAMILY VIOLENCE INITIATIVE
CORRECTIONAL SERVICE OF CANADA
October 26 to 27, 1993

FEDERAL GOVERNMENT/
GOUVERNEMENT FEDERALE:

Correctional Service of Canada: National Headquarters

Wanda Jamieson, Administrator, Family Violence Initiative
Lisa Watson, Senior Project Manager
Caroline Cyr, Senior Project Manager
Angela Knoll, Project Officer
Jo-Anne Taylor, Research Officer

Regions

Natalie Fullerton, Regional Project Officer
Louise Dubreuil, Regional Project Officer
Gail McCarthy, Regional Project Officer
Nancy Gitzel, Regional Project Officer
Judith Lawrence, Regional Project Officer

Marielle Mailloux, Montée St François
Gertie Witte, London Area Parole Office
Steve Kolotinski, Stony Mountain Institution

External to CSC

Elaine Scott, Director, Family Violence Prevention Division,
Health Canada
Suzing Hum, Senior Project Officer, Policy Branch, Solicitor
General Ministry Secretariat
Karl Hanson, Senior Research Officer, Policy Branch, Solicitor
General Ministry Secretariat

EXTERNAL AGENCIES
Treatment Program Directors and Staff

NOTE: See attached lists for names, telephone numbers and
addresses of treatment program directors and staff

Victoria Project
Victoria Family Violence Project

Alayne Hamilton
Sue Fleming
Mike Hodgkinson
Edmonton Project
Alberta Hospital Edmonton

Richard Laws
Tom Gorman

Aboriginal Project
Ma Mawi Wi Chi Itata

Sharon Perrault

Ottawa Project
John Howard Society Ottawa

Marilyn Van Dieten
Ida-Jane Graham
Jill Retinger
Mary Thornton
Brad DeLong

London Initiative Against Woman Abuse
  • Changing Ways
  • Battered Women's Advocacy Centre (BWAC)

Susan Boshart - Changing Ways
Julie Lee - BWAC
Ruth Lapp - BWAC

Laval Project
Option

Clément Guèvrement
Daniel Fortin

Toronto
John Howard Society Ottawa

David Currie
Nathan Pollock

Newfoundland
Institute of Human Resource Development

Rick Browning
Andy Rowe
Kim Dreddy
Michelle Hawco
PARTICIPANTS À LA RÉUNION DES
DIRECTEURS DES PROGRAMMES DE TRAITEMENT
INITIATIVE DE LUTTE CONTRE LA VIOLENCE FAMILIALE
SERVICE CORRECTIONNEL DU CANADA
tenue les 26 et 27 octobre 1993

GOUVERNEMENT FÉDÉRAL

Service correctionnel du Canada : Administration centrale

Wanda Jamieson, Administratrice, Initiative de lutte contre la violence familiale
Lisa Watson, agente principale de projet
Caroline Cyr, agente principale de projet
Angela Knoll, agente de projet
Jo-Anne Taylor, agente de recherche

Régions

Natalie Fullerton, agente régionale de projet
Louise Dubreuil, agente régionale de projet
Gail McCarthy, agent régional de projet
Nancy Gitzel, agent régional de projet
Judith Lawrence, agent régional de projet

Marielle Mailloux, Montée St François
Gertie Witte, Bureau sectoriel de London
Steve Kolotinski, Stony Mountain

Extérieur du SCC

Elaine Scott, Directrice, Division de la prévention de la violence familiale, Santé Canada
Suzing Hum, agente principale de projet, Secteur des politiques, Secrétariat du ministère du Solliciteur général
Karl Hanson, agent principal de projet, Secteur des politiques, Secrétariat du ministère du Solliciteur général

ORGANISMES DE L'EXTÉRIEUR
Directeurs/trices et employé(e)s des programmes de traitement

NOTA : Consulter les listes ci-jointes des noms, numéros de téléphone et adresses des directeurs/trices et des employé(e)s des programmes de traitement.

Projet de Victoria
Projet de lutte contre la violence familiale de Victoria

Alayne Hamilton
Sue Fleming
Mike Hodgkinson
Projet d’Edmonton
Alberta Hospital Edmonton

Richard Laws
Tom Gorman

Projet pour les autochtones
Ma Mawa Wi Chi Itata Centre Inc.

Sharon Perrault

Projet d’Ottawa
Société John Howard d’Ottawa

Marilyn Van Dieten
Ida-Jane Graham
Jill Retinger
Mary Thornton
Brad DeLong

London Initiative Against Woman Abuse
• Changing Ways
• Battered Women’s Advocacy Centre (BWAC)

Susan Boshart - Changing Ways
Julie Lee - BWAC
Ruth Lapp - BWAC

Projet de Laval
Option

Clément Guèvremont
Daniel Fortin

Toronto
Société John Howard de Toronto

David Currie
Nathan Pollock

Terre-Neuve
Institut de perfectionnement des ressources humaines

Rick Browning
Andy Rowe
Kim Dreddy
Michelle Hawco
Names / Addresses / Telephone Numbers
Noms / Adresses / Numéros de téléphone

CSC Family Violence Initiative
Treatment Demonstration Projects

Projets témoins de traitement du SCC
Initiative de lutte contre la violence familiale
FVI - CSC
ST. JOHN'S, NEWFOUNDLAND PROJECT PERSONNEL

RICK BROWNING ........................................ Project Manager
MICHELLE HAWCO ..................................... Project Coordinator
KIM DREADDY ........................................ Women's Counsellor
ANDY ROWE ............................................ Evaluator
AMY LUSH ............................................... Secretary/Reception

Contract through:
Institute for Human Resource Development
321 Hamilton Ave.
St. John's, NF
A1E 1K1

December, 1993

Rick Browning, MSW    Rick Morris, MSW
321 Hamilton Avenue
St. John's, NF • A1E 1K1
(709) 754-3107
FAX: (709) 754-3188
Programme Contrecoups
L'établissement Montée St-François
Laval (Québec)

Rechercheur principal  Daniel Fortin
Agente de recherche  Annie Duveault

Formation et  Clément Guévremont
thérapie  Guy Ouellet
FAMILY ENRICHMENT PROGRAM

JOHN HOWARD SOCIETY OTTAWA

Dr. Marilyn Van Dieten  Supervisor
Jill Rettinger  Researcher
Ida-Jane Graham  Counsellor
Brad De Long  Counsellor
Mary Thornton  Counsellor
Eve Obas  Office Administrator

ADDRESS:  933 Somerset Street West
            Ottawa, Ontario
            K1R 6R8

Tel. #: 613-594-5110
Fax #: 613-236-6594
OPPORTUNITIES PROGRAM

Personnel

Sherry Kulman  -  Executive Director, JHS
                -  Project Supervisor
Nathan Pollock  -  Director
David Currie  -  Program Coordinator
Peter Sheridan  -  Research Administrator
Sharlene Wiznuik  -  Secretary
Liz Vitek  -  Group Facilitator
Mary Roberts  -  Group Facilitator

A branch of the
John Howard Society of Ontario

A United Way Member Agency

SW:30/12/93
6 January 1994

Angela Knoll
Correctional Services Canada
340 Laurier W.
Ottawa, Ontario
K1A 0P9

Dear Ms Knoll:

As per your request, here are the names of staff here at B.W.A.C. who will be working with CSC clients:

Julie Lee, Executive Director
Ruth Ram, Executive Assistant/Program
Beth Osthoff, Counsellor/Advocate
Louise Karch, " "
Ruth Lapp, " "
Cheryl Champagne, " "
Janet Costello, " "

Sincerely,

[signature]

Ruth Ram
Executive Assistant/Program

A service for all battered women who seek support to end the violence in their lives.

69 WELLINGTON STREET, LONDON, ONTARIO, N6B 2K4 • (519) 432-2204 (TDD) • FAX: (519) 679-3918
December 13, 1993

CHANGING WAYS (LONDON) INC.

PERSONNEL

Rod Watson 	 Executive Director
Rebecca Terry 	 Administrative Co-ordinator
Jodi Shoebottom 	 Support Staff
Suzanne Boshart 	 Group Counsellor
Paul Jubenville 	 Group Counsellor
John Miedema 	 Group Counsellor
Charles Wilson 	 Group Counsellor
Kathi Phillips 	 Women's Contact Co-ordinator
Evelyn Silveira 	 Volunteer Co-ordinator

(placement students, 1993/94 - Melanie Koch-Nichol, Diane Donaldson)

Telephone Number: (519) 438-9869
Address: 
205 Horton Street
London, Ontario
N5B 1K7
MA MAWI WI CHI ITATA CENTRE
FAMILY VIOLENCE PROGRAM

Sharon Perrault - Project Director

Robert De Coste - Co-facilitator
Men's Closed Group
Stony Mountain Institution

Beverly Wilson - Co-facilitator
Men's Closed Group
Stony Mountain Institution

Address: 338 Broadway
Room 505
Winnipeg, Manitoba

Telephone: (204) 925-0300
Facsimile: (204) 946-5042
Personnel

D. Richard Laws, Ph.D., C.Psych. 
Program Director

Tom Gorman, R.P.N. 
Lead Therapist

Kathy King, M.S.W., R.S.W. 
Coordinator, Women's Support Group

Rosemary Moulden, M.Ed. 
Therapist

Barbara North-Tolley 
Secretary
20 December 1993

Angela Knoll
Project Officer
Family Violence Initiative

RE: TREATMENT PROGRAM DIRECTORS, OCTOBER 1993

Those attending from the Victoria Family Violence Project, Healthy Relationships program, were:

Alayne Hamilton      Executive Director        2541 Empire St.
                    Victoria, B.C. V8T 3M3   604-380-1955

Susan Fleming        Counsellor              same

Mike Hodgkinson      Counsellor              same
AGENDA / ORDRE DU JOUR
AGENDA
TREATMENT PROGRAM DIRECTORS’ MEETING
FAMILY VIOLENCE INITIATIVE
CORRECTIONAL SERVICE OF CANADA

GOVERNMENT CONFERENCE CENTRE
Centennial Room
2 Rideau Street
Ottawa

Tuesday, October 26, 1993

8:15 - 8:45  Coffee
8:45 - 9:00  Welcome and Introductions
       .  Wanda Jamieson
9:00  Presentations by Treatment Programs
9:00 - 10:30  Institute of Human Resource Development
               Family Violence Initiative Project
10:30 - 10:45  Coffee
10:45 - 12:15  Victoria Family Violence Project
               Healthy Relationships & Community Program
12:15 - 1:15  Lunch: Will be provided at the Conference Centre.
1:15 - 2:45  Ma Mawi Wi Chi Itata
               Men’s Healing Circle
2:45 - 3:00  Coffee
3:00 - 4:30  John Howard Society Ottawa
               Family Enrichment Program
               Case Study
Wednesday, October 27, 1993

8:30 - 9:30 Research and Statistics: Jo-Anne Taylor, Research Officer
Discussion of standardization of assessment measures for treatment demonstration projects.

9:30 - 10:45 Alberta Hospital Edmonton
Interpersonal and Family Skills Program

10:45 - 11:00 Coffee

11:00 - 12:30 London Initiative Against Women Abuse
Changing Ways
Battered Women's Advocacy Centre

12:30 - 1:30 Lunch: Will be provided at the Conference Centre.

1:30 - 3:00 Option
Contrecoups Program

3:00 - 3:15 Coffee

3:15 - 4:45 John Howard Society of Metro-Toronto
Opportunities Program

4:45 - 5:00 Wrap-up
Wanda Jamieson
Note aux directeurs de programmes: Prière de fournir une copie originale de votre présentation aux fins de publication des actes de la rencontre.

Le mardi 26 octobre 1993

8 h 15 - 8 h 45  Pause-café

8 h 45 - 9 h 00  Allocution de bienvenue et présentation de l'ordre du jour
               Wanda Jamieson

9 h 00  Présentations des Programmes de traitement

9 h 00 - 10 h 30  Institute of Human Resource Development
                   L'Initiative de lutte contre la violence familiale

10 h 30 - 10 h 45  Pause-café

10 h 45 - 12 h 15  Victoria Family Violence Project
                   Healthy Relationships & Community Program

12 h 15 - 13 h 15  Déjeuner servi au Centre de conférence

13 h 15 - 14 h 45  Centre Ma Mawi Wi Chi Itata
                   Le Cercle de vie des hommes

14 h 45 - 15 h 00  Pause-café

15 h 00 - 16 h 30  Société John Howard d'Ottawa
                   Programme d'enrichissement familial
                   Examen des cas
Le mercredi 27 octobre 1993

8 h 30 - 9 h 30 . Direction de la recherche et des statistiques : Jo-Anne Taylor, agent de recherche. Discussion relative à la normalisation des méthodes d'évaluation des projets pilotes de traitement.

9 h 30 - 10 h 45 . L’Alberta Hospital d’Edmonton
Interpersonal and Family Skills Program

10 h 45 - 11 h 00 Pause-café

11 h 00 - 12 h 30 London Initiative Against Women Abuse
Changing Ways
Battered Women’s Advocacy Center

12 h 30 - 13 h 30 Déjeuner servi au Centre de conférence

13 h 30 - 15 h 00 Option
Programme Contrecoups

15 h 00 - 15 h 15 Pause-café

15 h 15 - 16 h 45 Société John Howard du Grand Toronto
Opportunities Program

16 h 45 - 17 h 00 Séance de clôture

. Wanda Jamieson
Transcript of:

David Currie's Presentation

Opportunities Program
I have jotted some notes in the last two days from the comments that other people have made that I think will reflect how I think about some of the work that I’m doing.

One of the things I have thought about today was looking at my entry into this work. Somebody was talking about a murder/suicide incident. I remember a period of time in 1978 when, over a series of weeks in Toronto, there were a number of murder/suicides in the newspaper. I wasn’t working in the violence field at all, I was a generic family service worker at an agency doing individual and marriage counselling. In the newspaper they had these stories about a man - his wife leaves him - he had been abusing her physically. He goes to her apartment and douses her and himself with gasoline and lights everything on fire. They are both dead the next day. The next week there was another story involving a gun and a shooting incident. I was so distressed by the stories I was reading, for two reasons: Firstly, because of the obvious fact that people’s lives had been taken but also, because I did not understand the behaviour. I didn’t understand how people could become so distressed or unhappy
(what I thought then was distress or unhappiness) that they would actually
take someone else's life and then their own. This behaviour was so far off
the continuum of human behaviour from anything that I had ever known or
worked with up to that point. I became very interested in doing some
work in an area where this kind of thing was happening. Secondly, I
started and maintained my interest in this work because it involves
working with men. I like working with men, even though they do lots of
things which are dangerous and destructive, both to themselves and others.
There are aspects of being male that most men identify with. It is one of
the reasons that being male is a useful attribute to working with men.

When I wrote the Abusive Husband in 1988, I spent a lot of time on the
title. I called it "an" approach to intervention. For instance I continue to
hear, as I have in the last two days, about the similarities and differences
among our programs. I have heard an awful lot of what I would think is
appropriate for a program of this nature. I think what we have discussed
over the last two days takes into account the building controversies in this
field, the different points of view that we have. Although I have one, it
becomes increasingly less clear to me what the specific things I might do
as a group leader, or as a speaker or as a workshop facilitator that actually
create any positive change. I think there are some things, but I don't
really know whether these are the factors that move a man in the right
direction or provide him with the information he needs. It is possible that these men were thinking that anyway and the intervention helped to make a change happen in some fashion or another.

I called it an approach to intervention because it’s also subject to change. I do different things now, to some extent, than I would have in 1988. I have learned things in the last two days that I hadn’t ever thought of before or put ideas together in different ways. Working with this clientele has certainly been a new challenge. I had more of a non-legally mandated clientele before - this is the most difficult group that I have ever had.

I find it necessary to make a statement about my values on this. I entered into this field because I was so distressed about the violent things men were doing towards women, particularly in their own homes. I feel a strong and ongoing commitment that my work contribute in some way towards the reduction of male violence towards women. There are many areas in this field that I can’t work in - I don’t have the time nor do I have the capacity.

I undertook to have some involvement in the development of men’s programs years ago; there are many more people involved in it now and I think this is helpful. I know that there are many men who I have seen, who have gone through programs that I have run, who have not changed whatsoever. What I’m interested in are the things that I could do
differently, or other programs could do differently, that might have a different outcome. I constantly maintain this as a question because to not do so reminds me of research that says: if this fellow doesn’t get some form of intervention, we know that he picks another partner. He’ll do it to her too or he’ll continue to do it to his same partner.

When we discuss whether or not this kind of work is effective, I say that I know that not doing anything is ineffective. I know that it takes money and time to investigate and run demonstration projects. However, whether we’re talking about treatment or therapy or counselling or education, we’re talking about a process of change.

One of the things that came up in the last couple days which comes up for me all the time is looking at the purposeful nature of this kind of behaviour. If I was to say "What kinds of things would I want to get on a horse about", I’d say "Let’s get on a horse about the fact that this is not a behaviour that people are accidentally kind of doing and they had difficult childhoods and alcohol problems that contributed". All of these things are important; I even address some of them in group. I’m just not convinced that it helps to activate a process of change to deal with that in a group. It may be important for other reasons, but I have seen men make some changes when we didn’t spend any time on family background. I have met with a number of men who did not have a violent background (either violence directed at them or witnessing violence as a child). I take, for
example, the Conflict Tactics Scale. One of the things that’s not asked about is the impact of the man’s behaviour on the woman. For instance, what is the nature of her feelings - feeling threatened or fearful of what has happened to her.

We have men who tell stories in group when we talk about the different types of abuse. They think the things that their wife or partner did to them are funny: "Well, you should see her, you know, she’s really violent. She came running at me and threw that thing at me and I ducked and it went whizzing by and knocked the phone off the wall". They’ll have a chuckle about that. Or they may say something like: "my wife tried to get me out of the way once too, but you know, 5’3". - what’s she going to do". The rest of them will look and smile and chuckle at that. They are so self-righteous about all the things their wives are doing to them. The important difference is that they don’t experience the kind of fear or threat that their wives feel when they behave abusively towards her. I’m still at the point about their purposeful behaviour and watching their reactions. This tells me something about the causes of their behaviour.

I think one of the other things that is related to this is the whole aspect of pornography. Last night I saw TV Ontario showing pornography - talking about the sex videos that are more and more becoming popular depicting children and women and so on. There are a couple of videos in which
some fellow and his wife or partner have placed a camera in their bedroom and they have sex. This video gets done and goes to the local video store. This is an American state where this is done and the fellow who runs the store was describing it and what a good idea it is. He says that this is such a good thing for couples because of what it will do if they buy this video or rent this video - it will increase the intimacy they have and improve their sex life. I'm outraged to hear this sort of thing in 1993. I'm not surprised at all to hear it, it just outrages me to hear it because the basis of the interest in that sex video has more to do with power and money. In fact, it only has to do with power and money - it's totally unrelated to sex and the improvement of intimacy in your sex life. This is just a small example of what I think is part of a very large picture that we continue to cover in our group, not just in our group, but also in the public speaking we do.

I think that the men that come to us have many problems, and federal clients have more problems than some of the other men we have worked with. I am yet to be convinced that the behaviour they demonstrate towards women is out of their control. I feel quite strongly about this. I'm not suggesting either that there are no exceptions or that people may have different views about this in their programs. However, in the 14 years that I have been doing this, if I could say one thing about this behaviour, it's that it is so much under the man's control. There are people who indiscriminately, under the influence of alcohol or not will go
out and strike other people but this is not even the fellows we're talking about in our group. This is my point about the purposeful nature. We continue to address that.

Shifting to another point, this morning the whole idea came up about the qualities of a good program. I have written some things down today that would strike me as being the qualities of a good program. One of them would be that all forms of abusive behaviour be recognized. That a man deals, of course, not just with physical abuse, but with other types of abuse as well. My experience is that most programs do this now. The reason I mention it, is that we get a lot of flack from the men that we work with when we move away from any physical description of abusive behaviour. "Everybody does that" or "women can do that too, you know". Missing the battering part of it, that is, the systemic nature of abuse, the planned nature of abuse over a period of time which can undermine someone's self-esteem. This is a form of battering. But it's a planned formed. The man doesn't sit down and write it down on paper but it occurs slowly over a period of time with a particular desired outcome.

I also believe that a program should have safety of women and children as the primary value of the program. If, at any point in time there is a threat to safety, this is the most important issue to deal with.
Another aspect of an effective program is that it constantly asks questions about its own effectiveness. I do this to this day; I would never stop doing it. Only when I was twenty did I think that there were no more questions; I had all the answers. Now I have questions about lots of things, new questions all the time. When I come here and I hear people talking about different kinds of things, I think: "Wow, maybe that’s something we could do in our program". Sometimes, I am working with a man who seems to come week after week and he says things in the group that make me think that maybe I have been letting him get away with things; I’m going to go after him the next time I hear that, and so on. I’m constantly saying I’m sure that there are a lot of things that I miss or am not effective at doing and therefore I can do something about trying to remedy that.

What about a program which recognizes and acts on the whole idea of the social context? Do we make references to gender in our program, to the gender differences that we see and understand in the research, and to the behaviour that we talk about in our programs and that the men mention constantly? And, do we take this outside of our program in terms of the staff training and workshops that we facilitate or participate in? I think this is critical. If we had a contract to work with a 100 men a year and that was all that we were supposed to do over the next 10 years, it would be a wonderful contract, but it would be totally useless in altering violence
against women. It might be helpful to some men but if we were not taking it further to say there are additional factors to consider, we are missing the mark.

I have heard a lot of comments from people here, in particular, Julie Lee. I find a lot of her comments very refreshing. They keep us mindful of the social context. I will tell you I was somebody who was dragged a little bit into an awareness of the importance of social context. In 1979, I thought that this was irrelevant. Now I don't know how to do good work without addressing it. That didn't take long, but I remember the first couple of years thinking "oh no, here we go again". I didn’t have this as an aspect of my thinking and therefore it wasn’t included as part of my work. Additionally, I wasn’t trained that way. Well, it was some of the best training I had to recognize violence as a primary problem requiring primary intervention not as a symptom of some problem.

I think it is always a challenge that as part of a men’s group we ask ourselves what we are doing in the community to ensure our program has some kind of prevention activities. If there’s no time or money to do that, that’s a reality in some programs. Some of the work that I do now inside of and outside of this contract includes prevention in the high schools. If I had a certain amount of money to work with and I could do only one thing with it, I’d use it for curriculum changes in the schools. It’s not the only
thing, but maybe I also need to be working at a different level than always working with a men who have already been abusive. I like to work with young students who are headed towards this.

What about input into a program? What about what actually happens in group? Now some of this stuff we've written up and brought here, it will be in the proceedings, so we won't go into that in any great detail. My opinion about it though is whether we have short term or long term groups, we are still having some kind of effect. Some of the excellent research from the Duluth project shows that differences were not demonstrated in the outcome measures that they used to evaluate their 12, 32 or 36 weeks groups. When I hear today that people have programs of 20 weeks or more, having 12 seems awfully small.

Let's go back a step and ask first of all, what is it that we think is causing the behaviour. This will determine an awful lot of what we do to assist in the change process. If you think it's a communication problem you don't have men's treatment groups, you have couples groups. Get her to talk better to him because that's part of the problem. If you think it's an interaction problem, if you think it's a biological or testosterone problem maybe you get a CAT scanner and deal with the guys brain and alter his testosterone level. That's one of the things in the pornography show last night. A professional person, who had a whole bunch of letters after their name, was talking about levels of testosterone - that this was really the
cause of men's aggressive sexual drive towards women. Really! So, we always have to be aware of the thoughts we have about why a man will physically abuse his wife and all the other things that he will do to her. This will have a very direct bearing on what we will say and do with the men when they are sitting in front of us in a room or when we go to talk to a group of students. It will also affect how we behave and act in our own personal lives. This also relates a little to who will be working with men like this. We don't have criteria saying who can lead groups and who can't. But, if you ask me about the effectiveness of a group leader, I think it's important they have a few qualities. For instance, they should have some awareness of these issues in their own lives and how they managed to deal with themselves as a man. They have looked at their behaviour towards women and the way they think about women and how they treat them. I think these are relevant factors in terms of effectiveness.

Just one other thing we talked about earlier was assessment of dangerousness and risk factors. Nathan spoke about this too, as have others. We'll often get asked how do you tell if this man has made substantial changes or is he still a risk. I look at this in a similar way to the way I address this issue in terms of working with somebody who may be suicidal. If I am asked a question about it, I turn it around in a different way so that I would answer a question like this not in terms of what did they do to demonstrate dangerousness but what have they done
that demonstrates safety? If a man has made good changes, he hasn’t done anything abusive in eight months. He’s been through the program, has participated well. We may still say that he hasn’t actively demonstrated that anything is different from the way it was before. I don’t mean that he’s kind of said and done the right things, a lot of men in our group do that and I don’t think they’ve made any changes at all. But unless we have something that relatively assures us of someone’s safety, I assume things are the same way they were before because there hasn’t been any active demonstration, any more than just outward behaviour.

I have worked with some men who, over a period of time, have made very substantial changes. They talk different and they behave very differently towards their partners, their whole way of describing things and acting is very different than it was before. I like to err on that side and I do this in suicide work too. If someone’s says "I don’t really know whether they’re going to - they kind of said this and that", I say "unless you have something they’ve said or done that has relatively assured you that they are going to wake up tomorrow morning, I would call the police now". Go on that one. Don’t think "well, he said two things out of the five". I’d investigate on the basis of one, I might call somebody on the basis of two because I don’t want to read about them in the paper and know that I thought that maybe they would be O.K. because they didn’t say such and such. But they did say that they had paid off all their bills yesterday, they had no need to do that and they were writing a lot of
letters and they have not looked so well lately. You know, those are fairly big clues. They didn’t say anything about dying though! But don’t wait for that. Unless I have a sign about something, such as "oh no, I was just talking about that but I wouldn’t do anything, I’ll see you next week". This is half a sign that somebody’s going to be there next week. But, they had to demonstrate that to me. That’s just a point around the issue of dangerousness because I know most of our predictions can be wrong. I’d rather work with things that will tell me they are safe. To not have those doesn’t mean they are dangerous but for me it’s better to go after these signs than looking for signs of dangerousness because that gets us back to the purposeful nature of the behaviour. This behaviour is too easy to hide and cover and part of my experience in growing up as a male is knowing how much men do this.

Back to the purposeful nature of this behaviour; this stuff is not an accident. You want to make changes, usually all the guy has to do is decide that he wants to make a change. I’m not suggesting that for the groups with offenders. There are many more problems to look at and I would not for a minute want to oversimplify it. I just find that this factor gets underplayed a lot and I have seen this in men who have made changes. I have had some men describe it and I think that’s all they needed. It’s one of the reasons I think that earlier on when we said that men who are on a waiting list, or go through a group program, they stop being physically abusive within the first six weeks. You actually find in
the three weeks prior to when they even had the first group session that there was no abuse. Now what’s all that about? Why is he stopping being physically abusive before he’s even attended session one? All we can make the point about is the understanding of this behaviour. I won’t harp on it too long. There are some things in our program, some details we can go into later.

One of the things we are dissatisfied with, I’m quite dissatisfied with, is our program for the women partners. I have had this reinforced more in the last two days. We want to be able to have some contact with them. which is why I asked the question yesterday - "Can the person who’s doing the work with men be the person who is having contact with the women?". We are going to pursue this further because if it’s not going to be me, it’s going to be somebody else whether a female staff at the agency where we are conducting this project or women’s services or programs in the community. We are not satisfied at all that we are addressing the safety issues. We don’t have enough contact with them. I consider they are not coming in or they are missing appointments or agreeing to something and not following through not as their problem. I consider it as my problem in running this program. We need to find a different way to meet their safety needs. We don’t drop them at any point because that would go against our basic value that this program has to, and every program should have to, address the issue of women’s safety. We clearly have some difficulties in how we have tried to do this so far. But this is
like those questions again, I can say, "well they’re awfully hard to get involved in the program", but that doesn’t help them much. I won’t try the same thing again, I’m going to try something different and I’ll try something different until I’m satisfied that we have provided in one way or another for the safety of the women, given the men we’re seeing.

The last piece about community involvement is that it is important that a group program doesn’t run in isolation from other things that are going on in the community. This can be as small as the rest of the community knowing that the program is there to get information from or refer to. But it can be wider than that in terms of outreach. We are in the process of involving three women’s services/programs in Toronto to review some of the material that we are providing to the women partners and to get their opinion about how we can best address their safety needs.

We are also members of a group in Toronto where all the men’s group leaders meet every month. Thus far, we’ve presented one workshop on dangerousness and assessing dangerousness. Some of the factors and so on, not the opinions of whether somebody is going to be violent or dangerous. I think this is always an ongoing need. It keeps us up to date on what other programs are doing and some of the most recent research. It’s like coming to this program or to these two days except up here I get to meet with people who are doing the same kind of thing across the country. We have not had much chitchatting and to hear you do things
independently, I think "wow, we've been doing that too and we haven't even talked". You found that out on your own and so did we. We are doing some similar things or we are doing some very different things. This is a rich way of not having a program conducted in isolation from others in the community.

We are going to talk about some future goals in a few moments so just one last comment before I pass this back to Nathan. In 1987, when I attended the Research and Clinicians conference at the University of New Hampshire which was held every four or five years, the Dobashes were there. I met with them for several days and they were in and out of workshops and lots of presentations. They were two of the most refreshing people I had ever met in this field and I learned immensely from them during that time. One of the things they described in terms of evaluating a program was "whatever work you do in this field, ask yourself this question: how is the work you are doing contributing to any changes in the every day life of assaulted women?". And always since that time I have kept that as one of the things to think about - "what contribution does this make towards improving the every day life for an assaulted woman?".
Institute for Human Resource Development

St. John’s, Newfoundland
SUMMARY OF PRESENTATION
TREATMENT PROGRAM DIRECTORS’ MEETING
Institute for Human Resource Development
St. John's, Newfoundland

Introduction
One of the important features of the project is the emphasis placed on our links with other key players within the community, both related to the project and the issue of family violence. In particular, our links with the St. John's CSC is of prime importance. We believe that providing a treatment program for clients from the correction system necessitates close collaboration between the two areas at the same time being able to clearly differentiate the treatment boundaries from the mandate of corrections, i.e., safety and protection of the public. It is important that the information shared with corrections does not cross the lines of confidentiality except when the issues of safety and protection are concerned.

The project also has close ties with the residential community centres where many of the participants are living, the women's program, group leaders, and a network of community agencies that provide services to federal parolees. In a community the size of St. John's the project plays an important role in contributing to a broader resource base of skilled group workers. Maintaining this broad resource base ensures that the project is not isolated from the rest of the community.(see figure 1. a and b)

We also believe that we cannot deliver a treatment program for men without providing a program that addresses the needs of their female partners. We have therefore established a model that provides direct services to both men and women but the organizational structure for both programs is quite separate. While there is a close working relationship between the men's and women's program the staff in the men's program do not work with their women partners. We believe a model that is housed under the same organizational structure creates both ethical and practical conflicts for both the staff and the women.
Formal Links to Women's Program and CSC St. John's Office

Formal and informal links have been well established with the local community CSC office. It was felt from the inception of the project that the success of the program was closely tied to our collaboration with parole officers. Early in the program's development, orientation sessions were held with all parole officers and parole supervisors. Most CSC personnel were known to the project staff and they were initially receptive to the project. CSC designated one of the parole officers as a liaison officer to the project and she is responsible for soliciting referrals, advising staff of group start dates and ensuring file information is forwarded to the project. Monthly meetings are held with the liaison officer and parole supervisors to keep both groups updated on the project status and discuss any issues that arise.

Daily contact is maintained with parole officers to discuss individual cases. Up to this point in the project 80 referrals have been made to the program and their status is constantly changing. Parole officers contact the project coordinator when any new information about the case arises, to advise of a suspension, revocation, or a release, and to obtain information about a client's progress in group.

Parole officers also attend case conferences with the client and the project coordinator. Case conferences are held at various times during the program, usually after the education group and after the first phase of the treatment group. This process has become an important component of the project. At this time clients have the opportunity to provide feedback on their experience in the group and set goals for future involvement with the program. Parole officers are also informed as to the general content of group sessions and become better informed of the issues related to family violence. They can determine how the client's participation relates to their overall case management plan.

Limits of confidentiality are clear to clients upon entering the program. Any violations
of parole conditions, or admission of any criminal activity, or any threats to another person or himself are reported to CSC. Specific issues related to their ongoing treatment plan are not reported to parole if they are not pertinent to the safety and protection of the women and children. Reports of overall progress in the program are forwarded to parole in a monthly report and during case discussions.

Links with the CRC's have also been well established with the project. Many of the clients who are referred to the program are usually on Day Parole and are living in a half-way house for a period of time. Maintaining contact with House staff on a regular basis has proven useful in monitoring a client's progress. At one centre, case consultations are held every week or two with the house counsellor, the parole officer, and the project coordinator.

Links to the Women's Program
It was established from the beginning of the project that the men's and women's components would be two separate programs. Initial contact with the women's program is made when a referral is made to the project. When an offender is referred, the name of his partner or former partner is also included. Her name is forwarded to the women's counsellor. During that time any relevant information regarding the offender is also provided. This information would include his status within CSC, where he is living, his program status and the nature of abuse that has occurred in the relationship (gathered from him and the files). The women's counsellor requires this information to assess the safety of the women. For example, if she knew the offender had a history of physical violence against his partner, and was living in the home, she would wait to call when he was not at home.

Regular contact is maintained to determine status of offenders in the program. The women's counsellor is informed if there is a suspension, a release of commission of a new offence, or any information that could jeopardize the safety of the women and children.
The relationship between the two programs also includes professional consultation. The women's counsellor essentially works in isolation even though she is connected with the women's shelter. She does not discuss any of her cases with shelter staff. Some issues addressed with the project coordinator include issues of safety, contact with parole officers, her role and expectations of others, issues of family violence. Lines of confidentiality are clear: no information regarding clients is shared and any disclosures by the men or women of parole violations or commission of new offenses is shared with CSC.

Organizational Links Related to the Women's Program
As seen in figure 2.c the women's program is linked with various agencies but remains autonomous. Working relationships with other agencies is vital to the success of this service, but clear boundaries are also essential. It is felt that these boundaries have been established, and are reflected by the number of women who have and are availing of the service.

As mentioned previously the women's program is situated in the administration offices of the local transition house. The shelter provides accommodations and some administrative support to the program. The women's shelter is also easily accessible to any women who are in need of safety or protection. The women's counsellor is actively involved in presentations to various agencies and groups, representing the Project and Iris Kirby House.

The women's counsellor has become somewhat of a consultant to the local CSC. On many occasions parole officers call her to seek information and clarification on issues of family violence. Parole officers often call to seek advice when they are dealing with crisis situations and are unsure as how to respond. They are struggling to become more sensitive to the dynamics of family violence and are interested in learning how to better assess and evaluate these issues.
A number of women have asked the women’s counsellor to act as an agent for them with CSC. In this role, she can request and obtain any information women are privilege to regarding the offender; i.e. details of release plans, any revocations or risk concerns. Contact on this level has occurred with CMO’s from the institutions and the community and members of the National Parole Board.

The women’s counsellor is well linked to the community. A large component of her work are referral and advocacy activities. She regularly makes contact with Social Services, Child Protection, Housing agencies, employment and educational services, Legal Aid, children services, Victim Services and others depending on the needs of the women and children.

The Women’s and Children’s Program

The services provided in this program consist of a number of activities. The women’s program is provided to women whose male partners are involved in the men’s treatment program. When a referral is made to the program, the partner’s name is forwarded to the women’s program. Women are contacted by phone, they are advised of the available services and they choose which services they may want to access.

The services for women include one-on-one counselling, crisis intervention, advocacy and referral and empowerment group. Children’s service include one-on-one support and a ten week group for children.

Readiness Model

This project is based on the premise that not only do men need to increase their awareness and recognize certain issues regarding their abuse of women, but also they need to change their behaviour. It is obvious that while a man may develop insight into certain behaviour and be able to articulate these ideas in a group setting, he may not necessarily change his behaviour toward women.
The program is developing a conceptual framework that identifies what issues need to be addressed before the man is ready to participate in a non-abusive relationship with a woman. Subsequently this is referred to as a "readiness" model. Readiness implies that not only has he the ability but also the willingness to change behaviour. This model suggests that there is a direct relationship between the level of readiness of individuals and their probability of changing their behaviour.

One way of looking at readiness therefore, is in reference to the ability and willingness of an individual to take responsibility for directing his own behaviour in a particular area, i.e., abusive behaviour toward women. Thus readiness is a task-specific concept, and the male abuser is considered to be more or less ready depending on their understanding of certain elements and their ability to integrate these elements in their day-to-day functioning with women.

Ability is a person's skill. A man who has the ability in a certain area (i.e., one or more of the four elements) has the skill, knowledge, and experience to potentially change their behaviour. Willingness refers to an individual's motivation. A man who is willing to change his abusive behaviour toward women, believes that behaviour is important to change and is committed to those tasks (i.e., the four elements) and is self-confident in his ability to perform them. As individuals move from lower levels to higher levels of readiness their competence and confidence to live in a non-abusive relationship increases. This model is based on the belief that a man who batters women must not only be motivated (willing) to change his behaviour but also has integrated certain concepts before they are able to live in non-abusive relationships.

The four "readiness" elements are:

- accepts responsibility for his behaviour;
- avoids power and control (unequal) in his relationship;
- demonstrates ability to empathize with his partner;
• understands how early patterns of violence (prior learning) contributes to present behaviour.

Treatment Continuum

Figure 2.d provides a visual overview of the treatment process. The process begins with referral. Participants are referred to the program through CSC. The local parole office is the primary source of referrals because they do not have a federal institution in our province. Referral information also includes relevant CSC file information. After this information is received, an assessment interview is held with the client. The assessment process involves questions regarding their history of violence in relationships, violence with other men, and history of violence in their family of origin. During this time, clients are also asked to complete a number of pre-testing instruments.

The group process begins with a four-week education group. The purpose of this group is to introduce participants to some of the underlying issues and definitions behind wife battering. It is also an opportunity for the majority of men to participate in a group process and prepare them for a more intensive treatment group.

After the four-week education group, a case conference is scheduled with the supervising parole officer, the client, half-way house counsellor - if applicable and the project coordinator to obtain feedback from the client and the group leaders regarding their impressions and experience from group. It also becomes an opportunity to set future objectives for a client's continued participation with the project.

The 12-week treatment group is an opportunity to personally apply many of the ideas that were introduced as part of the education group. Each session follows a specific structure but content is flexible in order to accommodate the personal style of group leaders and the specific needs of the participants. The closed-ended group is also followed by a case conference session. The second phase of treatment is the open
ended group in which participants contract for a certain period of time and agree to a number of objectives.

Now that the program has completed a cycle of treatment we are able to make some observations about the treatment continuum. The open-ended group was a mix between participants who had been through the education (four weeks) and closed-ended group (twelve weeks) with some individuals who had just completed the education group. It was obvious that those who had completed the closed-ended group were more motivated to participate as well as being further ahead in their ability to integrate the elements from the "readiness model".

The original purpose of the open-ended group was to better accommodate a wait list. They could enter an open-ended group when a position became available. The assumption was that participants who were at different levels of integrating the issues could work together in a group.

After assessing the experience of the open-ended group, particularly with such a mix of participants, we have decided that the open-ended group will only accept participants who have completed an education group and closed-ended group. It is assumed, participants going into the open-ended group will have a higher level of motivation to continue and they will also function at a higher level of "readiness".

Participants entering the open-ended group will have a specific time frame (minimum eight weeks) and will be able to articulate specific areas they need to work on (i.e., as reflected in the "readiness model"). These areas will be identified in the form of a behavioral and skills-oriented contract, e.g., "I want to communicate better", would become, "I want to practice talking about my feelings of sadness and insecurity so I can communicate better with my wife" (elements - power and control).

There will also be less structure to the open-ended group. In other words, the issues
to be addressed will be identified primarily by the participants. The open-ended group will also be accessible to those wanting to return to treatment after they have completed a minimum of eight weeks in the open-ended group.

**READINESS**

LOW........................................HIGH

**EDUCATION**  CLOSED-ENDED  OPEN-ENDED

HIGH........................................LOW

**STRUCTURE**

Evaluation
The evaluation of the St. John's Family Violence project is an integral part of the program. The evaluation itself has two main elements:

- Meeting the requirements of the FVI in terms of the selection, administration and analysis of research measures and other comparative measures to assess the different program options funded by the Initiative, and,

- Contributing to the success of the project with a formative evaluation process designed to monitor the project and direct periodic reviews.

The rationale for this approach is that the pilot project not only builds on the experience of IHRD and the Newfoundland treatment community, but also provides a structure for this work, including several new elements which contribute to the conceptual framework for the project.
As the evaluation develops we have become increasingly concerned with the development of workable outcome measures for assessing the success of the project, and for comparison of different projects funded by the Initiative. Now that the St. John's project is at a state where we could term it as mature, it is appropriate to begin to obtain necessary information for assessing outcomes. Because the development of such a set of measures must consider all of the programming variations funded by the Initiative, we cannot develop measures on our own. To some extent, what we have provisionally termed the "readiness scale" could suffice for the project, if it is more fully developed and applied. However, the development of outcome measures which can be used across the Initiative requires much broader input.

The objectives of the evaluation are two-fold. The first of the objectives is to obtain and assess "research" information with the intention of ensuring that the Newfoundland project can be reviewed in comparison to other demonstrations funded by CSC under the Initiative. In a sense, this is a summative evaluation of the project, but since this assessment occurs in the context of a comparative assessment of a number of different demonstration models, the "research" elements of the evaluation has a very strong formative or program development aspect. This implies that the information captured for this purpose should be as extensive as possible in anticipation of the possibility of a number of evaluation objectives.

The second objective of the evaluation is to provide internal "improvement-oriented" information to the program. Because of the nature of the project and of the working relationship of the evaluators to the project staff, the evaluators have been able to adopt what is essentially an internal evaluation role for this aspect of the evaluation. Given the pilot nature of the project, there will inevitably be problems and questions which arise during the early phases. In this regard the role of the evaluators is to provide a record of accountability to the original design of the project, note and assess deviations, and facilitate a process for reviewing these with the intention of modifying the project design as necessary. In addition, the evaluators have a role in monitoring
and assessing the conceptual basis of the project in order to identify expected impacts of different program elements, and how these can be recognized and recorded.

There is a strong relationship between these two roles. The principal objective of the internal role is to provide program improvement information and processes to project staff and managers, and this has implications for the research tasks. As part of the research element it is necessary to obtain information about the program, as well as its effects on participants, that is, on the "what" aspect of the typical evaluation question "what works for who?". The evaluation literature is increasingly recognizing that outcome assessments should not be based upon the implementation phases of a project or program and one of the tasks for the evaluation is to identify when the project can be viewed as having passed through the main part of the implementation phase and can be said to have a more mature form.

Another evaluation lesson which is being learned in a number of areas is that program dissimilarities can have potentially profound impacts on outcomes, and that there are few, if any, instances of truly homogeneous programming. This is, of course, even more true for a series of somewhat dissimilar demonstration projects. In this context it is essential that the research element of the evaluation provides a clear and comprehensive description of the "what" which was applied in the program, and of the "who" to whom it was applied. This information is to be provided from the internal record keeping of the project, and from the internal evaluation processes. (see figure 3 for Evaluation process)
1. Organizational Structure - Development and Implementation

a) Men's Program

Ottawa - FVI
Regional - FVI
CSC - St. John's

Women's Program

Evaluation

Community Network

CRC

Group Leaders

b) Women's Program

Men's Program

CSC
FPB - Fed. Inst.

Women's Program

Shelter

Community

Social Services, Housing, Police, Employment, Legal Aid
Child Services, Victim Services, Network ...

figure 1 - a), b) October 26th and 27th, 1993
c) Continuum of Models Relative to Men's & Women's Program

- no link between men's & women's program
- men's program refer women out with no communication
- men's & women's with clear boundaries separate structures close communication

d) Treatment Process

Referral - CSC St. John's, collateral information

Program Coordinator

Assessment Interview

Pre-test

If yes

If no

CSC Ed. group (4)

Case Conference

Treatment Group (12)

Case Conference

Treatment Group (open)

Pen. Placement, Fed. Institution

CSC

Woman Referred Option

Initial Contact (phone)

Intake Interview

1 on 1, group (women & children)
Advocacy, outreach, referral, crisis intervention, support
What Are We Trying To Achieve With the FVI Evaluation?

- Meet Requirements of FVI with Administration and Analysis of Preferred Measures.
  - Ensure That the Selected Measures are Administered
  - Develop Database and Record Responses to the Measures
  - Analysis and Reporting

- Assist Project Manager in Maximising Project Success With Formative Evaluation
  - Monitor Implementation of the Main Elements of the Project and Review With Project Managers
  - Develop and Administer a Database for Participants and Partners
  - Develop and Administer a Means of Monitoring "Success" on an ongoing basis

Prepared By Andy Rowe Consultants

Figure 3.
Victoria Family Violence Project

Healthy Relationships Program
WHAT DIFFICULTIES WERE ENCOUNTERED AND HOW WERE THESE OVERCOME?

* Self-referrals: Staff were reluctant to let the men make the decision to attend, and used their more usual directive approach.
* Group space: Interruptions by staff and other inmates was very disruptive, as we shared the 'All Purpose Room' with many others.
* Research questionnaires: Much group time was spent explaining and completing questionnaires, the men resented spending this time.
* CMO Risk Indicator Forms: There was considerable confusion and misunderstanding about the procedures and requirements of this Form.
* Appointments: The men were making appointments during Group time for the doctor, dentist, finance, etc. This was very disruptive.

WHAT ISSUES NEEDED TO BE ADDRESSED BEFORE PROCEEDING FURTHER?

* Trust
* Safety
* Confidentiality

WHAT STRATEGIES/MECHANISMS WERE DEvised TO ADDRESS THESE DIFFICULTIES/ISSUES?

* Self-referrals: Through discussions with the CMOs individually, and at the Programs Board meetings, the importance of self-referral became clear. CMOs recommend seeing us to talk about the Group, rather than telling them they have to sign up.
appropriate. I keep the conversation friendly, informal and inviting. Upon coming to the Group, a new woman is made welcome by the other women. The atmosphere is relaxed, non-threatening. Women are invited to speak right away. There are no expectations regarding attendance or participation, the structure is informal, the atmosphere is supportive. In some respects, it is the opposite of the men's Group.

DESCRIBE THE VARIOUS COMPONENTS OF THE PROGRAM.

* Education
* Support
* Self-awareness

DESCRIBE THE CHANGES WHICH HAVE HAD TO BE MADE TO ADJUST TO THE CLIENTELE SINCE PROGRAM IMPLEMENTATION.

Unlike the men's Group, the women's Group has been able to unfold in a more organic way. The structure and direction has been moulded by the needs of the women. There have not been any big adjustments.

DESCRIBE ANY PROBLEMS WHICH HAVE BEEN ENCOUNTERED DURING THE TREATMENT PROCESS.

No problems have been encountered that are not integral to the process.

DESCRIBE ANY ADDITIONAL SERVICES WHICH WERE REQUIRED TO MEET THE NEEDS OF THE WOMEN.

* Parenting support group

WHAT COMPONENTS OF THE PROGRAM HAVE PROVEN TO BE POSITIVE/USEFUL TO DATE?

The support aspect of the women's Group is perhaps the most positive/useful component. Education and awareness is woven into this aspect. Most of the women have felt isolated prior to attending the Group, unsure about their roles, and unsupported in their life-styles.
WHAT COMPONENTS OF THE PROGRAM HAVE PROVEN TO BE POSITIVE/USEFUL TO DATE?

All the components of our program work in an integrated fashion. The education, and skill practicing component, feeds self-exploration which in turn fosters self-awareness. We are client-centered in our approach and flexible in the presentation of our material. We find this positive/useful and a very successful approach.

PART II - WOMEN’S GROUP

WHAT DIFFICULTIES WERE ENCOUNTERED AND HOW WERE THESE OVERCOME?

* Space: Initially finding an appropriate meeting space was a challenge.
* 'Cold' initial contact: Without the men first introducing the idea of the HR group, cold calling was not well received.

WHAT ISSUES NEEDED TO BE ADDRESSED BEFORE PROCEEDING FURTHER?

* Trust
* Safety
* Confidentiality

WHAT STRATEGIES/MECHANISMS WERE DEVISED TO ADDRESS THESE DIFFICULTIES/ISSUES?

* Space: Sister Judy, at the Prison, referred us to the Sister of Saint Ann’s Residence, Mount St. Angela. We presently use one of their parlours - a beautiful, comfortable group room.
* 'Cold' calls: We talk, in the men’s Group, about the value of having both partners looking at similar information, invite them to talk with their partners about their own experience, make our pamphlets available for passing along. When a man offers his partner’s name, we check that he has shared some information, and then call her.
* Trust, safety and confidentiality: The initial telephone contact, after the ice has been broken, is the first step in building trust. I spend as much time on the phone with the woman as feels
DESCRIBE THE CHANGES WHICH HAVE HAD TO BE MADE TO ADJUST TO THE OFFENDER CLIENTELE SINCE PROGRAM IMPLEMENTATION.

* Formal Group Guidelines: Outlining our expectations regarding behavior and participation, and laying the basis for Group decision making.
* Confidentiality Form: Using the our community program Form
* Focus: The self-adjusting focus of the Group has become how to have a healthy relationship with oneself, understanding how self-abuse and abuse of another are connected, that a healthy relationship begins with the self.
* Research Assistant: As mentioned above, this relieved stress.

DESCRIBE ANY PROBLEMS WHICH HAVE BEEN ENCOUNTERED DURING THE TREATMENT PROCESS.

We view the problems encountered during treatment as part of the treatment process. If a man is reluctant to deal with his problems in the Group, we invite him to meet with us before or after Group. We view defensiveness, hostility or frustration as opportunities for exploration, rather than problems.

DESCRIBE ANY ADDITIONAL SERVICES WHICH WERE REQUIRED TO MEET THE NEEDS OF THE FEDERAL OFFENDER CLIENTELE.

* Inside: one-on-one counselling.
* When released: One-on-one counselling
  
  Phase I - FVP
  
  HR Halfway Group (presently being formed)
  
  Survivor's counselling
  
  Alcohol and Drug programs
  
  Family Mediation/Parenting counselling
Group space: In June a new group room was available and we were the sole users. This eliminated interruptions by outside individuals. Recently, however, we have found that we must share this space. This has, unfortunately, posed another problem of security of our supplies and materials.

Research questionaires: We now have a research assistant who comes to the Institution mid-program, and at the end, to conduct the research. This greatly reduces the stress around completing this component.

CMO Risk Indicator Forms: These Forms were accompanied by a booklet giving full descriptions of how to proceed. Time to read these seemed to be the problem for the CMOs. We met with the CMOs individually to explain the procedure, whenever necessary.

Appointments: We stress the importance of being present in the Group, and make it the individual’s responsibility to schedule appointments around Group time. We make it clear that it is a Group decision whether or not an individual can maintain his seat. The effect of his behavior on the Group is the issue.

Trust, safety and confidentiality: These issues are inseparable, in terms of the functioning of the Group. We create a warm, inviting atmosphere by supplying the men with their own individual coffee mugs, flavored coffee and canned milk. We have managed to round-up very comfortable seating. It seems there is a special status that goes along with these favors, and being associated with the HR Group. We spend a great deal of time setting the parameters of the Group, laying out our expectations, having the men identify their expectations and clarifying our position on confidentiality.

DESCRIBE THE VARIOUS COMPONENTS OF THE PROGRAM.

* Education
* Self-exploration
* Self-awareness
* Skill practice
Ma Mawi Wi Chi Itata Centre, Inc.

Stony Mountain Institution

Men’s Program
1) Program Development and Implementation

   a) Description of program development phase
      - Meetings between CSC and community development officer
        - regional headquarters

   b) Description of the implementation phase
      - steering committee meetings
      - information sessions - C.M.O's, Winnipeg District Parole Office and
        N.B.O.
      - referral process
        - Stony Mountain Institution and Parole
        - referral form
        - difference between Anger Management and M.M.F.V.P.S.M.P.

   c) Difficulties encountered and how they were overcome
      - inappropriate referrals
      - food restrictions
      - accessing an unfamiliar system - CSC implementation of liaison
        officer.
      - meetings with C.M.O.'s - halfway and end instead of anticipated 4
        times

   d) What issues needed to be addressed before proceeding further
      - length of some program sessions overcome by rearranging schedule
      - scheduling of groups checking with overall agenda of Stony
        Mountain Institution programs
2) Treatment Process (for further details see attached page)

- Description of the various components of the program
  - closed groups
  - individual counselling
  - community based programs

- Changes which were made to adjust to the offender clientele since program implementation
  - community based escorts, increase in group membership participation

- Problems encountered during the treatment process
  - boundary issues for facilitators of group i.e. inmate's requests

- Services which were required to meet the needs of the federal offender clientele
  - pre-interviews (additional step) in the assessment process
  - information sessions with NBO
  - scheduling of Elder services with other institutional programs

- Components of the program which have proven to be positive/useful to date
  - traditional ceremonies for the inmates
  - designation of liaison worker
  - steering committee meetings
  - RHQ and NHQ

3) Program Monitoring - Research and Follow-up

- Mechanisms in place to determine program effectiveness
  - an evaluation process which includes RHQ, NHQ, Stony Mountain Institution project authority, liaison worker, project manager and Ma Mawi staff
  - overview of files
  - interview with some members who have completed program
Research results
- forthcoming

4) Plans
- Anticipated changes to the treatment process
  - 3 times per week on an intermittent basis to compensate for previous difficulties i.e. shakedowns, etc.
- Re-checking scheduling of events within Stony Mountain Institution
- Plan to continue with steering committee meetings, information sessions, and process for sharing information with all concerned parties RHQ and NHQ.
TREATMENT PROCESS

The Ma Mawi Wi Chi Itata Family Violence Program operates closed groups for Aboriginal men who are incarcerated within the Stony Mountain Institution, located in the Province of Manitoba. The closed group consists of 27 sessions and is four months in duration. The men are also offered individual counselling sessions while attending the Closed Group Program. Some of the changes that were made to the program to adjust to an institutional setting included creating some additional administrative forms as well as altering existing ones. We also held information sessions for some of the staff members of the institution to familiarize them with the program. This was intended to be an aid to help them make appropriate referrals to the program. The main focus for the information sessions was Case Management Officers.

One of the problems encountered for the family violence program staff was working in a system that was unfamiliar to them. One of the strategies developed to address this issue was designating a Liaison Officer from Stony Mountain. The Liaison Officer could act as a trouble shooter when the staff would encounter problems related to working in a penal system.

Scheduling of various events within the institution sometimes posed problems in the delivery of group sessions. One of the ways we address this was working around the Elder's schedule as he is an important resource in our overall program. This enabled him to meet his varied meetings and obligations as well as meeting the needs of the Family Violence Program.

Another component of the Family Violence Program initiative is the link between Corrections and the Ma Mawi Wi Chi Itata community based program. After the inmate has been released from Stony Mountain he is able to access Aboriginal family violence program services in the community. This facet of the program is integral towards his recovery to healing from the effects of violence. This further enables him to help himself practice and live a violence free lifestyle. Furthermore during his incarceration his partner and children are also able to receive family violence services within a community setting. This is especially helpful when he is released as both partners would have had the opportunity to be simultaneously exposed to an environment in which they can expose and discuss issues specific to their particular situation. The intent of the Ma Mawi Wi Chi Itata Family Violence Program is one of education, counselling, support and healing. Interwoven throughout the various features of the family violence program are both contemporary and traditional methods for healing. In order for family violence services to be effective and recovery to be achievable, healing mechanisms need to be offered on a continuum. Thus the link from a penal institution to a community based setting is essential in creating a support system that can be effective.
John Howard Society of Ottawa

Family Enrichment Program
It's really a pleasure to see so many different programs operating across the country. This conference provides us with a tremendous learning opportunity not only to discuss the struggles which we face as program providers....

But because it is a testimony to the dramatic shift in awareness about women abuse and the need to end it.

We began the Family Enrichment Program in 1990 as one of the two initial CSC community-based demonstration projects.

Despite the fact that we have existed since the beginning of the Family Violence Initiative, I think that everyone working with the Family Enrichment Program still feel that the program is NEW. Change in our program has been ongoing and we believe that this is necessary so that we can better meet the needs of women in our community and men who enter the program.

We have had many growing pains, I think the greatest hurdle that we faced was in actually identifying candidates for our program.

When we started our project there was little awareness about the pervasiveness of woman abuse within the offender population...

Historically, correctional staff have focussed their attention on the needs of the individual client and that is where intervention efforts were directed.

As with the rest of society, there was a strong reluctance by correctional staff to transcend the sacred and private world of the family.
Quite frankly, there was less than an enthusiastic response to our program for the simple reason that front line staff did not see the need - and why should they.

-Few federal offenders have a domestic abuse charge on their record and no one (not offender or professional staff) was willing to name the problem because there was no legal precedent to support it.

-This was compounded by the fact that most of the correctional staff simply lacked the expertise to screen for woman abuse.

This lack of awareness had serious implications for our program and if you trace our evolution you will see a direct correlation between staff training initiatives in family violence and an increase in referrals to our program. More importantly, you will see a very positive shift in our ability to meet the primary goal of our program... and that is, the safety and protection of women and children.

When we first received the agenda for this conference we thought that we would use the time to discuss our history and development.

We thought it might be of interest to discuss the many changes we have made over the last three years and give you a detailed overview of what we do.

But after we sat down and looked at this option we decided on a more selfish course of action for three reasons.

First, quite honestly, we've given this talk so many times we felt a strong need to do something different.
Secondly, we looked at the schedule and thought that since we were speaking so late in the day people might be tired of sitting and listening.
Finally, we decided that it might be mutually beneficial to focus on one general area which is of interest and concern not only to our agency but to other agencies in Ottawa who provide services to the perpetrators and victims of abuse. We want to see what obstacles you are facing and we want to brainstorm possible solutions.

So this is the agenda. I'm going to spend a few minutes providing you with an overview of our program so that you have an understanding of the services that we offer. Jill Rettinger the researcher for our program will then speak with you for about fifteen minutes about some of our recent findings.

The remainder of the time will then be reserved for a guided discussion about obstacles that women face in entering our programs.

Alright, in front of you are two flow charts which very briefly describe the intake procedures that we use for our program:

If you look at the sheet entitled: Services for Male Offenders you will see that the majority of men entering our program are referred by the parole office.

I should mention that when we first started the program, our services were offered to men on a voluntary basis and our contact with the parole office was extremely limited.

Over time we have developed a very close working relationship with the parole office and have decided that in order to meet the safety needs of women and children it is imperative that men be sent to the program as a special or additional condition and that ongoing contact with the parole officer be maintained.

Because so few of the federal offenders returning to Ottawa have a record for
domestic assault the parole office tends to refer clients who are experiencing difficulties within the family or who have a history of problems in relationships. They then require our assistance in determining the most appropriate intervention strategy.

Not surprisingly, after providing them with training in the detection and screening of woman abuse the referrals have become more specific and appropriate.

Okay so what happens...

The parole officer fills out a referral form and sends us all relevant documentation. We receive: an FPS sheet, criminal profile report, the release decision report, copies of psychiatric and psychological reports when available, community assessment reports, and a copy of the risk-needs assessment.

Once all of this information is received we invite the client in for an information session. At this time we provide information about the program and we introduce the men to our Contract for Participation.

Within the contract we specify the limits to confidentiality and our reporting requirements. These include the standard limits as well as reports of violence toward women and children, any dramatic lifestyle changes, and monthly reports on his progress and attendance to his parole officer and partner.

During this time we make an initial determination of the client's appropriateness for our program. Men who are unwilling to sign the consent form are not permitted to enter the program.

Occasionally we have had referrals who require psychiatric intervention or drug and
alcohol counselling. In these cases we require that the men be seen by outside professionals prior to beginning the program or in some cases they are seen concurrently.

Regardless of the outcome of our initial contact, we collaborate closely with the parole officer to ensure that they are aware of our decision and to assist when necessary, in making a more appropriate referral elsewhere.

After our initial contact with the client, we complete an extensive assessment. This includes social history information, criminal history information, and psychometric testing. We look closely at their behaviour and attitudes toward women and screen for abuse toward women and children. If the males have partners or ex-partners we request information from these woman to assist us in our determination.

Once they have completed the assessment we provide each of the participants with feedback and place them in the most appropriate program.

Though it is not depicted in this diagram our assessment process is really ongoing. Jill will be talking about this later, suffice it to say the men in our program tend to deny and minimize their use of abuse and other criminal behaviours. For this reason, we like to use our initial assessment as a guide only. Often as the men progress in the program and become more comfortable they start to open up and given us more detailed information. Therefore it is important that this data be collected throughout the client's involvement and that it be used not only to guide initial placement decisions-but to establish targets for future intervention.

All men with a history of abuse or who are currently abusive are required to participate
in the Men's Program.

On a historical note- we have always had a very difficult time implementing groups. In the early days, when we were a voluntary program the men simply wouldn't participate in the group format. We had so few referrals that if we waited until enough men were able and willing to take part in a group they would be finished parole before they would receive any form of intervention. Our response was to provide the program on an individual basis until we had a minimum of six men to proceed with a group.

Now that we have a more steady referral rate and the men are required to attend and participate as directed by the parole officer we are attempting to move away from this individual emphasis.

At present all men entering this program are required to take part in six to eight orientation sessions. These sessions are open to any new referrals and essentially focus on self-control planning and expanded definitions for abuse beyond physical violence. The orientation sessions give us the opportunity to screen out inappropriate candidates for group work and give the participants the opportunity to feel more comfortable in a group setting.

Once enough men have attended the orientation sessions they are required to attend a closed group. The closed group runs from 12-14 sessions depending on the participants and is supplemented with individual counselling. The focus of these sessions is attitude and behavioral change. Much of the content of these sessions has been adapted from existing batterer's programs.

I would invite you to speak with Ida-Jane Graham and Brad DeLong, both of who are present hear today if you wish to hear more details about what we do. Ida-Jane and Brad have done a tremendous job in developing, revising, and re-revising the men's program to meet the changing needs of our clients.
When the men have completed the closed group we collaborate with the client and the parole officer about booster sessions and entry into mainstream community programs.

Men who we feel are nonabusive or who have no history of abuse are invited to participate in either couple's counselling or the parenting program.

Now if you will turn to the next handout- you will see the intake procedure that we have adopted for female partners and children of offenders.

Most of the women learn about our program through their partners or we receive their name from males entering the men's program.

More recently, we have been pleased to discover that a number of the women who enter our program are doing so prior to their partner's release. Often these women have been in touch with the parole office during the pre-release community assessment and the parole officers will encourage them to get in touch with us.

Regardless of how the woman hears about our program we are careful to ensure that they do so voluntarily. During the early stages of the program we discovered that many of the men would coerce their female partners to attend. We found that so many of these guys were coming out after completing treatment programs inside with the attitude that they no longer have ANY PROBLEMS. They tend to see themselves as experts in parenting, communication, problem-solving, etc. Consequently any difficulties which arise in the relationship can be blamed on their partners. We had numerous requests by men to fix their partners and to teach them how to relate more effectively.

Our initial contact with the women can be by phone or in person. Regardless we provide information about the program and then clearly specify the limits to
confidentiality. The women are then invited to participate and to determine the type of involvement they feel would best meet their needs.

Once a woman has given her consent to participate we immediately complete a safety and protection plan and request that they take part in an assessment. This is voluntary, and utilized primarily to screen for abuse. Following the assessment we provide feedback and discuss the various services offered in the program.

Women with non-abusive partners are invited to participate in the Couple's Program, the Parenting Program, and to bring their children to the Children's Support Group.

If abuse has been detected in the current relationship the women are invited to participate in the Women's Program.

Essentially the women's program offers three interrelated services.

Partner outreach is conducted with each woman who consents. Typically the woman is contacted on a monthly basis. If we become aware of information which might impact on her safety and protection we contact her immediately.

During the monthly contacts we provide her with reports on the men's progress in the group and request that she report on the men's behaviour at home. We have recently developed a protocol for partner outreach and I invite you to speak with Mary Thornton who is here today if you would like more specific details about this program.

We provide supportive counselling, safety and protection planning, and give women information about resources available in the community.

For women who request more intensive involvement we offer ongoing individual sessions and also provide a woman's group. This group runs for 14 sessions and has
been one of our most successful programs to date.

What is not addressed in this flow chart- is our connection with the community and specifically women's groups in Ottawa.

We are actively involved with the Regional Coordinating Committee to End Violence Against Women- that is we sit on a number of subcommittees all of which have a mandate to ensure the personal safety of women and children.

One of the subcommittees in which we are actively involved, was formed to evaluate men's programs. A number of representatives from women's shelters are working closely with us to ensure the accountability of our programs and that we are meeting the needs of women in our community.

I realize this is a very brief overview of the services that we provide so I would like to open the floor to any questions that you might have.
SERVICES FOR MALE OFFENDERS

Referral by Parole Office and other sources

Introductory Meeting
- Share program info
- Identify goals
- Review consent form

Assessment (3 sessions)
- Complete assessment
- Provide feedback
- Program placement

Client Not Appropriate

Collaborate with parole officer and make appropriate referral elsewhere

Unwilling to Sign Consent

Abusive Men

MEN'S PROGRAM
1) Orientation sessions - 6 sessions
2) Closed Group - 12 sessions
3) Booster sessions

Non-Abusive Men

ALTERNATIVE PROGRAMS
- Parenting Program
- Couple's Program

Monthly Reports to Parole Office

Monthly Reports to Partner(s)

Referral to mainstream community programs
JHS - FAMILY ENRICHMENT PROGRAM

SERVICES FOR FEMALE PARTNERS AND CHILDREN OF OFFENDERS

Voluntary Participation
Learn about program through community agencies and/or partner(s).

Introductory Meeting/
Phone Contact
- Program information
- Identify goals, expectations
- Review consent forms
- Safety and Protection Plan

Assessment (Optional)
- Complete assessment
- Provide feedback
- Program placement

WOMEN WITH ABUSIVE PARTNERS

Partner Outreach
- Ongoing
- Contact monthly to:
  * report on men's progress
  * assess men's behavior
  * Support counselling

Individual Sessions
Ongoing

WOMEN WITH NON-ABUSIVE PARTNERS

Women's Group
14 sessions

Couple's Program
Parenting Program
Children's Group

Referral to mainstream community programs
Presentation Synopsis

This presentation will provide an overview of the research and evaluation component of the Family Enrichment Program and will delineate some of the problems with current assessment tools. More specifically, problems surrounding the use of the Conflict Tactics Scale will be discussed. Many difficulties regarding the interpretation of results with instrument have been noted in the family violence literature and they will be presented in relation to findings from the FEP project.
INTRODUCTION

* Today, talk about assessment findings
  - In particular, focus on gender differences found.
  - also going to talk about the interpretation of this information
  * relates to the needs of our clients
  * reflects the adequacy/ inadequacy of some assessment measures.

ASSESSMENT INSTRUMENTS

* Despite the controversy surrounding assessment of battered women
* we assess both the men and women who come into FE Program - women are voluntary
* Rationale:
  - historically, it was requested by CSC, but we have found that
  1. assessment information helps to determine the needs of our clients
  2. gained some valuable information from this approach, e.g. myth busting.

Overhead 1  The assessment instruments used include:

All of the instruments are administered to both genders, with the exception of the Assertion Inventory, which is administered only to women and the Hostility Toward Women Scale, which is administered only to men.
As you can see:

* very few differences were found between the men and women on these scales
* found that the men have a greater tolerance for law violations
* also scored higher on perceived personal control in problem-solving situations
* The finding that men hold more antisocial attitudes is not surprising given that they are federal offenders, while most of the women have only been marginally involved in crime at the provincial level, and often in concert with their male partners
* Does reflect is the potential insensitivity of assessment measures designed primarily for use with men

Conflict Tactics Scale

* Most of you are familiar with the scale
* Review - point out that the scale provides information on self-reported behavior and partner reported behavior for subscales of:
  * Reasoning Behavior, Verbal Aggression, and Physical Violence

Overhead 3

* no significant differences between genders on the totalled subscales
* sometimes statistically significant differences are not the only differences that count.
* look at individual items endorsed by both the men and women seen that:
  - In fact, women report committing violent acts more frequently than men.
Look at items - threatened to hit or throw something at partner, threw, smash, kick, or hit something, push, or shoving; slap or spank partner. Men report choking their partner more frequently, but women report threatening and/or using a weapon more often.

Items totalled to give scores of any aggression and any violence (meaning if any of the items included under Verbal Aggression and Physical Violence subscales are endorsed).

Again, seen:
- Women clearly exceed men in their estimates of their own aggression and violence.

Look at reports for partner behavior.
- Clearly, women are reporting that their partner's are engaging in aggressive and violent behaviors more than men report their partners.

Look at items
- With exception of crying, and trying to hit or throw something, the women report the men doing these things much more frequently than the men report the women.

Point out last items on Violence Scale - big differences.

So, what does all this mean?

Well, in spite of the fact that a relatively small proportion of the men are reporting violent behavior - unlikely that the men are not violent.
we know from clinical experience that they are behaving violently
also the women are reporting that their partner's are being very violent.
This discrepancy between the men's self-reports of violence and the women's reports of partner behavior are likely a reflection of reporting biases.

This conclusion is supported from others' findings that women are more accurate in their reports of their own and their partners' behaviors.

LIMITATIONS OF CTS AND SELF-REPORT
* Brings us to limitations of CTS and any self-reported measures
1. only as accurate as the people completing are honest.

MUST be considered when you are looking at the data provided by these measures.
2. Another limitation (CTS) widely noted in the literature
* does not allow cognitive or motivational factors behind the behaviors.

Can find this out clinically and what has come out is that the women are behaving aggressively for different reasons than the men.

1. RE-OFFEND
Specifically, the women in our program have repeatedly expressed that they are concerned that their partner's will re-offend. The fear of losing their partner to incarceration leads them to engage in manipulative and ways.
2. Household Matters/Finances

Also, while their partners have been incarcerated, these women have had full responsibility for household matters, such as running the finances and caring for the children. Problems occur when he is released, he attempts to take over, especially in terms of finances. The loss of economic freedom and resulting fears that she will not be able to pay the rent, feed the family, and outfit the children, may lead the women to resort to using threats or physically restraining their partner from leaving with the household money.

3. SELF-DEFENSE - PROTECTION OF CHILDREN

There is also the element of self-defense and protection of the kids.

* partner's take a very rigid disciplinary style with the children- women intervenes out of fear for her kids.

* self-defense. Women may report using violence more often than men report it, but women also report their partner's to be more violent than themselves.

* For instance, while 4% of the women reported that they choked or beat up their partner, 35% of the same women reported that their partners had choked them and 30% had been beat up.

* Similarly while 13% of the women threatened to use a weapon, 23% were threatened against and 9% had a weapon turned against them.

* When you talk to the women, many report that yes, they did threaten their partner, but only because he was about to attack her.

* When attitudes toward the men's use of behavior are probed, it is found that they use aggression and violence to intimidate and control their partner.
Conclusion of Limitations/Interpretations

So, rather than using the hard data provided from such measures as the CTS, it is important to be aware of the limitations of that data. In this case, we have found it useful to use clinical impression to supplement the data when it comes to interpretation of the findings.

Needs of Female Clients.

So, in total, what does all this tell us about the needs of our female clients? Well, what is clear is that the women are involved in dangerous relationships and are using violent behaviors to cope. However, fighting violence with violence is not an effective strategy.

Overhead 4

Smith (1984) asked women who had been in violent relationships to rate the effectiveness of different strategies used to stop the abuse.

* 49.3% of the cases- woman fight back physically - things worse.
- strategy rated very ineffective in 31.3% of the cases
- rated very effective in only 3% of the cases.

In contrast, and not surprisingly, women reported that leaving the house was the most effective technique in stopping the abuse.

So, from this information, we see that regardless of the motivational factors behind the women's use of violence, they are engaging in behaviors that tend to heighten their danger.

* use assessment information - identify particular areas for intervention
* need to address the ineffectiveness of using violence as a way of stopping abuse:
* focus on teaching women effective coping techniques, such as leaving the house.
## TECHNIQUES USED IN THE HOME TO STOP ABUSE

<table>
<thead>
<tr>
<th>In-home techniques</th>
<th>Made it Worse</th>
<th>Ineffective Very</th>
<th>Somewhat</th>
<th>Effective Somewhat</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk him out of it</td>
<td>23.2</td>
<td>46.3</td>
<td>18.3</td>
<td>9.8</td>
<td>2.4</td>
</tr>
<tr>
<td>Promise: stop</td>
<td>11.7</td>
<td>59.7</td>
<td>20.8</td>
<td>6.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Promise: talk to other</td>
<td>24.4</td>
<td>52.3</td>
<td>12.8</td>
<td>9.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Avoid certain topics</td>
<td>9.3</td>
<td>38.4</td>
<td>22.1</td>
<td>24.4</td>
<td>5.8</td>
</tr>
<tr>
<td>Lock self in parts of house</td>
<td>30.8</td>
<td>44.2</td>
<td>11.5</td>
<td>5.8</td>
<td>7.7</td>
</tr>
<tr>
<td>Fight back physically</td>
<td><strong>49.3</strong></td>
<td><strong>31.3</strong></td>
<td>4.5</td>
<td>11.9</td>
<td><strong>3.0</strong></td>
</tr>
<tr>
<td>Leave house</td>
<td>13.6</td>
<td>20.5</td>
<td>11.4</td>
<td><strong>27.3</strong></td>
<td><strong>27.3</strong></td>
</tr>
<tr>
<td>Threaten to call friend</td>
<td>22.2</td>
<td>53.3</td>
<td>8.9</td>
<td>8.9</td>
<td>6.7</td>
</tr>
<tr>
<td>Threaten divorce</td>
<td>22.6</td>
<td>53.2</td>
<td>11.3</td>
<td>11.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Threaten to call police</td>
<td>30.3</td>
<td>43.9</td>
<td>9.1</td>
<td>6.1</td>
<td>10.6</td>
</tr>
</tbody>
</table>
Alberta Hospital Edmonton

Interpersonal and Family Skills Program
The Interpersonal & Family Skills Program: Development and Description

Treatment Program Directors Meeting
Correctional Service of Canada
Family Violence Initiative
October 26-27, 1993
Ottawa, Ontario
Beginnings. The Interpersonal and Family Skills Program (IFSP) was one of two community-based demonstration projects to be funded by contract in the autumn of 1990. The mandate of the contract was to develop a comprehensive set of evaluation and treatment procedures to be responsive to the needs of conditionally-released federal offenders.

Objectives. The program was to be six months in length and specifically target the problem of family violence. This was to be accomplished in a group format (with individual treatment as needed). The mode of presentation was to be psychoeducational rather than psychotherapeutic. The program was to directly address key issues in family violence (power and control, jealousy, sex role stereotypes, self-management, negotiation, compromise, etc.). Other problems common to this clientele (depression, anxiety, sexual deviation, alcoholism, drug abuse) were not seen as being within the scope of the project and these were to be referred elsewhere.

Anticipated outcomes. The goals for the men were to be elimination of physical violence, a frequently reported outcome for programs such as this. Also anticipated were to be marked attenuation if not elimination of psychological, economic, or other types of abuse. Ideally the men would be expected to learn and practice self-control skills and develop their interpersonal skills to the extent that they would be willing to engage in discussion leading to compromise with the partner and others. Finally, men would be expected to gain sufficient knowledge of how they came to be abusive in order to better understand their partner’s perspectives, as well as to restrain themselves from passing their negative social values on to their children. On the negative side,
failure to comply with program procedures would result in termination from the program. Detection of continuing or resumed abuse could result in suspension of parole and return to prison.

The goals for the women were to assist them in understanding the issues that they might be facing in their relationships. Additionally the program was intended to help women understand what their partners were learning in the men's groups and the kinds of changes that they might see as a result. Safety is a paramount issue in the women's groups and the program was to take responsibility to ensure that they were getting whatever help they needed to take care of themselves in this situation. Finally the program was to arrange for assistance outside of the support system if necessary. Finally, it was hoped that the women, like the men, would gain sufficient knowledge of the issues to negotiate and compromise, to reason their way out of family difficulties.

Program Development Phase
The original program.

Figure 1 shows that the original treatment program was 25 weeks in length and composed of three treatment modules. Referrals were to come from Case Management Officers (CMOs) in federal institutions, or from the local Parole Officers (POs). Start-up activities included promotional sessions with these referral sources. The sessions were intended to explain the nature of the program and how to refer potential clients to it. Referral sources were provided with an Assessment Guide which was based on the Dutton and Hart (1992) Risk Proneness Scale (RPS). The RPS assesses risk for family violence on 7-point scale. The assessor indicates with a yes/no whether significant items are present in an inmate's history (history of family violence, early childhood abuse, extrafamilial violence, psychiatric disorder, alcohol or drug abuse, multiple relationships, or early separation trauma). The items have weighted scores and
persons with medium to high total scores are considered at risk for family violence. After completing the RPS the referral source was to use a second scale of treatability criteria to make the final selection.

Once the initial selection was complete, inmates were to be referred to program staff, either within the institution or at the project site, for further consultation. Those judged untreatable were not offered a place in the program. If the referee met the criteria and was judged treatable, he was admitted to the entry assessment. If he failed this by no-showing or refusal to cooperate, he was rejected.

**The core program.** In preparing the program content we endeavoured to create something that was considerably more than the typical anger management training, although that was to be included. The program was to be 25 weeks in length and all modules were to be manual-guided. Figure 1 shows the three basic elements of the core program. Men and women were to be seen separately for the first module, and together for the second and third. The first eight week segment was *Stress Inoculation for Anger and Impulse Control* (Novaco, 1984). This was based on a treatment manual prepared for a different clientele but was sufficiently vague in that regard that it could be used with abusive men. The purpose of the treatment was to teach a calm and measured approach to anger management through the use of cognitive-behavioural methods. The assumption was made that the same content would be pitched somewhat differently to the women clients. The second 10 week segment was *Breaking the Cycle of Domestic Violence* which was based on Currie's *The Abusive Husband* (1988). This was chosen because the original manual had decidedly pro-feminist content and dealt forthrightly with socio-political issues as gender role stereotyping, traditional male ideology, etc. The discussions were supplemented with films relevant to session content. The expectation was that the content
would engage the men and women participants because it was so close to their real lives, and thereby encourage frank and open discussion of the issues. The final seven week module, Communication Skills, was based on a social skills training program for adolescents called ASSET (Hazel, Schumaker, Sherman, & Sheldon-Wildgen, 1980). ASSET dealt with issues such as positive and negative feedback, resisting peer pressure, problem solving, and negotiation. The attractive feature of the program was that it used videotaped vignettes to illustrate good and poor enactments of the various skills, then required participants to reenact them to specified criterion. The vignettes were reshot with adults and the text rewritten for an adult audience.

Concurrent with the core program was the Optional Activities Network (see Fig. 1), a referral network to assist clients with extratherapeutic problems. Referral sources, each with a contact person, were identified for the areas of assessment and treatment, training and education, community services, and support groups.

Program Implementation Phase.

Problems with the original program. The program was beset with difficulties from the outset. These difficulties quickly proved insurmountable and much of the program had to be abandoned. Some of the problems were:

Referral sources. In introducing the Risk Proneness Scale and the treatability criteria we assumed too much of the referral sources. With rare exceptions, they did not use them. Eventually we abandoned the scales and undertook to do the initial screening ourselves and this proved acceptable to all involved. We asked the CMOs and POs to identify the persons that they knew or believed to be involved in family violence and the program staff took over at that point.

Assumptions about the clientele. We made the assumption that,
regardless of the individual client's history of criminal activity and involvement in interpersonal violence, that they would cooperate with a treatment program to which they were referred by a CMOI or PO and which would assist them in community reintegration. We should have anticipated that they would find this to be just one more condition imposed upon them, and that they would find the program content to be annoying, burdening, and in some cases, quite disturbing. In fact, they did everything possible to defeat the treatment. They would argue with the therapists, challenging their knowledge and authority, disputing tangential or irrelevant issues, or remaining sullen and silent. They were not at that time mandated to be in treatment, so they frequently sought to find, at best, a way out or, at worst, find a less intrusive alternative.

The first treatment group: Cohort 1. We also made mistakes in the construction of program content. We believed that two of the treatment manuals, Stress Inoculation and Communication Skills, which had been prepared for other purposes, would serve with this clientele. The anger control manual proved to be too self-reflective for the men, requiring too much self-analysis and cognitive work. We were dealing with a group of highly impulsive and action-oriented men, most of whom were usually directly involved in some sort of violence before they realized that they were angry. The men also presented with a great deal of resistance in the early weeks of treatment, denying any problems and blaming their partners, the criminal justice system, or society in general. We found that any intervention would have little impact until these attitudes had been addressed and the men were able to accept some responsibility for their problems.

The anger control intervention was totally ineffective with the women, in large part because the treatment manual was offender-oriented. They showed a strong need for support, and for assistance in dealing with day-to-day crises and
ensuring their personal safety. They also needed to work on low self-esteem and feelings of powerlessness and dependency in their relationships. Certainly they were angry, and they often did not handle the anger effectively, but other needs took precedence in the early weeks of treatment.

We also ran into difficulties when we implemented Breaking the Cycle where, on highly structured occasions, the participants were to be seen as couples. It quickly became clear that a couples format would not work in this context. We found that, when violence in the relationship was ongoing or when a couple was on the verge of separating, mutual involvement in group was counter-productive. Bickering and mutual hurling of accusations not only broke up the group process but upset other participants, resulting in dropout. Further, asking women participants to be assertive within the context of an abusive relationship placed them at additional risk which was not acceptable. At the time, there was no flexibility in the program to allow us to deal with these situations more appropriately. The relationships were also highly unstable with frequent breakups and reunions. This also took its toll on attendance and, consequently, on the stability of the treatment group. These problems in dealing with couples eventually resulted in the failure of the second module and the ultimate collapse of the first treatment cohort. As a result the Communication Skills module was not implemented.

The transition group: Cohort 2. With the second treatment cohort we attempted to redesign the program to address the problems encountered with the first cohort. In an effort to salvage the original components, the basic session content was only slightly altered. For example, we eliminated the cognitive-behavioural portions of the stress inoculation approach for the men and substituted elements of the simpler Sonkin and Durphy (1989) Learning to Live Without Violence method. Instead of presenting anger management material
to the women, we created new session materials to deal with the more relevant issues of assertiveness, low self-esteem, powerlessness, and dependency. We retained the content of Currie's *The Abusive Husband* (1988) as useful to both men and women participants but distributed the content throughout the first two modules in a more therapeutically relevant fashion (e.g., introducing gender-specific issues early on). Since we had not tested it yet, we made no changes in Communication Skills.

**New problems.** Again, it became apparent relatively early that these changes would not be sufficient. Still retaining most of the original content from the first two modules, we created more new session content. We remained constrained by the requirements that offenders be partnered and that participation be voluntary, both of which contributed to nonparticipation.

**The redesigned program.**

We first decided to accept both partnered or unpartnered men into treatment. This allowed us to accommodate the frequent separations that seem to characterize the abusive relationship.

We next restructured the way in which men and women would be brought into treatment. Figure 2 shows the redesigned program which was in effect from Cohorts 3-9.

**Men's Group I - Power and Control (9 wks).** All men were placed in this group whether they were partnered or not. This served as a "softening up" group, which addressed the various forms of presented resistance and provided quick and simple methods to stop family violence (e.g., time out [escape], avoidance, cue recognition, thinking errors). The group explored the causes and consequences of family violence, as well as the effects of male sex role socialization. Much of this material was a combination of Sonkin and Durphy (1989) and Currie (1988).
Women's Group I - Female Perspectives (9 wks). If the male was in a relationship, his partner was offered a place in this group. The group was designed to provide support, information about family violence, and assistance in ensuring the woman's personal safety. Women were also encouraged to evaluate the consequences of the violent relationship for themselves and their children, to examine their childhoods and their own sex role socialization in order to better understand how and why they became involved with an abusive man.

Couple's Group - Conflict Resolution (10 wks). If the man made adequate progress in Men's Group I, if the violence in the relationship had stopped or markedly decreased (confirmed by both parties), and if the couple were committed to stay together (confirmed by both parties), they were admitted to the Couples Group. This group focused on more sophisticated anger management techniques, and also addressed the communication of anger, assertion, and conflict management. The group combined didactic instruction with ample opportunities for the couple to work together to practice new ways of expressing themselves, listening to their partners, and resolving differences.

Men's Group II - Nonabusive alternatives (10 wks). Men who were unpartnered or partnered men who failed to meet the criteria for entry to the Couples Group proceeded to Men's Group II. This group addressed content similar to that provided in the Couples Group (e.g., anger management, appropriate assertion, and conflict resolution).

Women's Group II - Empowerment (10 wks). Although it is shown in Figure 3 as a program component, this group was never developed. We received only a handful of referrals for unpartnered women and none entered treatment. All of the women seen to this point were partnered. If their relationships terminated, they usually felt more comfortable working with another agency. Our role was to provide support until they were established in another program.
Relationship Skills (7 wks). This was the renamed Communication Skills module. All clients, whether they proceeded from Men's Group II or the Couples Group, entered this final treatment phase.

Summary on the redesigned program. The redesign adequately addressed the deficiencies encountered in our initial attempts to implement the program as originally written. The new structure allowed us to offer nearly identical treatment to any client referred, irrespective of their presenting problems or marital status. The content proved sufficiently flexible that the session content and discussion could be communicated as well as handling problems brought to group by the participants.

The men. Throughout Cohorts 3-9 we made a number of procedural errors with the men that have now been satisfactorily rectified. The major error was trying to do "therapy," too often forgetting that we were supposed to be imparting psychoeducational material to the clients, information that they were to apply in their daily lives and be accountable for those applications. On the whole, this proved ineffective. The more reasonable and accommodating the therapist's behaviours, the more aggressive some of the clients became. This aggression by one or more clients sometimes created a bandwagon effect, drawing the more reticent clients into the fray. As a result, some group sessions became quite chaotic. This did not occur on all occasions, but it was fairly frequent and unpredictable. Participation during this period was still voluntary, and since the clients were not mandated to attend, if they did not like what was going on, or if they were threatened by the session content, they simply quit. Dropout became a serious problem for the program.

The balance of control began to shift in our direction during Cohort 7. In the autumn of 1992 the National Parole Board began to mandate attendance and successful completion of treatment as a condition of parole, although it remained
an additional rather than a special condition. From this time onward, we have been more successful in engaging the clients in the treatment process.

The women. Our conception for the redesign of the women's groups proved to be inadequate. The exact reason for this was never determined but the evidence for it was seen in the almost total dropout of women from the program. We mentioned previously that no woman ever stayed long enough to enter Women's Group II. Similarly, only two couples ever received treatment in the Couple's Group and went on to finish the program.

A small number of women attended the Relationship Skills module with their partners and these sessions were, on the whole, successful. In our judgment, there were at least two reasons for the failure of the women's treatment program, either or both of which could explain the dropout. First, it is possible that the women simply did not find the session content of the groups appealing and/or relevant to their day-to-day problems. Second, it is possible that the group sessions, however brief their participation, did empower them to the extent that they could decide to terminate their relationships with the men.

It was clear that the women's portion of the program had to be restructured if we were to retain women in the program. The decision was taken to completely separate the women's component of the program from the men's (see Fig. 3). Although we retained the same modular structure, the emphasis shifted to a support group rather than a treatment group. Although some of the sociopolitical content was retained, the major emphases were (a) general education and awareness regarding types of abuse and its effects, (b) dealing with skills related to individual healing and integration, and (c) understanding and strengthening healthy relationships.

The Almost Developed Treatment Program

Figure 3 shows the schematic of the nearly developed treatment program.
There was considerable individual contact in the pre-treatment assessment phase and some continuing individual contact as needed throughout the program. However, the basic treatment was delivered in a group format, once per week for two hours. In this section we will describe the major alterations to the format of the program.

**Group vs individual treatment for men.** With a cooperative clientele, group interaction should be superior to individual treatment for male abusers. Use of a group format should foster greater openness, sharing of experiences, and so getting the real nature of interpersonal problems out into the open. It should permit the participants to challenge one another, revealing the common use of resistance, denial, blaming, minimization, and rationalization to explain their problems. While certainly these same issues would surface in individual treatment, one risks reinforcing one of the central problems of family violence, its private and secret nature.

It is the intention of the IFS Program to conduct its treatment in a group format. The success of this endeavour, however, depends upon individual client cooperation and the establishment of a group cohesiveness wherein the men will feel safe is discussing family violence problems. On some occasions this works as one would expect classic group therapy to work. On other occasions it does not. A client who is cooperative one week may not be so the next. Quantity of participation can shift from full to none at all within a session. Many of the clients have served time together in various institutions and may band together to form a clique against the therapist. Sometimes they will band together on a marginally important or irrelevant issue in order to direct discussion away from family violence problems. Indeed some groups have become sufficiently disruptive that it has been necessary to disband them and see the clients individually. In some cases individual treatment has been more successful than
group treatment, in that the men became more disclosing. In other cases, sullenness and noncooperation has continued. Client drop-out, suspension of parole, rearrest, and reincarceration of group members has no doubt contributed to lowering of morale and participation.

**Mandated treatment.** As mentioned previously, the introduction of the NPB condition to attend and successfully complete treatment has curtailed some of the dropout. The fact remains that many of the dropout problems confronting us (e.g., AWOLs, suspensions, rearrests, and reincarceration) are beyond our control and simply come with the territory. The focus of the treatment program is upon the reduction and elimination of family violence. We are not equipped to deal with the many other intra- or interpersonal problems or deficits that the client might have, nor can we prevent recidivism to the many types of other criminal behaviours in which the individual might be engaging. We can refer a client for attention to problems other than family violence, and we can report the appearance of markers associated with previous criminal behaviour (e.g., alcohol or drug abuse), but that is all we can do. Our decision, then, has been to take maximum advantage of the treatment mandate and present the session content in a group format. In spite of all of the problems encountered in using this format, it remains the best vehicle for imparting the most information to the greatest number of clients. Even with the treatment mandate, we expect that dropout will remain near the 50% mark.

**Treatment modules: men.** Figure 3 shows that we rearranged the sequencing of the men's treatment. The session content of *Power and Control* and *Nonabusive Alternatives* remained unchanged but they are now delivered back to back. These two modules, in our judgment, contain the greatest psycho-educational impact and will have a greater cumulative impact if presented in this order.
We also decided to delete the **Relationship Skills** module from the program. This module was a reworking of a social skills training program for adolescents. We retained much of the original content and rewrote it to be applicable to adults. Our experience with it has shown that, in general, the clients like it and readily engage in the prescribed modelling of the videotaped vignettes of various social skills. Therein, however, lay the problem; it was too easy. The content of the vignettes was too soft and not particularly relevant to the issues our clients faced in their relationships.

We created a new third module entitled **Making It on the Streets**. This module retains the seven week format but is now divided into 14 rather than seven segments. Two situations are presented in each treatment session. What we are attempting to do with the new format is to give the client an opportunity to apply much of the information provided in the preceding two modules. The situations in **Making It** represents problems that parolees face on a day-to-day basis. Therefore we have changed session content such to issues as "I Know She's Screwing Around" (jealousy), "What Else Could I Do?" (handling provocative situations), "You Think You're Better Than Me?" (managing negative feedback), or "An Offer You Can't Refuse" (resisting peer pressure). Although currently under development, our expectation is that **Making It** will be realistic, have a practical impact, and serve to round out the treatment program more successfully.

The described alterations in the men's program have been in effect with Cohorts 10 and 11 and will continue with subsequent cohorts.

**Treatment modules: women.** As indicated previously we shifted the emphasis of the intervention for women from a treatment group to a support group. We initially retained the modular structure and the module titles. Some of the sociopolitical content remained but the focus was upon immediate support
and dealing with the issues that the women brought to the group. We felt that maintaining a sharper focus upon immediate problem issues coupled with the provision of support, education, and the proposal of problem-resolution strategies, would provide needed services to the women and retain them as participants in the program.

The Developed Program

Women's Support Group. Figure 4 shows that the only final change to the program has been to further loosen the structure of the Women's Support Group. Although many of the topics treated in the former modular structure (see Fig. 3) remain intact, and there is a structured manual for the repeating 12 week program, the format is actually totally open. Any topic brought to the clinic is open to discussion. There is no pressure upon clients to attend and they may drop in and out as they please.

Tracking the Clients Through the Program

The following sections will briefly describe the referral process, client intake and assessment, treatment reporting, confidentiality, and aftercare. Extensive protocols for the management of men and women clients within each of these elements have been developed (IFSP, 1993).

Men. Although our catchment area conceivably includes the entire Prairies region, clients must be under supervision in the Edmonton region to be eligible to participate in the IFS Program. Referrals come to the program by three means: individual interview, by mail, or by telephone. Individual interviews occur at two institutions which are convenient to visit following referral by a CMOI. Potential clients are screened for suitability. If acceptable, they are given an intake interview and begin assessment while still in prison. Upon release, the client is then referred by a parole officer to the program. Referrals by mail come from an institution too far away to conveniently visit. In this case the CMOI sends
referrals with documentation directly to the project. If acceptable, the institution is so informed. After release, Parole refers the client to the program. Referrals by telephone come from local agencies in and around Edmonton. The client may be initially seen at the local agency or at the program offices. In all of these cases, considerable documentation on the client is required.

Once accepted, the client undergoes a formal intake procedure. This includes a rather lengthy structured interview and the completion of a variety of assessments, most of which are computer-administered at the clinic (see Fig. 5). Paper-and-pencil versions are completed at the institutions. Once the intake is completed a case conference is conducted to make a final determination of the client's acceptability. If accepted, a letter is sent to the CMOI or PO indicating the decision.

The treatment is manual-guided and sequential and so clients must begin at the beginning. After each 26-week cycle begins, no one is admitted to that cohort after the first two weeks. Thus, men entering after that time might have to wait until the beginning of a new cohort. These wait-list individuals are placed in pre-treatment monitoring, usually on an individual basis, until the next cohort is assembled.

Figure 5 shows that interim assessments that evaluate the client's progress are administered during treatment. Monthly treatment reports are provided to POs. These are very brief reports on attendance, level of participation, general statements about progress, and IFS staff recommendations. Strict limits are placed on confidentiality during treatment because this is a volatile clientele who pose a continuing risk to other persons. Longer and more comprehensive reports on client progress are provided when the client completes the program, when his parole status changes, when he is terminated by IFS, or when he drops out.
Program completers undergo a final post-treatment assessment in which most of the baseline assessment instruments are repeated. If the clients so desire, or it is deemed necessary, they may be seen individually beyond the termination of formal treatment. If any additional needs were identified during treatment (e.g., parenting skills) the client may be referred to the another agency to address that need.

**Women.** At the first contact with the inmate or parolee, he is told that, if he is accepted, a condition of that acceptance will be that IFS staff will contact his partner to give her information on the program. We assume that every potential woman client is a person at risk for abuse and so approach her carefully. She is first approached by telephone or letter and generally informed about the nature of the IFS Program. If she fails to respond, or responds negatively, she is sent a packet of information. If there is still no response, a letter repeats the offer of support. No further letters are sent but IFS staff may contact her weekly to determine her status. If she terminates the relationship with the parolee, the case is closed.

Women are not screened because all are acceptable. The initial intake procedures are similar to those described for men above. With the exception of the intake interview, the woman does not participate in further assessments. A case conference is then held, not to determine suitability, but to assess the type of support she will require, the level of risk she faces, and any other needs for assistance.

Figure 4 shows that the Women's Support Group is much more free flowing and relaxed than the treatment procedures for men. The primary emphasis is on support from IFSP staff. In general, the purposes of the group are to help the women understand the issues that they face, understand what their partners are learning, ensure that they are getting whatever help they need to take care of...
themselves, arrange for outside assistance, and identify any ongoing abuse. Information about securing assistance in the event of crisis are provided.

Reporting on the women's activities in the support group is very limited. All information is kept confidential except when the woman reports that her partner is endangering her, another person, or himself; if an instance of child abuse is reported, or if records are subpoenaed. No comprehensive reports are prepared.

Program Monitoring.

Figure 5 shows the sequencing of treatment and assessment activities across the 26-week span. Examination of the family violence literature reveals that assessment, and in particular, assessment of treatment progress, has not been a strong feature of treatment programs in the past. We initially proposed use of an assessment battery administered at intake (pre-treatment), assessments of progress within each of the three treatment modules (within treatment) and re-administration of most of the intake battery following completion of the third module (post-treatment). With sufficient numbers of clients participating, this design would permit a repeated measures statistical analysis across the span of treatment.

The major problem we have faced, and continue to face, has been insufficient numbers. Although they wax and wane, referrals have been relatively steady throughout. However, many of the men remain in prison, so that the actual number reaching the project site has been small. Dropout has held fairly steady at around 50% which has kept the level of participation low. Given these facts, we would need access to something approaching three times the number of referrals to maintain a reasonably adequate number of clients in treatment. Since those numbers have not been adequate, it has not been possible to perform a repeated measures analysis.
Over the past three years we have made several alterations to the assessment framework shown in Figure 5. In making these changes we have relied upon the data that came from our clients. Assessment instruments and progress measures that proved insensitive were dropped and others substituted. The elements of the assessment battery shown in Figure 5 represent what we believe to be adequate for evaluating a project of this type. The following appear to be the most important instruments:

1. **Forensic Assessment & Community Services Violence Questionnaire (FACS-VQ) (Cadsky & Crawford, 1988)** A very detailed self-report questionnaire that provides information on family, social, and criminal history.

2. **Burt Attitude Scales (Burt, 1980).** Used to determine the client's attitudes and beliefs about male-female relationships.

3. **Empathy for Women (Hanson, 1991a), Relationship Questionnaire (Hanson, 1991b).** Questionnaires that evaluate the quality of the client's ability to reason in a socially appropriate manner. Both of these reveal much about traditional male ideology and are the most useful instruments that we have seen. They should be sensitive to treatment and so serve as pre- and post-treatment measures.

4. **Progress in Psychotherapy Scale (Laws & Buys, 1991).** These are within-treatment measures that evaluate the quantity and quality of the client's participation in treatment. This appears to be a solid measure that is reflective of client behaviour in treatment.

5. **Goal Attainment Scales (Buys & Laws, 1991).** Clients complete this scale regarding what they believe they have gotten out of each phase of treatment. Their ratings of their own performance has proven to be surprisingly modest, suggesting to us that these are
probably reliable measures of progress.

**Plans.**

We are satisfied that at this point we have developed a workable and measurable treatment program. We plan no further changes to the format described above (5).

In recent months we have reengaged in the attempt to recruit referrals. This has lately taken the form of familiarization and sensitization sessions at institutions in this province, both for inmates and staff. Our regional project officers have been fully engaged in this process.
References


Figure 1. The original program.

INSTITUTIONAL ASSESSMENT

ASSESSMENT AT PROJECT SITE

THE CORE PROGRAM

Stress Innoculation
Breaking the Cycle
Communication Skills

OPTIONAL ACTIVITIES NETWORK

Assessment & Treatment
Training & Education
Community Services
Support Groups

FOLLOW-UP
Figure 2. The redesigned program

Interpersonal & Family Skills Program

MEN'S GROUP I
(Power & Control)
9 Weeks

RELATIONSHIP SKILLS TRAINING
7 Weeks

MEN'S GROUP II
(Nonabusive Alternatives)
10 Weeks

COUPLE'S GROUP
(Conflict Resolution)
10 Weeks

WOMEN'S GROUP I
(Female Perspectives)
9 Weeks

WOMEN'S GROUP II
(Empowerment)
10 Weeks
Figure 3. The almost developed program.

**Interpersonal & Family Skills Program**

**MEN'S TREATMENT GROUP**

- **Power & Control**
  - 9 Weeks

- **Nonabusive Alternatives**
  - 10 Weeks

- **Making it on the Streets**
  - 7 Weeks

**WOMEN'S SUPPORT GROUP**

- **Women's Issues**
  - 9 Weeks

- **Building Confidence**
  - 10 Weeks

- **Family Life**
  - 7 Weeks
MEN'S GROUP I
Power & Control
9 Weeks

MEN'S GROUP II
Nonabusive Alternatives
10 Weeks

MEN'S GROUP III
Making it on the Street
7 Weeks

WOMEN'S GROUP
OPEN FORMAT
Repeating
12 Week Program

Topics include:
Women's Issues
Building Confidence
Improving Strengths
Communication Skills
Figure 5. Phases of assessment and treatment.

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Not repeated

FACS-VQ

Index of Social Position

Clarke Vocab

Bal Inventory of Desirable Responding
London Battered Women’s Advocacy Centre
It is important to understand the context in which the London CSC Initiative is situated. London is a community that has had a ten year history of developing a "coordinated" response to wife assault. This model developed out of a 1981/2 major research project undertaken in order to assess community responses to wife assault. This project also incorporated a survey of battered women in order to ascertain, as directly as possible, their experiences of interventions within existing social and legal service systems. In order to ensure accountability and maximum input from the community, an advisory committee was struck in order to supervise, direct and take action on the results of the research project. After the completion of the project this advisory committee was expanded and formalized into the London Coordinating Committee to End Woman Abuse, L.C.C.E.W.A., (formerly known as the London Coordinating Committee on Family Violence). In a parallel and, somewhat, connected process, the Battered Women’s Advocacy Centre, (formerly known as the Battered Women’s Advocacy Clinic), was established in 1982.

The L.C.C.E.W.A., over its history, has expanded to include over 25 members. These 25 individuals represent a broad and diverse range of services, professions, institutions, and grassroots organizations, (police, judiciary, shelter for battered women, B.W.A.C., Sexual Assault Centre, Children’s services, legal profession, provincial Probation & Parole, education systems, etc.). One of the results of this broad representation is a shared responsibility for ending woman abuse in the community, unlike so many other communities where the mandate for ending woman abuse is located in only one or two agencies, (e.g., sexual assault centre, women’s shelter). Without a "sharing of the mandate" many problems emerge, such as the isolation of the programs and advocates for battered women, and a reduction in an ability to broaden the political will required to establish important programs throughout the community.

The development of the L.C.C.E.W.A. is also characterized by a prioritization for developing solid, real, and respectful relationships between all of the committee members. Consequently, the members, (and their constituencies), confront and let go of problematic stereotypes that hinder a productive and cooperative working relationship. An excellent example of this dynamic is the improved working relationship between the front-line woman’s advocates and members of the Crown Attorney’s office or the police.
Currently, the L.C.C.E.W.A. is doing work on solidifying these important relationships into a more formalized process for ensuring accountability to assaulted women and the community at large. We intend to capitalize on the history of developing meaningful relationships by developing a supportive and problem-solving focussed process of holding each other accountable to the goals associated with ending violence against women. The first step in achieving this accountability process was developing a consensual position on what constitutes as "Base Principles for Service Delivery" (document attached). These principles outline the vision and goals for an ideal community response to woman abuse.

The challenge is, then, to move each member organization/group forward in achieving service delivery in-keeping with the forward-thinking "Base Principles". In order to do this we are currently developing a "calibrated" process of accountability. The process must be calibrated in a recognition that not every member organization can easily or quickly change their structures, policies and related legislation. Typically, not-for-profit, smaller, or grassroots organizations can move more quickly in meeting the visionary standards. It is important, however, to set up a process which does not set up players from more traditional institutions for failure and/or judgment by other L.C.C.E.W.A. members (e.g., the political correctness hiearchy). For example, it is important to acknowledge the tremendous difficulties and institutional resistance that a representative of the judicial system sitting on the Coordinating Committee faces. In just such a recognition the Committee members can support that member in taking forward jointly considered strategies for effecting changes within the target institution.

B.W.A.C.'s SERVICE & ROLE:

Beyond a social service context, (i.e., coordination, cooperation, accountability, etc.), this community is also committed to encouraging real social, institutional and political changes. This politicized approach is seen by all to be increasingly fundamental to addressing violence against women. Put simply, responding to individuals, (i.e., uni-dimensionally as clients alone), is not enough given the historical and social foundations of violence against women.

B.W.A.C., given its explicit feminist mandate to advocate for systemic social change, plays a key role in terms of being a leader for the community in this challenging work. In short, the Coordinating Committee often mobilizes into a wedge-like formation for challenging institutions and the status quo with B.W.A.C., (although this is not always the case), at the apex of the wedge. In this way, B.W.A.C. is supported by other strong community agencies, groups and institutions in this challenging and sometimes risky work.
B.W.A.C.'s Relationship with CSC:

Given B.W.A.C.'s history of developing positive relationships with a broad range of other services and systems, including some very traditional institutions, we were very enthusiastic about welcoming a new relationship with Correctional Services of Canada -- another player in the "coordinated" response. There was, however, the need to deal with some key issues in relation to creating the protocol and setting up appropriate contract parameters.

Not surprisingly, given its mandate, CSC has had a longstanding history of working in a "top-down" orientation with its clients, (inmates and parolees of federal institutions). Consequently, client information is shared throughout the system -- contracted service professionals are expected to share all case information back to CSC and Parole Board authorities. This service orientation, however, is in direct contrast to that of B.W.A.C.'s. By virtue of working with a vulnerable and oppressed group of women, we have gone to great lengths to turn over control of "case management" and program participation decisions to the clients themselves. In practice, then, any decisions about releasing information are in the hands of our clients. As a result, the London CSC Initiative had to initiate a creative and unparalleled legal arrangement in order to respect B.W.A.C.'s "empowerment focussed" relationship with its clients. The intervening negotiation process was, in and of itself, an important learning process for both players -- CSC learned concrete lessons about what was meant by "empowerment", and B.W.A.C. became familiar with CSC's responsibility and liability for community safety.

We have also initiated monthly "Monitoring" meetings in order to review specific case situations as well as to, on an ongoing basis, monitor the overall effectiveness of the initiative. These meetings bring together representatives of the three community agencies involved, (Children's Aid Society, Changing Ways and B.W.A.C.), along with local CSC CMOI's and management. In this situation, a B.W.A.C. representative acts in a dual capacity as an advocate for women with partners in the CSC program, as well as a more general role of "women's advocate without portfolio". In other words, this process has legitimized and prioritized the input and expertise of women's advocates in brainstorming responses to CSC clients and procedures. Oftentimes, then, the B.W.A.C. representative provides important, but not necessarily B.W.A.C. case-based, education, challenges and consultation about issues of violence against women.
B.W.A.C.'s Relationship with its Clients:

In respect of our clients, we have taken an explicitly non-therapeutic/treatment approach to assisting and supporting battered women. We are seriously concerned about approaches to battered women which tend to focus on aspects of their lives as "symptomatic" or mental health issues as a result of family of origin problems, dysfunctional lifestyle choices, etc. etc. These approaches ultimately blame the victim and divert attention away from the social and practical dimensions of the victimization of women. In short, battered women do not, by definition, require therapy or treatment, they, as they have stated over and over again, are looking for a way to end the abuse in their lives.

Consequently, B.W.A.C. offers action-focused individual and group services to assaulted women in London and area. We are a non-crisis, non-residential service offering short-term individual counselling and advocacy for approximately 140 women per month. Our priority is offering assaulted women, as quickly and as consistently as possible, information and choices about her situation. It is our responsibility to address the immediate battering situation, as well as related problems, barriers and difficulties which impinge on her ability to end the violence in her life, (e.g., housing, legal aid, appropriate legal responses, advocacy with criminal justice system, etc.).

The group program centres on creating a forum for women to meet with each other and share their experiences and expertise related to the impact of the violence. This is a critical component of the program given that the majority of assaulted women feel very isolated and stigmatized. The approach taken is based on popular education methodology whereby each participant's situation becomes central to the group learning process. More than this, however, the group is designed to encourage women to feel a right to take action in their personal lives as well as in the community at large.

The Phase II group (Action Group) is offered to those women who choose to follow up Phase I with an opportunity to collaborate with other women in designing and implementing a community action plan targeted at ending the oppression of women. In this group there is much more attention to the cultural and institutional (social) dimensions of violence against women, (e.g., discrimination in the workplace, sexist attitudes in the media, problematic legislation, etc.).
Emerging Challenges related to CSC contract:

Several issues have come to our attention in our early involvement in this project, and in our increasing familiarity with CSC and its procedures, policies and institutions. During the course of the project it is our hope to integrate a programmatic and/or policy response to the following issues:

1. Same-Sex Battering: Currently the CSC project addresses only heterosexual battering.

2. Private Family Visits in Institutions: A need to develop a protocol in responding to potential wife assault situations in private family visits.

3. "Muling": A need to address safety needs of women in the community who are victimized by "agents" of incarcerated partner.

4. Generalized Aggression/Violence vs. Battering: A need to distinguish between two categories of violence. Have noticed a little confusion between the two kinds of behaviour, (i.e., assuming a violent inmate is also a batterer).

(London presentation turned over to Changing Ways at this point)
BASE PRINCIPLES FOR SERVICE DELIVERY FOR THE LONDON COORDINATING COMMITTEE TO END WOMAN ABUSE

INTRODUCTION
The London Coordinating Committee to End Woman Abuse has reached a consensus that any services to those impacted by woman abuse/assault must be based on a feminist philosophy which analyzes the historical and structural basis of power, control, and sexist socialization as expressed and enforced by the crime of woman abuse. These social structures have contributed to the long term negative effects of such abuse, and these same social structures contribute to the barriers experienced by women in their quest for services and justice. We recognize that, for most women who have been assaulted or abused, these social conditions have created three separate but related victimizations: that of the abuse itself; that of years of silencing and fear; and, when or if she reaches out for help, that of nonexistent, inadequate, or abusive responses. We hope that by addressing power, control, and sexist socialization within the service framework it will help end this abuse and revictimization.

Our feminist analysis gives rise to an understanding of the interconnection between patriarchal structures and violence against women and children. Further, it is understood that this oppression may be exerted through individual, institutional, and/or cultural contexts, (e.g., interactions with partner, justice systems, or media).

PATRIARCHAL STRUCTURES AND VALUES
CREATE CONDITIONS WHERE:

- Men are in a social position to abuse power and control and currently are not held sufficiently responsible for such abuse.
- In a society dominated by men, women and children are vulnerable to abuse and have few actual or perceived options to ensure their personal safety.
- The vast majority of violence against women and their children occurs in intimate relationships and is perpetrated by men. Men's overrepresentation as perpetrators is socially not biologically constructed - this does not in any way excuse perpetrators of responsibility for their actions.
- Violence is seen as a private matter and, traditionally, men have had the right to control "their" women and children.
- Violence and abuse are defined by those who enjoy social power. Consequently, the extent of the abuse is often minimized, denied, and/or trivialized.
- Generally, competitive, controlling and dominating behaviours are valued and rewarded on an individual, as well as collective basis.
- The abused are often not supported and are blamed, stigmatized or held responsible (i.e., victim-blaming).
- Men are socialized to combine acts of power, control, and violence with sexuality.
- The tactics of abusers do not originate from mental illness or loss of control. Perpetrators select the targets of their abuse, and often choose both the circumstances and the severity of the injury inflicted by their assaults.

COMMUNITY ACCOUNTABILITY PRINCIPLES:
Through many years of commitment and cooperative effort, the London Coordinating Committee to End Woman Abuse has determined that the following community accountability principles must be adhered to in order to ensure a safety conscious community response. It is, therefore, critical that social service, medical, mental health, educational, and justice systems, as well as grassroots community groups develop policies and programmes that reflect a commitment to the following standards of practice:

1. The safety of abused women and their children is the fundamental priority of intervention.
2. "Service delivery" must extend beyond traditional concepts to include advocacy and political change.
3. Services to abused women, their children and men must work within a coordinated framework.
4. Women's choices and expertise related to their own situations must be respected. At the same time, service workers have the responsibility to:
   a) create conditions where a woman is given an opportunity to make informed choices.
   b) create reasonable boundaries and safety provisions.
5. The needs of abused women and their children are paramount, not the needs of her family, service provider, religious group(s), or the state.
6. Service agencies must be responsible for critically reflecting on how their organizations' hierarchical structures, and the service providers' related positions of power may negatively impact the desired mutuality of the working relationship with the client.
7. Services must recognize "symptoms" in abused women and their children as common adaptations to intolerable social and interpersonal situations of violence.
8. Services must not collude with tactics of control used by abusers.
9. A de-institutionalized, non-medical approach to intervention is to be employed along with the necessary and appropriate use of medical and psychiatric services.
10. Services must recognize abuse as criminal activity, and promote the application of the full measures of the law against the perpetrator.
11. Services must be universally accessible, and will respond sensitively and appropriately to the needs of:
   a) diverse multicultural/multilingual communities
   b) First Nations people
   c) lesbians and gay men
   d) persons with physical disabilities
   e) persons with developmental disabilities
   f) older persons
   g) persons with HIV positive testing
   h) persons with low literacy skills
THE COORDINATED NETWORK

THE CRIMINAL JUSTICE SYSTEM
* Crown Attorney
* Family Consultant Service, London Police
* London Police
* Ministry of the Attorney General, Victim/Witness Assistance Program
* Ministry of Correctional Services, Probation and Parole Office
* Salvation Army Correctional Services

SOCIAL SERVICES
* Alenlos
* Changing Ways
* The Children's Aid Society of London and Middlesex
* Family Service London
* London Battered Women's Advocacy Centre
* London Second Stage Housing
* Mission Services of London/Rotholme Women's and Family Shelter
* Sexual Assault Centre London

HEALTH SERVICES
* Family Physician
* London Inter Community Health Centre
* Middlesex London Health Unit, Public Health Nursing Division

MENTAL HEALTH SERVICES
* London Family Court Clinic
* Madame Vanier Children's Services

SPECIAL INTEREST GROUPS
* Family Lawyer
* London Board of Education
* London & Middlesex County Roman Catholic School Board
* London Status of Women Action Group
* Ministry of Community and Social Services
Changing Ways
(Men's Program)

London, Ontario
The first thing I would like to do, is to thank Julie Lee for bringing her concerns forward to our agency, without these concerns we would not be able to grow and develop and remain honest.

I have changed the format of my presentation a little because of some issues that have been brought forward in regards to programs. I also need to tell you a little about myself so you may know I am aware of the other side of the story.

I had worked in the county with women, who have been abused, for some time before coming to Changing Ways. I have seen the effects that violence and continued battering have on women.

Having said all that, I would like to tell you two stories.

1. Bill was a member of one of my men’s groups through the winter. I did an intake on Bill and realized that safety of his partner was a real issue. I was just starting up a new group so I plugged Bill right into it because of the safety issue around his partner. Bill struggles in group but we did a lot of work around safety and Bill’s responsibility. At about the 15th week in group, Bill was recharged. The charge was breaching his probation order by being at his ex-partner’s residence where they argued. I got a call from Bill the next morning and he said he needed to tell me "he never hit her even though he had become very angry". It was very important for him to tell me this and he continued to say if he had not been in the group he may have badly hurt her or possibly killed her. This to me is a success story.

2. Bruce is presently a member of one of my groups. He went to prison for almost killing his partner. This took place when she told him she was leaving. She supported him while he was in prison but recently found she did not want to pursue the relationship any longer. When she told him this, he became very agitated and indicated to the group he was capable of murder that night. The group members, as well as myself, did a lot of work with him that night to put some plans into place to keep his partner safe. Bruce came back the following week to group and said, "if it had not been for this group I likely would have followed through with my plans to hurt my partner". This to me is another success story.

I believe groups have saved lives or at the very least, serious injury. I believe men’s groups can be successful.

I have also been to a renewal of a couple’s vows which is another story.

Now I would like to tell you about our program.
Our Program and C.S.C.:

Integrating men into our existing program.

Educationally based not treatment based.

Treat men with fairness and respect. We need to be respectful of the human element but not the behaviours and attitudes.

Our process to get into program:

1. We begin our process with Phone Intakes. The men must make the call themselves, as well we have continued contact with the Parole Officers (before and after the initial phone call.)
   - This is our first contact with the client so we talk about the safety of their partner if they have one.
   - We also asked for a firm commitment that they be non-violent.
   - We try to motivate the men to come for their assessment.

2. Assessment Intake is our second step.
   - Go through the intake package.
   - Go over Men's responsibility and safety plan with the men. (this points out their responsibility to keep their partner safe.)
3. Orientation Sessions.
   • Educational
   • Prepare men for closed 20 week group. Very little processing intended for this group.
   • Main focus is safety and responsibility as well as using segments from the Duluth Power and Control Wheel.

4. Twenty week closed group.
   Components for this part of our program
   • Safety
   • Responsibility
   • Power & Control
   • Self-talk
   • Sexism
   • Communication
   • Conflict & Co-operation
   • The Next Step

   There has been consideration of having the Women’s Perspective as another component. How the woman feels is something we presently talk about on a continual basis in group.

5. Follow-up groups.
   • For men who have completed the 20 week part of our program.

6. In the future -- We will strive for a Social Action Group.

Question: Do you have a co-facilitator in the groups.

Answer: Yes, we have male/female facilitators in the groups. One is a counsellor and one is a trained volunteer. I am the only female counsellor at Changing Ways so I have a male co-facilitator.

Question: Can the men repeat the program.

Answer: Yes, men may repeat the 20 week program where required.
Connection with the Parole Officers:

- Telephone reporting beginning once a week, then every two weeks when a man starts group (unless concern arises)
- Monthly reporting
- Mid-Group reporting
- End of Group reporting
- Monitoring meetings
- Case conferences
- We will try to maintain close contact with Parole Officers at all times

Women’s Contact Co-ordinator:

- Makes contact with female partners (cleared by P.O. first)
- Arrange intake with women
- Go over safety plan
- Gives information and referrals to the women

Question: Is this position part of B.W.A.C.

Answer: No it is not. It is part of our own program.

Wrapping Up:

We do not accept factors such as childhood abuse, substance abuse, social direction to be used as an excuse or a reason for abuse. We challenge men to focus on the here and now and on making change within themselves.

We are a fairly new initiative and only have a couple of men from C.S.C. in our program to date. So far it has been successful. The men are fitting in well and are participating. They appear to be making good group members.

We do not do any groups in institutions at this time and I am not sure whether that will happen. We will continue to put them into our regular groups until this proves to be ineffective. We will continue to evaluate the process as we go along. We do one to one counselling until the men get into the group.

Future Plans: If integration proves to be unsuccessful we will look at having smaller groups and the client group would be specifically C.S.C. clients. We may need to consider using a Module Model we use in the county in our outreach project which would allow different entry points into the group.
MISSION STATEMENT

Changing Ways helps men in the London and Middlesex area to eliminate their abusive and violent behaviour in their relationships.
CHANGING WAYS (LONDON) INC.
ACCOUNTABILITY PRINCIPLES

January 21, 1993

CHANGING WAYS is a pro-feminist agency which provides counseling services to men who have used violence in their partner relationships. Our goal is to help men end their violence and our task is to create and implement the most effective program possible for achieving this goal using the following principles:

1. Changing Ways' first and most basic priority is the safety of abused women and their children. Though our services are directed primarily toward men who abuse, we are committed to ensuring that no part of our service delivery will ever compromise or jeopardize the safety of any present or former partners or children of these men.

2. Changing Ways is committed to providing services which challenge men's abuse of power and control tactics in their relationships with women and children. We believe that the abuse of women is socially constructed to maintain and promote a system of power, privilege, and control over women by men. The act of abuse is individually willed to perpetuate a man's dominance over his partner. Abusive men must acknowledge, take responsibility for, and cease their violent behaviours.

3. Changing Ways will seek out and listen to women's experiences of men's violence through active consultation with, and acknowledgement of, women's advocates and the survivors of men's violence. We will continue, through our participation in the London Co-ordinating Committee to End Woman Abuse, to adjust and refine our program delivery to reflect the concerns of the advocacy community.

4. Changing Ways will ensure that those who work or volunteer at, or on behalf of, the Agency will not collude—either deliberately or inadvertently—with abusive men.

5. Changing Ways recognizes that men's assault on their partners and children is a criminal activity. Changing Ways must ensure that judicial sanctions are applied without consideration as to whether an abusive man is currently a client or intends to be a client of the Changing Ways program. We will also report all known violations of judicial sanctions.

6. Changing Ways expects that those who work or volunteer at, or on behalf of, the Agency must be committed to live without violence and be willing to accept the standards of personal accountability implied in this document.

7. Changing Ways is dedicated to working for full equality between men and women in society and in personal relationships. Consequently, we will confront and challenge sexism at all levels of our Agency and its program delivery.

8. Changing Ways will be an advocate for social change particularly as it pertains to the issues of male responsibility for violence against women and children. In particular, we call on all men to work toward ending all forms of men's violence.

9. Changing Ways is committed to providing accessible services to all who require them in an appropriate and sensitive manner including those from diverse ethnic or cultural communities, low literacy skills, and without regard to a person's race, religion, age, sexual orientation, or financial status.

10. Changing Ways will monitor and evaluate all aspects of program development and delivery to ensure compliance with the standards of accountability described herein.
CHANGING WAYS (London) Inc.

- established in 1984
- incorporated as a charitable non-profit organization with a voluntary community board of directors
- funded by the United Way of London and Middlesex, the Ministry of Community and Social Services, and the Ministry of Correctional Services
- accepts both court mandated and voluntary male clients: about 25% to 75% ratio
- voluntary clients make a financial commitment on a sliding scale toward the programme
- staffing: currently 4 men's group counsellors, a Women's Contact Co-ordinator, a Volunteer Co-ordinator, a support staff, an executive assistant, and an executive director.

PROGRAMME GOALS

- a reduction and an elimination of men's violence against their partners from their involvement in the programme
- men accept responsibility for their violent behaviour
- men view and treat their partners and women in general on more equal terms
- men go onto challenge other men about woman abuse and sexism
- women are better able to make informed decisions about their involvement with their partners, make connections to other woman abuse services, and to experience greater personal safety and empowerment in their lives and in their relationships

SERVICE DATA

- 1,966 men's intakes have been completed from November 1984 to March 1993 with 342 intakes completed in 1992/93
- 294 men attended the 20 week group programme during 1992/93
- men attended an average of 13 sessions each
- 61% of court mandated clients compared to 55% of voluntary clients attended from 15-20 group sessions
- 16 twenty week groups were completed during 1992/93

PROGRAMMES

MEN'S PROGRAMME

- a man calls Changing Ways for an appointment
- intake/assessment conducted
- meets eligibility criteria:
- acknowledges some direct or indirect physical violence toward an intimate partner. Assumes some responsibility for their actions
MEN'S PROGRAMME (continued)

- agrees to partner contact
- agrees to work on ending woman abuse
- agrees to contact with mandating agencies or other appropriate community contacts
- advised about child abuse reporting and our duty to warn if woman abuse or suicide are likely
- agrees to respect the confidentiality of other men in programme
- agrees to attend the programme and to abstain from drugs/alcohol on the day of a group session
- advised that attendance, assaults, and general progress will be reported to mandating agencies

Exclusions:

- those whose primary problems include alcoholism, drug abuse, sexual abuse, severe mental health problems
- those who are not able to function in a group setting or benefit from group counselling, e.g., low intellectual functioning, language limitations, not accessible to the facility
- repeated no-shows or non-attendance
- disruptive behaviour
- lack of participation or work in a group
- groups are co-led by a staff counsellor and a trained volunteer.
- groups are co-facilitated by a man and woman

ORIENTATION SESSIONS

- bi-monthly educational orientation sessions for men who have been accepted into the programme. The sessions focus on the different types of abuse reflected in the power and control wheel

TWENTY WEEK CLOSED GROUPS

- a man is offered a spot in an evening group of 12-15 men that meets once weekly for 20 weeks for two hours a night
- an educational/group challenging model that focuses on issues dealing with the following eight components:

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<th>Self-Talk</th>
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<tr>
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<td>Conflict and Co-operation</td>
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<td>Power and Control</td>
<td>Communication</td>
</tr>
<tr>
<td>Sexism</td>
<td>The Next Step</td>
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</tbody>
</table>
FOLLOW-UP GROUP

- follow-up groups for men who complete groups will be begin this fall

WOMEN'S PROGRAMME

- after a man is accepted into the programme his partner is contacted
- she is invited to an individual session with the Women's Contact Co-ordinator to discuss her experiences of woman abuse, to make/review safety plans, to hear about other woman abuse services such as the Battered Women's Advocacy Clinic (BWAC) and Women's Community House, and to hear about and to discuss realistic expectations about the men's programme of Changing Ways
- notification when her partner starts or drops out of a group
- invitations to attend a Women's Information Session with other women to further discuss the programme, to hear from such women's services as BWAC, and to discuss safety plans
- women contacted twice during a man's participation in a 20 week group for feedback and safety issues
- women also contact Changing Ways to report being abused, for programme clarification, referrals, and some support. Individual or group counselling is not provided
- women's experiences of woman abuse is confidentially shared with the men's group counsellors by the Women's Contact Co-ordinator

RURAL OUTREACH PROJECT

- Middlesex County in Strathroy

VOLUNTEER PROGRAMME

- group training series
- volunteers serve as co-facilitators with staff counsellors in orientation sessions and 20 week groups
- some female volunteers conduct intake assessments with women and partner telephone contacts

RESEARCH PROGRAMME

- started in 1990 to wrap-up this summer
- men and women: at intake, post 20 week group, six months later
- CW's intake form coded
- police reports
- Conflict Tactics Scale (CTS) Straus, 1974)
- Anger Response Inventory (ARI) (Hoshmand and Austin, 1985)
- Culture-Free Self-Esteem Inventory
RESEARCH PROGRAMME (continued)

- Psychological Maltreatment of Women Inventory (PMWI) (Tolman, 1989)
- Attitudes Toward Marriage and Family (ATMF) (Feldman, 1983)
- CSC demonstration project research package being finalized

PUBLIC EDUCATION

- responding to community requests to talk about Changing Ways and stopping men's violence against women
- White Ribbon campaign

COMMUNITY LIAISON

- being accountable to woman abuse services and to the survivors of woman abuse
- London Co-ordinating Committee to End Woman Abuse
- Middlesex County Co-ordinating Committee to End Woman Abuse
- future developments: increased accessibility to services including responding to expressed interest in working with other linguistic/cultural groups
- public advocacy to challenge individual and structural sexism and men's violence against women

PROGRAMME HANDBOOK RE-WRITE PROJECT

Contacts for further information:

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Suzanne Boschart, Group Counsellor, Middlesex County Project Co-ordinator
Contrecoups

Laval (Québec)
PROGRAMME DE THÉRAPIE POUR HOMMES VIOLENTS
DANS UN CONTEXTE FAMILIAL ET/OU CONJUGAL

CONTRECOUPS

SERVICE CORRECTIONNEL DU CANADA
ÉTABLISSEMENT MONTÉE ST-FRANÇOIS (EMSF)
1300, MONTÉE ST-FRANÇOIS
LAVAL (Qc) H6C 1S6
[514] 661-9620
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          — Journal de responsabilisation
          — Liste des organismes communautaires
PROJET TÉMOIN

Traitement de la violence familiale
à
l'établissement Montée St-François

1 - INTRODUCTION

Ce projet témoin a vu le jour dans le cadre de l'initiative de la lutte contre la violence familiale et conjugale. Les buts de ce projet sont de trois ordres:

- OFFRIR EN ÉTABLISSEMENT UN PROGRAMME DE THÉRAPIE DE GROUPE POUR HOMMES VIOLENTS DANS UN CONTEXTE FAMILIAL ET/OU CONJUGAL;
- PERMETTRE AU PERSONNEL D'ACQUÉRIR L'EXPERTISE NÉCESSAIRE POUR DIRIGER UN GROUPE DE THÉRAPIE;
- PROCÉDER À UNE RECHERCHE QUI CONSISTERA À RECUEILLIR DES DONNÉES DE BASE SUR L'EFFICACITÉ DU PROGRAMME D'INTERVENTION À DIMINUER LA VIOLENCE CONJUGALE ET FAMILIALE.

2 - PARAMÈTRES DE TRAITEMENT

A) CRITÈRES D'ADMISSIBILITÉ¹

Ce programme s'adresse aux détenus qui ont eu recours à de la violence physique et/ou sexuelle et/ou psychologique et/ou verbale dans un contexte familial et/ou conjugal.

Seront exclus:
- Les détenus criminels polymorphes;
- Les délinquants sexuels autres que les pères incestueux traités;
- Les toxicomanes non-traités;
- Les détenus psychiatrisés, à moins d'une recommandation par le psychiatre traitant.

¹ Les clients participant à ce programme pourront éventuellement poursuivre leur démarche dans un groupe dans la communauté.
B] PROCESSUS DE RÉFÉRENCE ET DE SÉLECTION

Le détenu doit faire part à son équipe d'agents de gestion le cas de son désir de participer à un programme de thérapie pour conjoints violents. L'AGCE réfère le détenu à l'EMSF et le détenu sera rencontré par les thérapeutes de groupe afin d'évaluer si le détenu peut faire parti du programme.

C] DURÉE DU PROGRAMME

Douze (12) semaines à raison de deux (2) séances par semaine d'une durée de deux heures par rencontre.

D] INTERVENANT-E-S

Des professionnel-le-s ayant une formation spécialisée en violence conjugale et familiale.

E] RAPPORT D'ÉVOLUTION

A la fin de la démarche de thérapie des détenus, l'équipe des thérapeutes produira un rapport d'évolution du cas. (Voir texte ci-joint «Procédure d'évaluation de la démarche du client»)

F] COMMUNICATION AVEC LES AGCE

Des réunions de discussion de cas seront organisées entre le responsable des programmes Contrecoups et les agents de gestion de cas en établissement.

G] POUR INFORMATIONS SUPPLÉMENTAIRES

Appeler la personne responsable du programme «CONTRECOUPS» (514) 661-9620

3 - OBJECTIFS DE LA THÉRAPIE

Le programme a pour objectifs principaux d'amener les conjoints violents:
À arrêter leurs comportements violents et diminuer les autres formes d'agression (violence verbale, psychologique, contrôle financier ou autres);

À reconnaître l'étendue du système de contrôle et de domination mis en place;

À apprendre à identifier et à exprimer une plus grande diversité d'émotions:

À reconnaître l'impact de ses conduites d'agression sur les membres de la famille et sur lui;

À modifier les croyances qui servent à justifier le recours aux conduites d'agression.

4 - THÉMATIQUES ABORDÉES

Pour ce faire, les conjoints violents travailleront en thérapie:

À dévoiler l'ensemble de leurs conduites d'agression;

À reconnaître leur responsabilité dans l'acte violent;

À identifier dans le système familial les personnes les plus touchées par l'utilisation de leurs comportements violents;

À reconnaître qu'ils ont du pouvoir sur l'arrêt de leurs conduites d'agression;

À favoriser l'apprentissage de techniques d'affirmation de soi;

À apprendre à identifier les émotions qui se profilent derrière les conduites d'agression;

À explorer et modifier les croyances qui justifient le recours à la violence et qui servent à valider leurs conduites d'agression.

5 - OBJECTIFS DE LA RECHERCHE

Cette recherche poursuit différents objectifs:
Vérifier l'efficacité d'un programme thérapeutique en milieu carcéral à diminuer la violence physique, verbale, psychologique et sexuelle, et l'impact de cette violence sur la victime;

Recueillir des données individuelles sur l'attitude des hommes envers les femmes, leur rôle dans la société, leur attitude face à la criminalité en fonction des changements réalisés en thérapie;

Évaluer l'impact du programme de groupe à modifier certains paramètres de la dynamique conjugale et familiale:

a) l'évaluation du niveau de cohésion, d'expression des sentiments et d'agression exprimés par les conjoints envers les membres de sa famille;

b) l'évaluation du niveau de dépendance et de contrôle des conjoints dans les relations quotidiennes.

Fournir des données sur le comportement des enfants à différents temps de la thérapie.

6 - LE GROUPE POUR HOMMES VIOLENTS: CONTRECOUPS

PHILOSOPHIE DU PROGRAMME

Contrecoups privilége dans un premier temps une intervention auprès de l'homme. Il serait fastidieux de décrire tous les concepts cliniques qui ont servi à élaborer le programme thérapeutique mais nous pouvons mentionner que nous sommes inspirés de l'approche féministe en ce qui a trait aux notions de contrôle, escalade de la violence, cycle de la violence, définition de la violence, concernant l'approche psycho-dynamique. Nous nous sommes référés à des notions telles, pulsion d'agressivité, acting-out, relation d'emprise, événement traumatique. Nous avons fait appel à l'approche systémique pour des notions telles l'équilibre homéostatique, fonction du symptôme, escalade symétrique, transmission inter-générationnelle.

L'intervention auprès des conjoints violents s'adresse à celui qui a recours à la violence pour exercer un contrôle, soutenu par les traditions et les institutions familiales et sociales sur sa partenaires et ses enfants. Le conjoint qui choisit de recourir à la violence pour maintenir son contrôle sur ceux et celles qu'il aime,

2 Cette description ne se veut pas exhaustive, le peu de place en a limité la description.
cadenasse ainsi tous les membres de son système familial et restreint par le fait même l'ouverture au changement dans la famille.

Contrecoups s'appuie sur une compréhension de la responsabilité face à la violence dans le couple et la famille, qui reconnaît à chacun des membres du couple et de la famille, l'entièr e responsabilité de ses comportements. Le conjoint violent agit, non pas à cause du comportement ou des attitudes de sa partenaire, mais parce que quelque chose en lui réagit à ce qu'elle fait. Sa réaction ne dépend pas du comportement ou de l'attitude de sa partenaire, mais de ce que le comportement ou l'attitude de sa partenaire l'amène à revivre de l'expérience du passé. (La Belle, 1989)

PROCESSUS DE GROUPE ET RESPONSABILISATION

Dans le cadre de la thérapie de groupe, le participant est progressivement conduit à identifier les diverses formes de violence qu'il a employées jusque là pour contrôler les personnes qu'il aime. Parallèlement, diverses stratégies d'intervention favorisent la réappropriation de ses projections.

L'objectif du travail de responsabilisation est à voir en plusieurs étapes et ce travail consiste à amener le client à reconnaître dans un premier temps ses agirs violents et leurs impacts sur les membres de sa famille en lien avec les valeurs et les préjugés qui l'habitent. Dans un deuxième temps, le client devra se réapproprier ses affects dépressifs qu'il projette sur l'autre, ce travail permet paradoxalement à l'individu de retrouver un espace intérieur ainsi qu'une partie de l'estime de soi qu'il a perdu. Il retrouve partiellement un sentiment de valeur en retrouvant la possibilité d'agir sur ce qu'il ressent, puisque c'est en lui que cela se passe.

La confrontation par le groupe de pairs est d'une grande efficacité sur ce plan puisqu'elle s'accompagne du support nécessaire. La thérapie de groupe devient ainsi l'occasion d'une resocialisation des hommes, offrant une alternative à la dépendance excessive envers les femmes, par l'apprentissage d'une intimité moins menaçante entre hommes et proposant un modèle de gestion des frustrations sans recours à la violence. La thérapie de groupe permet alors aux participants l'apprentissage de relations affectives plus égalitaires, où la gestion des conflits repose sur la communication et le respect des différences et non sur le contrôle et la domination des partenaires.

Il nous apparaît évident que le programme CONTRECOUPS représente une première étape dans la démarche de responsabilisation et de changement du
conjoint violent et que cette démarche devrait être poursuivie lorsque le détenu réintégrera la communauté.

LA THÉRAPIE DE GROUPE

Dans le cadre de la thérapie de groupe, les thérapeutes priorisent des interventions visant le dévoilement par le participant de toutes les formes de violence utilisées pour contrôler sa partenaire et ses enfants.

a] Le rituel d’introduction

Chacun est appelé à préciser le dernier événement violent, dans un contexte conjugal et/ou familial, qui s'est produit avant qu'il entre en prison. S'il y a lieu, les thérapeutes demandent des précisions supplémentaires.

Ce rituel, tout en suscitant de l'anxiété chez chacun, favorise le rappel de la dernière scène de violence et l'émergence d'éléments qu'il gardait cachés jusque là, et qu'il peut voir ressurgir dans son récit et celui des autres en même temps que d'autres scènes de violence. D'autre part, le partage d'une anxiété commune à travers l'identification de la violence exercée, en accentue l'appropriation par chacun et situe clairement l'objet des séances. La reprise de ce rituel tout au long du processus de groupe, permet le rappel pour chacun des agirs violents, contrant ainsi la minimisation et le déni que l'on retrouve chez les participants.

b] L'escalade de la violence

Généralement après trois présences à la séance de thérapie de groupe, une affiche identifiée au nom du participant et spécifiant les différents types de violence conjugale et familiale lui est remise. Chacun reçoit ainsi la tâche d'illustrer par des exemples chaque type de violence qu'il a exercé dans son couple et sa famille.

Ce rituel conduit chacun à dresser l'inventaire de ses conduites d'agression et à s'offrir un reflet de l'étendue et de l'intensité de sa violence dans son couple et sa famille. Ce bilan personnel de ses pratiques violentes constitue souvent la première occasion d'examiner l'ensemble des conduites d'agression. Accepter de
compléter la tâche et de s'afficher publiquement est une autre étape vers la reconnaissance de sa responsabilité. Agissant à la fois comme aide-mémoire individuel et collectif, ces affiches rappellent à chacun l'objet de la thérapie et de leur présence dans le groupe, ainsi que l'étendue et la diversité de la violence conjugale et familiale représentée dans ce groupe.

Au moment jugé opportun par les thérapeutes, la dernière phase de ce rituel a lieu. Accompagné par un des thérapeutes, ce participant est invité à préciser les faits, le contexte, les émotions en présence, et l'impact sur sa partenaire et ses enfants pour chacun des exemples notés. Les négations et minimisations sont aussi interpellées. Le thérapeute travaille alors à faire éclairer par le client la fonction du recours à la violence, ainsi que le choix qu'il a effectué dans chacune des situations illustrées. Aucune intervention des autres participants n'est acceptée. Ce travail complété, il reprend sa place (assise) dans le groupe et l'autre thérapeute initie alors un travail avec le groupe sur l'effet du dévoilement pour le participant, ou sur l'impact de toute cette violence sur sa partenaire et ses enfants ou encore, sur le moment où ils se sont reconnus ou identifiés à ce dernier durant cette description, ou toute autre consigne favorisant l'identification d'un ou de plusieurs éléments personnels conduisant à la réappropriation de sa responsabilité dans le recours à la violence. Le travail actif avec le groupe se termine par un retour à celui qui a accompli la tâche principalement de dévoilement, il est alors amené à identifier les émotions en présence.

Ce rituel en deux phases est un levier puissant dans le cadre du processus de groupe. S'appuyant sur le dévoilement et la reconnaissance de l'impact de la violence, il favorise pour chacun l'identification de la violence et le retour des émotions associées aux conduites d'agression. Pour la plupart des participants, il s'agit d'un point tournant dans le processus de responsabilisation. En effet, c'est à partir de ce travail que plusieurs affirmèrent avoir reconnu pleinement qu'ils ont un problème de violence et qu'ils sont responsables de leur conduite.

c) La récidive

Par le biais d'un «journal de responsabilisation hebdomadaire» exigé de chacun, les participants à la thérapie de groupe sont invités à examiner leur recours à la violence entre les séances. Le but poursuivi, le rationnel «justifiant» le recours à la violence, ainsi que les émotions et sentiments en présence sont à préciser. Ce journal auto-administré est un pré-requis
à la participation à la séance de thérapie, permettant ainsi à chacun de s'informer et d'informer les thérapeutes quant à leurs conduites d'agression entre les séances de thérapie. L'usage continu de cet outil accentue la responsabilisation de chacun face au quotidien et à son implication dans le groupe.

Lorsqu'une récidive y est soulignée, les thérapeutes par divers outils d'intervention (sculpture, jeux de rôle, exercice de projection...) mettant en évidence l'impact de la violence sur les autres, font préciser et identifier par les participants le mode de gestion des frustrations et de maintien du contrôle du client sur les autres. Le groupe permet ainsi la remise en scène du recours à la violence dans un cadre sécuritaire où les diverses composantes et leur enchaînement peuvent être examinés. Ce travail révèle souvent avec force le caractère choisi de la violence exercée et l'objectif visé par le recours à la violence.

Parallèlement les membres du groupe, en soulignant l'intensité des émotions en présence chez toutes les personnes impliquées et l'effet à court et moyen terme sur chacune, favorisent chez le participant une prise de conscience des conséquences destructrices du recours à la violence. L'ouverture et la disponibilité du participant, facilitées par les thérapeutes à travers l'intervention de groupe, est alors l'occasion d'une réappropriation de ce qu'il a projeté sur les autres. La violence agie en milieu carcéral est abordée comme une métaphore des conduites d'agression du détenu dans un contexte d'intimité et relationnel.

Les règles de participation

Le moindre manquement aux règles est exploré et analysé par les thérapeutes et les membres du groupe en tant que reflet de la position et de l'attitude du client face à sa connaissance de sa responsabilité face à ses agissements violents. En effet, le non-respect de ses engagements est un bon indicateur de sa responsabilisation. Les thérapeutes utilisent alors la relation du client avec le groupe, en tant que reproduction de la déresponsabilisation du participant face à lui-même, et de la surresponsabilisation des autres (sa compagne, autres détenus, AGCE, etc...) faite par le participant pour se déresponsabiliser. Il est alors question du choix posé par le participant, de l'effet de son choix sur les membres du groupe et de l'impact à moyen terme de ce choix sur la relation avec les membres du groupe. Le parallèle avec la responsabilisation du client dans sa relation conjugale et face à la thérapie, devient ainsi questionné avec une acuité particulière.
e) Procédure d'évaluation de la démarche du client

Au début du processus thérapeutique, chaque participant sera appelé à préciser les objectifs personnels qu'il cherche à atteindre par cette thérapie et à définir ce qu'il espère que l'on dise à son sujet au terme de sa démarche. Il devra en faire part au groupe qui, s'il y a lieu, verra à faire les ajouts qui s'imposent. Le participant devra ensuite rédiger une lettre qui, constituée de ces éléments, servira de contenu de base pour l'évaluation à la fin du traitement. La dite lettre sera lue au groupe et une copie sera remise aux thérapeutes qui la conserveront au dossier du client. Elle sera réintroduite dans le groupe au moment de procéder à l'évaluation vers la fin du processus thérapeutique. Le client, les autres participants et les thérapeutes devront tour à tour donner leur perception quant à l'atteinte des objectifs visés en début de traitement par le client et sur la justesse des propos à l'égard de sa démarche. Cette partie évaluative sera annexée à la lettre initiale qui sera déposée au dossier du détenu.

Il nous apparaît de première importance que l'homme violent soit appelé dès le départ à s'approprier, ne serait-ce que partiellement, la demande de traitement et qu'il manifeste un certain « désir » quant au changement. De cette manière, il doit non seulement reconnaître être porteur d'un problème, mais aussi se responsabiliser quant aux changements à produire chez lui en vertu d'une souffrance propre ou d'un tort causé à autrui. La lettre fait donc état de cette demande et cette reconnaissance, et permet en plus au participant d'avoir une visibilité et une perspective dans sa thérapie. En outre, la lettre fait état d'un engagement devant les pairs et les thérapeutes, représentant symboliquement un engagement social de changement.

La partie évaluative va aussi dans le sens de la réappropriation et de la responsabilisation; ses bases ayant été préalablement définies par le participant, il se positionne comme sujet dans le processus, sujet qui s'évalue à partir de ses propres critères et qui fournit aux autres le matériel d'évaluation. Aussi, tout en ayant le droit de réfuter les propos des pairs et/ou des thérapeutes lors de son évaluation, il devra défendre sa position devant les tiers (agent de gestion de cas, service des libérations conditionnelles, etc.) à partir d'un document dont il est l'auteur, ne pouvant plus ainsi s'esquiver en mettant tout le propos hors de lui comme s'il n'était pas concerné.
BIBLIOGRAPHIE


Demers, Andrée, *Dossier femmes*, Programme de consultation d'experts, Commission d'enquête sur les services de santé et les services sociaux, Québec, 1987, 220 pages.


ANNEXES:

- Contrat de participation
- Feuille de route de la violence en contexte conjugal
- Journal de responsabilisation
- Liste des organismes communautaires
- Lettre à la conjointe
Je souscris aux objectifs visés par cette thérapie:

- À arrêter mes comportements de violence physique et sexuelle et diminuer les autres formes d'agression (violence verbale, psychologique, contrôle financier ou autres);
- À reconnaître l'étendue du système de contrôle et de domination mis en place;
- À apprendre à identifier et à exprimer une plus grande diversité d'émotions;
- À reconnaître l'impact de mes conduites d'agression sur les autres et sur moi;
- À modifier les croyances qui servent à justifier le recours aux conduites d'agression.

Je m'engage:

- À n'agresser physiquement aucun membre du groupe, y compris les thérapeutes, et à demeurer assis durant les séances;
- À m'impliquer activement dans le groupe en partageant mon vécu personnel avec les membres du groupe;
- À tenter d'aider les membres du groupe par des observations constructives;
- À compléter et remettre à chaque séance de thérapie le «Journal de responsabilisation»;
- À faire partie d'un groupe d'entraide ou à participer à une thérapie pour mon problème d'alcool et/ou de drogue (si c'est mon cas), à défaut de quoi je sais que je ne serai pas admis aux séances de thérapie;
À respecter la confidentialité des échanges;
À participer aux vingt-quatre (24) séances de thérapie de groupe;
À informer les thérapeutes deux (2) séances à l'avance si j'ai l'intention de mettre fin à ma thérapie;
À être présent à l'heure convenue;
J'accepte qu'une lettre soit expédiée à ma partenaire l'informant des objectifs poursuivis et des techniques utilisées par cette thérapie;
J'accepte que des rencontres de groupe soient enregistrées sur bande-vidéo et j'autorise CONTRECOUPS à utiliser ces enregistrements à des fins de supervision; les bandes vidéos seront détruites à la fin du groupe de thérapie;
J'autorise CONTRECOUPS à contacter toute personne possédant de l'information sur mon comportement violent (conjointe, parents, agent de gestion de cas, médecin, thérapeute). Il est entendu que je serai informé de toutes les démarches entreprises;
Je sais que l'usage du tabac, café, drogues ou alcool n'est pas permis pendant les rencontres de groupe et que, si je ne peux pas respecter cette consigne, je ne dois pas me présenter aux rencontres de groupe. Si je suis en retard de plus de dix (10) minutes à une rencontre, je ne pourrai interrompre le groupe. Je devrai donc signaler ma présence aux thérapeutes par le biais d'un message laissé à la réception;
Si je ne peux assister à une rencontre, je dois prévenir un des thérapeutes ou laisser un message à son nom à CONTRECOUPS;
À mon retour dans le groupe, je devrai motiver cette absence. Si cela se produit plus de deux (2) fois, je serai passible d'exclusion du programme de thérapie.

Par la présente, j'accepte toutes ces conditions exigées par la thérapie de groupe pour conjoints violents.

Signature ____________________________  ____________________________ Date
FEUILLE DE ROUTE DE LA VIOLENCE EN CONTEXTE CONJUGAL

<table>
<thead>
<tr>
<th>TYPES DE VIOLENCES</th>
<th>DEVANT CHAQUE TITRE DE VIOLENCE DONNEZ DES EXEMPLES CONCRETS</th>
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</thead>
<tbody>
<tr>
<td>Meurtres</td>
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<td>Tentatives ou menaces de mort</td>
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<td>Suicide</td>
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<td>Tentatives et menaces de suicide</td>
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<td>Violence sexuelles</td>
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<td>Violences physiques</td>
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<td>Violences psychologiques</td>
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<td>Violences verbales</td>
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<td>Violence sur les enfants</td>
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<tr>
<td>Violence sur les objets et/ou les animaux</td>
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<tr>
<td>Contrôles financiers</td>
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</table>
**FEUILLE DE ROUTE DE LA VIOLENCE EN CONTEXTE CONJUGAL**

(Souligner ce qui vous concerne)

- **Meurtre**
- **Tentative ou menace de mort**
- **Suicide**
- **Tentative ou menace de suicide**

- **Violence sexuelle**
  - priver d'affection
  - forcer à avoir des relations sexuelles
  - forcer à faire des actes sexuels contre son gré

- **Violence physique**
  - serrer les bras
  - pousser
  - claques
  - coups de poing
  - coups de pied
  - étrangler
  - autres, préciser:

- **Violence psychologique et verbale**
  - insulter
  - humilier
  - menacer
  - intimider
  - manipuler
  - parler fort
  - contrôler ses allées et sorties
  - disparaître sans laisser de messages
  - garder le silence

- **Violence sur les enfants**
  - culpabiliser la conjointe au sujet des enfants
  - abus physiques, sexuels, psychologiques

- **Violence sur les objets, sur les animaux**

- **Contrôle financier**
  - l'empêcher d'obtenir un emploi
  - lui donner un peu d'argent
  - prendre son argent
  - refuser de payer la pension alimentaire

**BUTS POURSUIVIS EN UTILISANT LA VIOLENCE**
### CONTRECOUPS
**Processus de violence**

<table>
<thead>
<tr>
<th>Situation qui a fait que vous avez usé de violence:</th>
<th>Qu'est-ce que vous vous disiez en vous pour que la tension augmente face à cette situation?</th>
<th>S'il n'y a pas eu d'événement de violence cette semaine, décrivez ce que vous avez fait pour l'éviter:</th>
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<tr>
<th>Sentiments ou émotions face à cette situation:</th>
<th>Qu'est-ce que vous avez ressenti(e) en vous pour faire diminuer la tension?</th>
</tr>
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<tbody>
<tr>
<td>Peur</td>
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<td>Tristesse</td>
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<td>Colère</td>
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<td>Honte</td>
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<td>Autres, préciser:</td>
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<td>Organisation</td>
<td>Téléphone 1</td>
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<tr>
<td>Accord Mauricie Inc.*</td>
<td>[819] 693-5264</td>
</tr>
<tr>
<td>Accroc*</td>
<td>[514] 431-2221</td>
</tr>
<tr>
<td>Après-coup*</td>
<td>[514] 672-6461</td>
</tr>
<tr>
<td>CAHO*</td>
<td>[514] 756-4934</td>
</tr>
<tr>
<td>Centre de la famille de la Montérégie*</td>
<td>[514] 699-8700</td>
</tr>
<tr>
<td>Choc*</td>
<td>[514] 681-6335</td>
</tr>
<tr>
<td>D'hommes à hommes*</td>
<td>[418] 335-9717</td>
</tr>
<tr>
<td>Entraide au masculin Côte-Sud*</td>
<td>[418] 247-5030</td>
</tr>
</tbody>
</table>
Entraide pour hommes de Montréal*
(Pour hommes en difficulté)
C.P. 273 - Succ. Anjou
Anjou (Qc) H1K 4G7

[514] 355-8300

Gapi*
Groupe d’aide aux personnes impulsives
FAX: [418] 522-7653
1000, 3e Ave. - 2e étage
Québec (Qc) G1L 2X4

[418] 529-3446

Groupe d’aide aux hommes violents du KRTB Inc.*
22 rue St-Laurent
Rivière du Loup (Qc) G5R 4W5

[418] 867-2642

Groupe d’intervention auprès des hommes violents des Laurentides (STOP)*
C.P. 523
Ste-Agathe-des-Monts (Qc) J8C 3C6

[819] 326-3495

Halte Bois-Francs*
59 Monfette, bur. 224 - Victoriaville (Qc) G6P 1J8
1150 Goupil, bur. 22 - Drummondville (Qc) J2B 4Z7

[819] 758-3857
[819] 472-5299

Le seuil de l’Estrie*
C.P. 1503
Sherbrooke (Qc) J1H 5M4

[819] 821-2420

Maison Oxygène*
(Maison d’hébergement pour hommes en difficulté)
3575 Lafontaine
Montréal (Qc) H1W 1L5

[514] 523-9283

Option*
1150 St-Joseph est, bur. 204
Montréal (Qc) H2J 1L5

[514] 527-1657

Pro-Gam*
7059 A, Christophe-Colomb
Montréal (Qc) H2S 2H4

[514] 270-8462

Ressource pour hommes de Granby*
C.P. 1060
Granby (Qc) J2G 9G6

[514] 777-5680
Saharas*
15 de l'Arsenal
Lévis (Qc) G6V 4P6

Service d'aide aux conjoints (SAC)*
1710 Beaudry, bur. 3.1
Montréal (Qc) H2L 3E7

Organisme privé membre de l'ARIHV
Le Centre d'aide ÉCART Enr.
(Service pour hommes violents)
6 Wellington sud, bur. 210
Sherbrooke (Qc) J1H 5C7

AUTRES RESSOURCES
Les groupes de thérapies pour hommes abusifs de l'Outaouais
20 Pharand
Hull (Qc) J9A 1K7

Service d'aide aux hommes violents de Baie-Comeau Inc.
600 Jalbert
Baie-Comeau (Qc) G5C 1Z9

CLSC des Côteaux...Groupes Cou...Rage
(Aide aux conjoints violents)
326 Saguenéens - C.P. 5150
Chicoutimi (Qc) G7H 6J6

CLSC des Sept-Îles
(Service d'aide pour conjoints violents)
405 Brochu
Sept-Îles (Qc) G4R 2W9

CTAC (Contre toutes agressions conjugales)
150 Rouleau
Rimouski (Qc) G5L 5T1

VI-SA-VI (Vivre sans violence)
12480 - 1ère Ave est
St-Georges-de-Beauce Est (Qc) G5Y 5C8
SOS violence conjugale
Le CLSC local - FCLSCQ
L'R des centres de femmes du Québec

1[800] 363-9010
Mtl.: 873-9010
[514] 842-5141
[514] 843-8156

* Membres de l'ARIHV
Liste mise à jour le 11 mars 1993
Chère madame,

CONTRECOUPS est un programme de thérapie pour hommes violents envers leur compagne et/ou leurs enfants. Monsieur y a été récemment admis dans le cadre d'une thérapie de groupe. Il nous semble important que vous soyez informée des objectifs et des conditions de cette thérapie.

Les objectifs poursuivis par cette thérapie sont:

- D'arrêter les comportements de violence physique et sexuelle et de diminuer les autres formes d'agression (violence verbale, psychologique, contrôle financier ou autres);
- De reconnaître l'étendue du système de contrôle et de domination mis en place;
- D'apprendre à identifier et à exprimer une plus grande diversité d'émotions;
- De reconnaître l'impact des conduites d'agression sur les autres et sur lui;
- De modifier les croyances qui servent à justifier le recours aux conduites d'agression.

Cette thérapie exige une participation à vingt-quatre (24) rencontres de groupe. Ces rencontres ont lieu deux (2) fois par semaine et sont d'une durée de cent vingt (120) minutes. Les participants sont tenus d'être présents à chaque rencontre. Le succès de cette thérapie dépend de leur implication dans le groupe.

Vous comprenez, Madame, que nous ne pouvons déterminer le temps qu'il sera nécessaire pour entraîner un changement significatif chez votre partenaire.

Notre expérience démontre qu'il est important que vous alliez chercher de l'aide pour vous-même. Quiconque a été agressé vit une expérience terrifiante. Lorsque cette agression est faite par une
personne que l'on aime, cela est encore plus déconcertant, source de désespoir et d'anxiété, et souvent de culpabilité. Comme vous, les enfants témoins et victimes de cette violence demeurent profondément marqués. Il est nécessaire pour chacun et chacune de pouvoir partager en toute sécurité avec d'autres personnes les émotions et les sentiments ressentis.

En communiquant avec le CLSC près de chez vous ou à S.O.S. Violence conjugale (1-800-363-9010), vous obtiendrez le nom et le numéro de téléphone de la ressource la plus près de chez vous.

Vous recevrez sous peu une invitation pour participer à une séance d'information où nous répondrons à vos questions.

En souhaitant que ces quelques informations vous soient utiles.

Marielle Mailloux
Thérapeute de groupe
John Howard Society of Metropolitan Toronto

Opportunities Program
Program Description

1. Program Objectives

The Opportunities Program was initiated in March, 1993 and began accepting referrals in mid-April. The Program offers services to federal offenders with the aim of stopping abusive behaviour in their families and in their relationships with women. Abusive behaviour can take a number of forms in addition to physical assault, including intimidation, mental or emotional abuse, sexual abuse, neglect, deprivation and financial exploitation.

The Program is based on a cognitive behavioural approach to intervention and draws on feminist analysis to provide the program content. The primary focus is on attitude change and accountability for abuse towards others. The specific objectives of the Program include:

- increasing awareness of the meaning and consequences of abusive behaviour
- encouraging personal responsibility for abuse in relationships
- teaching attitudes and values which promote nonabusive relationships and sexual equality
- increasing the ability of partners and children to protect themselves
- developing family support system
- training for CSC staff
- evaluating the effectiveness of intervention approaches

2. Target Population

The program is intended for any offender who is suspected of ever having been abusive in his family or in an intimate relationship with a woman. An actual conviction for assaultive behaviour in family relationships or elsewhere is not necessary for acceptance into the Program. Nor does an offender have to be currently involved in a relationship to qualify for the program. Research clearly shows that without intervention abusive behaviour will continue in future relationships. As long as there is a concern that an offender has at one time been abusive towards a family member or a partner he can be referred to the Opportunities Program for an assessment interview.
3. Referral Guidelines

The CSC publication *Family Abuse Risk Assessment* estimates that 52% of the offender population has probably committed some form of abuse against their partner prior to incarceration. By this estimate 1/2 of all parolees qualify for referral to the Program.

Abuse is never an acceptable response to conflict in relationships. Even if an offender's partner seems to be a particularly difficult person there is no justification for abusive behaviour. There are always alternatives to abuse in response to frustration.

The following features may help identify appropriate referrals:

- An offender who has a history of arrests or convictions for assault has a high probability of being abusive in relationships.
- An offender who reports that a wife or girlfriend left him because he was "self-centred" or "inconsiderate" may have been abusive (at least emotionally) toward his partner.
- An offender who makes insulting remarks or jokes about his partner or ex-partner or women in general may be abusive in relationships.
- An offender who expresses the belief that all women are untrustworthy or that women need to be put in their place is likely abusive in relationships.
- An offender who complains that his partner "knows how to push my buttons" or intentionally provokes him may be abusive.
- An offender who appears jealous, possessive or controlling, has a significant probability of being abusive in relationships.
- An offender who has been arrested or convicted of living off the avails of prostitution should be referred to the Program.

4. Program Access

The initial referral is made by a parole officer to central intake at the John Howard Society of Toronto. An initial interview is arranged with a John Howard intake worker followed by an assessment interview with the Director or Program Coordinator of the Program. Parole officers are asked to submit a referral form and supporting documentation. Documentation includes the *Standard Profile*, the *RCMP FPS Record of Convictions*, the *Criminal Profile Report*, the most recent *Progress Summary*, the *Community Assessment* and any *Psychiatric or Psychological Reports* on file.

Following the assessment interview there is a case conference to decide if the client is suitable for the program. Applicants who are not committed to dealing with ongoing
substance abuse problems or who demonstrate severe psychiatric disturbance will not be accepted into the program. Those who show a deviant sexual orientation may also be excluded. The parole officer is informed of the decision regarding admission to the Program. Applicants who are accepted attend a pretest session to complete a battery of psychological tests selected to evaluate attitudes, behaviour, and historical factors relevant to the treatment process.

If applicants are currently involved in a relationship, their partners are also contacted to discuss the Program and to provide them with information about community services available to the victims of abuse. Partners are also given the option of meeting with Program staff. The emphasis of the partner contacts is to ensure that they have accurate expectations about the Program and to assist them in developing safety plans. Telephone contact with an offender’s partner is a requirement of the program to insure the safety of the partner. Experience shows that without such contact there is a chance that intervention will increase the risk of abuse.

Program Evaluation

1. Program Intake Statistics

Men’s Program. Forty referrals have been made since the Program began receiving referrals in mid-April. The treatment course of all 40 men referred to the Program is diagrammed in Appendix A.

Initially referrals were accepted from sources other than CSC to expedite the commencement of the Program. A total of 6 non-CSC clients were seen for Intake before the Program was restricted exclusively to CSC clients in May. The following statistics refer exclusively to CSC clients.

As of the end of October, 1993 34 CSC clients had been referred to the Program. Nine were accepted into Series 1 of the Men’s Group, 12 into the current series (Series 2) and 3 have been accepted into Series 3 scheduled to begin within the next month.

Of the 9 men in Series 1, one dropped out as his warrant expiry date approached and 8 completed the Series. Of the 8 men who completed the Series 1, one refused to return for post-testing and has since reached warrant expiry.

Of the 12 men accepted for Series 2, one was suspended prior to pre-treatment testing after being re-arrested, another failed to show for any sessions and was subsequently suspended for failure to comply with his parole conditions and a third attended the first session, missed the second and was also suspended for failing to comply. The remaining 9 men are currently attending the Program.

Of the 10 CSC clients referred but not admitted into the Program, 4 applicants were
suspended before they could be assessed for the Program; one was denied access after refusing contact with his girlfriend and was referred on for individual counselling; one man showed no evidence of a predisposition toward family violence and was considered an inappropriate referral; one man transferred to another province before the scheduled intake interview; one man backed out after voluntarily requesting admission and in consultation with his parole officer it was decided not to press the issue; one man was accepted on a UTA pending his release from custody but was unable to attend when he fell ill; and one man failed to show for the intake interview and will be contacting the Program to reschedule.

2. Research Findings

Database. All CSC clients from Series 1 completed the post-treatment testing with the exception of 2 men who reached warrant expiry and refused to cooperate with the post-treatment evaluation. Pre-treatment testing for Series 2 of the Men's Group was completed by all participants. Pretreatment testing for Series 3 will begin towards the end of November. An updated list of all measures is included in Appendix B.

Thus far we have done preliminary analysis of the data collected on participants in Series 1. In all, 11 men in Series 1 (including 2 non-CSC clients) completed the pre-treatment battery and 7 men (all of them CSC clients) completed the post-treatment battery. Some instruments were not applicable to all clients (e.g., questionnaires dealing with current relationships with women) and so in some cases our sample size is as low as 5 subjects.

Demographics. The average age of the 11 men in Series 1 was 31.1 years ($SD = 5.69$) and their average education was 10.55 ($SD = 1.57$). With regard to their usual occupation, 55% identified themselves as unskilled, 18% as semi-skilled, 18% as clerical or sales, and 9% as managerial/professional. Fifty-five percent were employed. Forty-five percent were married, common-law or had girlfriends, 36% were separated and 18% were single. Sixty-four percent had 1 or more children.

Early Family Life. Results of the Family History Questionnaire indicate that 73% of the men in Series 1 were raised by their biological mother and 55% by their biological father. In general mothers or mother figures were rated as more nurturing and more abusive than fathers. Few of the men acknowledged physical harm from either parent and only 27% reported any form of emotional abuse from their mothers and 18% from their fathers. Sixty-four percent indicated they identified with their mothers and 45% with fathers. Twenty-seven percent described their mothers as abusive or too harsh with their fathers. Only one man described his father's treatment of his mother as abusive.

Criminal Involvement. According to file information on their most recent conviction, one participant (9%) each had been convicted of either homicide or
attempted homicide, threatening, or living off the avails. Eighteen percent had been convicted of theft or drug trafficking. Twenty-seven percent had mischief convictions and 36% had weapons or assault charges. Of the 6 men who had committed a violent offence, 2 victimized men and 4 victimized women. Half this group had committed an offence against a female partner. Thirty-six percent of the men indicated they were drunk or high on drugs at the time of the offence.

On average the men had spent 22.2 months (SD = 18.8) incarcerated for their most recent offence with a range of 8 to 60 months. The average time since release was 3.2 months (SD = 2.7). Sixty-four percent had prior convictions, 36% for violent offences. Seventy-three percent reported criminal behaviour in adolescence.

Abusive Behaviour. Eighty-two percent reported having committed some form of abuse in at least one prior relationship. On the Index of Controlling Behaviour nearly 50% acknowledged at least 3 instances of verbal or emotional abuse towards their current partner including yelling, screaming and criticism of dress or parenting ability. Only 18% acknowledged intentional efforts to intimidate or harass their partners (e.g., driving recklessly, threatening to take the children away). None admitted sexual abuse although 45% reported slapping, pushing or grabbing their partners on at least 3 occasions. Twenty-seven percent admitted beating up their partners at least once. Thirty-six percent indicated that on at least one occasion the police were called to settle a dispute with their partners. Only one man indicated that he had caused an injury serious enough to require medical attention. On the Dyadic Adjustment Scale measures of Consensus, Cohesion, Marital Satisfaction and Affectional Expression were within normal limits for the group as a whole. Results of the Psychological Maltreatment of Women Scale were also within normal limits.

Psychological Adjustment. Results of the Shipley Institute of Living Scale indicate that 54% of the men were functioning in the Average range of intelligence, 18% in the Low Average range and 27% in the Borderline range. The Average I.Q. estimate was 89.27 (SD = 14.81). In interview 27% of the participants in Series 1 reported prior psychiatric treatment. The same percentage indicated a history of depression, 36% described themselves as anxious much of the time, 54% identified temper problems. Forty-five percent said they had been involved in at least one physical altercation with someone other than a partner during the preceding 2 years (outside of prison). However, on the Buss-Durkee Hostility Inventory only two men (18%) scored high on the Assault subscale and only one man show an abnormally high overall score. On the Personal History Questionnaire 27% indicated that they had homicidal and suicidal ideation at times. Two men reported previous suicide attempts or gestures. On the Beck Depression Inventory two men (18%) scored in the clinically depressed range although as a group the scores were not unusually high. Results of the Michigan Alcohol Screening Test and Drug Abuse Screening Test were average or below in comparison to the normal population. None of the participants were taking psychiatric medication.

Perception of Causes of Abuse. On the Problem Identification Rating Scale the
reasons cited most often by Program participants for their abusive behaviour in relationships were their partners' behaviour and problems handling angry feelings. These reasons were endorsed by 72% of the men in the Program. Sixty-three percent saw their possessiveness as a factor leading to abusive behaviour. Fifty-four percent cited jealousy, lack of direction, rigid thinking and being out of touch with feelings. Forty-five percent saw poor problem solving skills and failure to accept responsibility as significant influences. A further 36% identified financial difficulties, problems with depression, low self-esteem, family stress, criminal values and a desire to control their partners.

**Treatment Outcome.** In comparison to pre-treatment measures, virtually all post-treatment measures used to evaluate outcome showed trends in the desired direction. However, with the exception of the Problem Solving Inventory, none of the findings reach statistical significance. This is not surprising considering the small sample size.

Results of the Index of Controlling Behaviour, comparing abusive behaviour during treatment to abuse for the 3 months preceding treatment, indicate trends toward a decrease in emotional abuse, isolation tactics, affectional deprivation, intimidation, harassment, threats and economic abuse.

On the Dyadic Adjustment Scale measures of Consensus, Cohesion, and Marital Satisfaction all show improvement in the desired direction.

Results of the Buss-Durkee Hostility Inventory and Beck Depression Inventory suggest marginal decreases in hostility and depression. Lower group means are also evident on the Multi-Dimensional Anger Inventory, the Hostility Toward Women Scale and the Psychological Maltreatment of Women Scale. The Rosenberg Self-Esteem Scale suggests marginal overall improvement as well.

On the Problem Solving Inventory significant improvement is noted on the Problem Solving Confidence ($F = 4.7, p > .05$) and Personal Control ($F = 6.62, p > .05$) subscales.

On the Problem Identification Rating Scale there are indications of some shifts in the men’s perception of the causes of their abusive behaviour. Most notably 18% of the group were more likely to attribute their abuse to jealousy, a desire to control, social isolation and limited education.

**Conclusions.** Because of the extremely small sample size research conclusions must be regarded as tentative.

Over half the Program participant were employed at the time of their involvement in the Men’s Group. Fewer than half were involved in an intimate relationship with a woman. About 2/3 of the CSC clients had most recently been convicted of a violent offence; half of these victimized a female partner.
Participants tended to deny exposure to abusive behaviour in their early family lives. However, most acknowledged some form of abuse in their relationships with women, usually verbal/emotional abuse or infrequent and less serious physical abuse such as pushing or grabbing. The participants were most likely to blame their partners for their abusive behaviour although more than half also pointed to their own possessiveness, jealousy and rigidity as contributing to the abuse. Most men currently involved in relationships described satisfactory overall adjustment.

Few men acknowledged psychological adjustment problems. All participants denied ongoing substance abuse patterns, about 1/3 acknowledged a history of depression or anxiety reactions and slightly more than half indicated anger problems.

Outcome measures showed favourable trends with apparent reduction in the degree and frequency of abuse and marginal decreases in hostility and depression. Improvements were evident on measures of self-esteem, problem solving skills and attitudes towards women.
APPENDIX A

REFERRALS TO MEN’S PROGRAM

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Opportunities Program: Referrals to Men's Group - April 1 - September 30, 1993

1. Self: Failed to show for pretest.
2. CSC: Refused contact with girlfriend. Admission denied.
3. CSC: Failed to show for two scheduled assessment interviews. Subsequently suspended.
4. CSC: Accepted. Currently on leave of absence. Will return on day parole.
5. Self: SERIES 1
6. CSC: SERIES 1
7. CSC: Inappropriate referral. Looking for parenting program.
8. Self: Failed to show for assessment interview. No further contact.
9. CSC: SERIES 1
10. Prob./Parole: SERIES 1
11. Prob./Parole: Program closed to non-CSC clients.
13. CSC: SERIES 1
14. CSC: SERIES 1
15. CSC: Accepted. Cancelled in consultation with P.O. and Program staff.
16. CSC: Did not show for intake. Subsequently suspended.
17. CSC: SERIES 1
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Did not show for intake. Subsequently suspended.

Completed pre-test, failed to show for group. Suspended.

Attended 1st session then suspended.

Accepted but suspended shortly afterwards.

Transferred to B.C. prior to Intake.

Suspended prior to Intake.
APPENDIX B

OPPORTUNITIES PROGRAM

ASSESSMENT INSTRUMENTS: MEN
### OPPORTUNITIES PROGRAM

**Assessment Instruments: Men**

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**Index:**

- Balanced Inventory of Desirable Responding - Version 6 (SR)
- Beck Depression inventory (SR)
- BEM Sex Role Inventory (SR)
- Buss-Durkee Hostility Inventory (SR)
- Client Session Evaluation (SR)
- Computerized Treatment Progress Evaluation (WR)
- Criminal Sentiments Scale (SR)
- Delinquency Scale (SR)
- Drug Abuse Screening Test (SR)
- Dyadic Adjustment Scale (SR)
- Family History Questionnaire (SR)
- Hostility Towards Women Scale (SR)
- Index of Controlling behaviour (SR)
- John Howard Intake Form (WR)
- Michigan Alcohol Screening Test (SR)
- Multidimensional Anger Inventory (SR)
- Opportunities Program Assessment Interview (WR)
- Personal History Questionnaire (SR)
- Problem Identification Rating Scale (SR)
- Psychological Maltreatment of Women Inventory (SR)
- Rosenberg Self-Esteem Scale (SR)
- Shipley-Hartford Institute of Living Scale (SR)
- Social Skills & Social Anxiety (SR)

**Additional Indices:**

- Family-Relationship-Index
- Criminal-Personality-Scale
- Problem-Solving-Inventory
Introduction

Opportunities is a Family Violence community-based treatment/demonstration project funded by Correctional Services Canada. The purpose of the project is to address the high incidence of family violence which occurs in the families of offenders. The kind of relationship the offender has with his family is seen as critical in terms of a successful reintegration into the community. The presence or threat of violence in the family not only threatens the safety of all family members but undermines the chances of a successful reintegration.

Research with federal offenders has indicated that they are at a particularly high risk level of behaving in an abusive or violent manner within their family. It is often accepted as a 'normal' lifestyle. The point of being released from prison is seen as a critical time to break the cycle of violence from the past. In prison, the offender has been part of a culture which would condone the use of violent behaviour in many situations. This program is designed to encourage the development of attitudes and behaviours which are pro-social in nature.

The program philosophy is based on the federal working definition of family violence which includes:

- Intra-familial and extra-familial abuse of children and youth,
- of older persons, and abuse of women by their male partners.
- It can take a number of forms in addition to physical assault, such as intimidation, mental or emotional abuse, sexual abuse, neglect, deprivation and financial exploitation. The term "family" refers to a group of individuals who are related by affection, kinship, dependency or trust.

The Opportunities Program recognizes four main types of abusive behaviour. These are:

- Physical abuse
- Psychological/emotional abuse
- Sexual abuse
- Property damage

All forms of abusive behaviour are seen as attempts to exert power and control over another individual by way of various forms of coercion. The behaviour is seen as purposeful, and designed to achieve particular outcomes. Abusive behaviour is seen as a learned response to a culture full of sex-role stereotyping, where gender role conditioning
has encouraged such behaviour in men as well as condone such behaviour by men toward women. In addition, abusive behaviour is also seen as a reflection of, and influenced by, the family life experiences that many men have had. Such experiences have resulted in some men having limited life and relationship skills which has influenced their use of abusive behaviour to get what they want.

The program offers treatment services to male offenders who are abusive in their relationships, support services for women who are in the abusive relationships and assessment/referral services for children who witness or directly experience the abuse.

The project has several components including: A Men's Treatment Program, Women's Support Program, Children's Service, Staff Training and Development, Research, and the development of a treatment manual.

Program Components

1. Men's Treatment Program

   The Opportunities Program is operated through The John Howard Society of Metropolitan Toronto. This means that program members are eligible for any of the regular John Howard Services including assistance with employment, finances, housing, literacy and supportive counselling. These services are offered on an ongoing basis to the clients.

   The Men's Treatment Program consists primarily of a 12 week evening group run for 2 hours each week. The first series had 13 members registered where 11 attended regularly. The second series had 11 members registered where 9 are attending regularly.

   The treatment orientation is an integration of social learning theory and a pro-feminist analysis of violence and abuse. The group is psychoeducational in nature, providing didactic material as well as having ongoing discussion time and a chance for personal reflection in an attempt to understand and integrate the material. In addition to the use of discussion time, there are handouts of written materials, frequent use of the flip chart to help focus and facilitate discussions, and viewing of films and videos where applicable. The group is co-facilitated by a male-female team, one of whom is a parole officer. The material in each session builds on what was covered in the previous sessions to a certain extent. However there is an attempt made to create each session as a separate entity for those members who either miss a session or when the program operates as an ongoing group where members will be able to join at any point and complete 12 sessions from their time of entry.

   Each man is referred to the program through his parole officer. The parole officer refers men who indicate a problem with abusive behaviour (or risk of) either in the present or past (using file information in conjunction with discussion with the man or his partner). The offender may not have had any convictions for violent behaviour but may be assessed
nevertheless as being at risk of behaving violently toward others. Such behaviour would only interfere with his attempt to get re-established.

Once a member has been registered with the John Howard Society (approximately 30-45 minutes) and completed the Opportunities Assessment (approximately 1 hour), he is contacted by the research assistant and completes a battery of research instruments which takes approximately 2 hours. He then attends the first group session.

Problems-
In the initial stages of the program, there were difficulties with the referral rate from the local parole officers. To remedy this program staff made a series of on-site presentations to the various area parole offices. The purpose of this was to meet the parole officers, familiarize them with the program, discuss making referrals, provide a short workshop on the definitions and types of abuse and describe how to recognize the potential for risk of abuse either through case files or interviews. This area office outreach served to increase the number of referrals into the program. The referrals that have come in are usually well suited to the program.

There were difficulties with the members of the first group when the group facilitator couldn't be there one week and so the project director filled in. Members said they didn't like to switch group leaders. When the second series of group sessions began, all program staff attended the first group session so that members were familiar with staff and would be better prepared with occasional shifts in leadership where needed. An attempt is made to keep the group leaders the same throughout the full series of sessions. It was also explained to members on the first session that on occasion there might be an observer attending the group who would be staff directly involved with the program (CSC or John Howard staff)

There was difficulty with some of the men early on in the program refusing to sign the release form which allowed us to have contact with their partner. We addressed this eventually by describing it as a requirement of the program and for them to discuss it with their parole officer if they had any problems with it. We have obtained excellent support from the parole officers in supporting this program requirement.

There have been members who deny they have any problem with abusive behaviour and don't need this program. An attempt is made to try and engage them in understanding their behaviour in a different light than they have before. This is done both in the assessment interview and in the group sessions. We are clear about the definitions of abusive behaviour. For many of the men, their idea of abuse is when the victim ends up in hospital or is severely hurt. Their threshold for defining abuse is much higher than the average person. We have attempted to deal with this by defining abuse in its various forms including several types of non-physical abuse. It has also been important to be clear with all members that this is a program for men who have either been abusive in their relationships in the past or show risk of being so in the present or future. By addressing this in the first group session, it has minimized later comments from some members that they don't belong in this group or they are unsure why there are there.
There have been times in the program when members have been actively disruptive during the assessment interview or during the group sessions. It considering how to handle these situations when they arise, it has seemed important to address this right from the initial assessment interview. In some cases, the behaviour seems to cease somewhat after discussion. In other situations the disruptive behaviour seems to lessen once it has played itself out a little in the group. In other words, some members who have seemed very disruptive at first turned out to work quite well in the group.

Changes-

We are in the process of building a men's group to run as a daytime group. The group will also be ongoing in nature so that members will be able to join upon referral and have a short waiting period. It will also serve men who are unable to attend during the evening. It also provides an option for those who can attend at any time of the day. The group will still be 12 sessions long so that the members will have been exposed to all the program material by the time his 12 sessions are completed. Another advantage to this type of format is that the more advanced group members will often make excellent comments to new group members. They help introduce new members to some of the material. Statements made in group from one member to another are often taken as some of the most valid things said in the group.

2. Women's Program

The purpose of the women's program is to be able to attend to the needs for safety and protection of both the partner and any children involved. Information is also sought from the partner about any history of abusive behaviour by her partner. This is done for purposes of determining the potential danger and risk involved in the present situation as well as determining to what extent the man makes any changes. A description of the men's program and her husband's participation in it is available to the partner. The limits of confidentiality are also explained to her. The purpose of meeting with the partners is also to decrease any isolation experienced, provide information about violent and abusive behaviour and provide information about potential resources which may be of assistance.

We have found so far that approximately half of the men in the program are actively involved with a partner. Program staff contact each of the partners of the men in an attempt to set up an interview to both provide and gather information. An attempt is made to encourage the partners to attend a women's group for additional support and information.

Problems-

We have had some difficulty getting the partners to attend the women's group program. We were able to arrange to meet individually with some of the partners from the first series of group but there seemed to be several reasons why they were unable to attend a series of group sessions. In order to provide safety and protection information and resources this was covered in the individual sessions held.

We also have had situations where we suspected that abuse continued by the member toward his partner. When we spoke with the partner, she requested we not say
anything about what she said. One woman felt her partner would be put back in jail if the staff reported any abuse and then he would get someone he knew to assault her on the outside. At this point we are having to say to the partners that we may have to report any abuse we hear about. This creates somewhat of a problem from the stand-point of her safety and also means she may be reluctant to divulge pertinent information about her partner which would be useful to the program staff. This problem is under ongoing discussion in the weekly staff meetings.

Changes-

We are arranging where possible to meet with the partners in an assessment interview and then meet with them as a group for one session. However, if this doesn't draw a larger number of women out, we plan to have telephone contact with them and provide a package of information for each of them. This package would contain information about the overall program, myths about abuse, and local resources. We are in the process of making contact with 3 women's services in the Toronto area to obtain suitable information for the packages as well as inform them of the program and the services provided.

3. Staff Training Program

The purpose of this program component is to provide ongoing staff training to both Correctional Services Canada and the John Howard Society staff involved in the project. Some of the CSC staff training involves staff at the various federal institutions.

The staff training component is enhanced by having a CSC staff member (parole officer) co-facilitate the men's treatment group. This direct hands-on experience combined with the weekly staff training sessions (1 hour) provides the most thorough training in the program.

Changes-

We have one staff member at a time attend the staff training sessions from the John Howard Society. This same staff member will co-facilitate the daytime men's group which is in the advanced planning stages.

4. Community Involvement

The purpose of this component is to make working connections with other relevant services and agencies in the local community. This helps to provide up-to-date information about what is available and make suitable referrals. In Toronto, staff have joined the city-wide monthly meeting of all the men's group leaders who run programs for abusive men. We have also provided a workshop on the topic of Dangerousness. At present we are making contacts with services for women including the Ontario Women's Directorate, Education Wife Assault and the Assaulted Women's Helpline. We hope this will enhance not only the information we are providing to the partners but assist in the program model involving partner contact.
Useful Program Components

At this point in time, there are a few aspects to the program that have been designed which seem to enhance the program:

1. The program staff all attend the first group session. This seems useful in order to demonstrate that the program is larger than just the group sessions themselves. This also serves to better familiarize the members with who to call at the John Howard Society should they have anything to ask about their contact.

2. Program staff are very clear from the start that this is a program for men who have been violent or abusive in their relationships in the past or are at risk of being so in the present or future. Members who deny this are reminded of the assessment interview they had where their suitability for the program was discussed.

3. Some members say they aren't comfortable meeting in a group. They are informed that this is a group program and that many men say they aren't comfortable but feel more at ease once they have attended a couple of sessions. At this point in time, we have not offered individual sessions as an alternative to the group. Individual sessions are only conducted as part of the assessment interview or on a crisis basis.

4. The contacts that have been developed with the parole officers have been immensely important and helpful. The parole officer plays a critical role in the identification, referral and maintenance of each member in the program. Staff have often called on a parole officer to assist in getting a member to be less disruptive or improve his attendance.

5. What seems to get the members closer to attitude and value changes is to present several themes throughout the program in various formats. For example whether there is discussion, films, videos, written material, or didactic material, the same kinds of messages are constantly being reviewed and repeated throughout the sessions. An attempt is made to work with some of their defensiveness they bring to the program in a way which encourages members to consider new ways of thinking and behaving.

6. In the first session, the group leaders discuss the fact that many members feel they have no choice but to attend the program. There is a discussion about this in the first part of the first session. Without this type of discussion at this point, the topic seems to resurface at various points throughout the program. By having it addressed right in the first session, members can say what they want to about it and this seems to pave the way for reducing some of their defensiveness and reluctance to learn anything from the group.

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HV 6626.23 .C2 M4 1993
Meeting of treatment program directors, October 26 to 27, 1993 = Réunion des directeurs de programme de traitement, tenue les 26 et 27 octobre 1993 /