



A Call for a New Paradigm: Perspectives of Court Personnel and Clinicians on Court-Mandated Treatment Approaches for Domestic Violence Crimes

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Abstract

Purpose Despite the emergence of alternative models to traditional Batterer Intervention Programs (BIPs) to address domestic violence (DV), little research has explored stakeholders' perceptions and experiences of various treatment approaches. Therefore, this study, guided by the stakeholder engagement framework, explored the experiences, attitudes, and beliefs of court personnel and clinicians involved in mandated treatment for those convicted of DV crimes.

Method Two focus groups and nine semi-structured individual interviews were conducted with court personnel and clinicians and were analyzed using an interpretative phenomenological approach.

Findings Five themes emerged: (1) “Capturing a true batterer”: The discrepancy between common perceptions of DV batterers, the legal definition of DV offenses, and the standard treatment approach for DV crimes; (2) A “cookie-cutter” approach: The controversy over the one-size-fits-all approach of court-mandated treatment; (3) “I don’t have the tools”: Professionals’ frustration with policy and practice limitations; (4) The need for more inclusive treatment: Broadening the range of participants involved in the DV treatment process, and (5) A call for a shift in pedagogy: A new paradigm for DV and DV treatment. Overall, various stakeholders (i.e., court personnel and clinicians) expressed a sense of helplessness while attempting to navigate current DV statutes, court-mandated BIPs/DV treatment, and the realities of DV.

Conclusion The narratives of stakeholders point to the desire and the need for a new treatment paradigm to address the various types of DV crimes, the needs of those convicted of misdemeanor DV crimes, and the broader impact of DV.

Keywords Batterer Intervention Programs · domestic violence · domestic violence treatment · restorative justice · stakeholders · clinicians · court personnel

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Introduction

Domestic violence (DV) is a serious human rights violation and a public health concern that impacts individuals, families, and communities around the world (Devaney et al., 2021; World Health Organization, 2013). Consequences of DV include deteriorated physical and mental health and well-being of those who experience violence (Ellsberg et al., 2008; Yunus et al., 2019). In the United States, the annual cost of DV is estimated to be \$5.8 billion, of which \$4.1 billion account for related medical and mental health care services (Snead et al., 2018).

In the United States in general, DV is common. Over one in three females (36.4%) and about one in three males (33.6%) report experiences of physical violence, sexual violence, and/or stalking by their intimate partner during their lifetime (Smith et al., 2018). Intimate partner violence (IPV) is the

most prominent type of DV and the terms IPV and DV are often used interchangeably to mean IPV.¹ However, the term DV in the U.S. legal system also includes violence among other family members beyond the boundary of intimate relationships. In the U.S. legal context, DV is a crime and is usually broadly defined as IPV, family violence (e.g., between an adult child and parent), and in some states, violence between roommates with no romantic or familial relationship (National Conference of State Legislatures, 2019), and it applies to both male and female offenders. The Department of Justice reported that between 2003 and 2013, DV accounted for 21% of all violent victimizations; among the 21% of DV, 15% were IPV, 4% were violence committed by immediate family members, and 2% were violence by other relatives (Truman & Morgan, 2014). The discrepancy between the broad legal definition of DV and the “traditional” IPV paradigm has been raised as a critical issue that needs to be resolved in the field (Barocas et al., 2016).²

Perpetrators of DV crimes are a heterogeneous population regarding age, gender, sexual orientation, characteristics, relationship with their victims, socioeconomic status, and willingness to change their behaviors (Boxall et al., 2015; Holtzworth-Munroe et al., 2000; Langhinrichsen-Rohling et al., 2012; Redondo et al., 2021). Violent behaviors vary in nature (e.g., severity, chronicity, and mutuality; Straus & Michel-Smith, 2014) as well as context (e.g., controlling violence vs. situationally provoked aggression in the context of IPV; Johnson, 2008). All these aspects may impact the type of treatment approach that would be most effective when treatment is necessary and appropriate (Boxall et al., 2015). The standard DV treatment approach in the United States, Batterer Intervention Programs (BIPs), tends to provide uniform intervention that is not tailored to the participants’ needs (Cheng et al., 2021). Studies that examined the effectiveness of BIPs for preventing recidivism were inconclusive as results were mixed (Babcock et al., 2004; Cheng et al., 2021; Wilson et al., 2021). Research indicates promising results regarding several alternative models to traditional BIPs, delivering more tailored treatment, based on the participants’ needs and potential trauma, that have emerged in recent years (Cheng et al., 2021; Lawrence et al., 2021; Lila et al., 2018; Mills et al., 2019; Taft et al., 2016).

¹ In this article, we do not use the terms IPV and DV interchangeably.

² The traditional gender paradigm of IPV argues that IPV is a consequence of patriarchy and assumes that men are perpetrators and women are victims. The non-gendered paradigm rejects the assumption that IPV is inherently gendered and supports a more comprehensive understanding of IPV. Debates remain ongoing as to which paradigm should inform domestic violence interventions. More about these debates are beyond the scope of this article. (See Johnson (2008); Cares et al. (2021); and Wilson et al. (2021) for more historical context on this debate.)

Understanding the experiences and perspectives of the stakeholders working with those convicted of DV crimes is key to expanding the understanding of DV interventions and policies. Court personnel (e.g., judges) and those providing treatment for DV crimes (e.g., clinicians³), are at the forefront of interacting with those who commit and are impacted by DV. These stakeholders can provide a nuanced understanding of the context of various DV incidents and the strengths and weaknesses of current DV policies and treatment approaches. Hence, the exploration of experiences, attitudes, and beliefs among court personnel and clinicians about treatment for those convicted of misdemeanor DV crimes and sentenced to treatment, is expected to inform decision-making to improve the effectiveness of DV treatment.

What We Know About Treatment Approaches for DV Crimes

In the United States, BIPs remain the most common response to address DV crimes (Voith et al., 2020). There are approximately 1,500–2,500 BIPs throughout the country to treat misdemeanor DV crimes (Morrison et al., 2021). BIPs are described as psychoeducational, cognitive-behavioral, and pro-feminist (National Institute of Justice, 2011). Many BIP programs draw on the Duluth model of DV intervention, a model developed in the early 1980s, based on IPV and rooted in feminist concepts focusing on violence used by males as a means to control their female partners (Pence et al., 1993). BIPs based on the Duluth model, which views offenders as exerting power and control over their partners, centers on holding them accountable for their crimes (Crockett et al., 2015). The effectiveness of BIPs in reducing violence and future crimes has been questioned (Morrison et al., 2019). In response, a more recent, hybrid approach, combining BIP with treatment elements such as restorative justice (RJ), an individualized motivational plan, or contextual behavioral science, showed reduced incidents of violence (Lawrence et al., 2021; Lila et al., 2018; Mills et al., 2019). A trauma-informed intervention for individuals engaging with IPV also showed promising outcomes regarding subsequent IPV use in men (Taft et al., 2016).

RJ is a distinctive approach to addressing problems or crimes by engaging the person who has been harmed, the person who has caused harm, and the community (Gade, 2021). RJ seeks to involve all those impacted by injustice,

³ In this study, we use the term “clinician” to indicate those providing treatment for DV crimes because, in Utah, the site of this study, those providing DV treatment are required to be licensed mental health therapists (e.g., a clinical mental health counselor or a clinical social worker) (Utah Mental Health Professional Practice Act, 2013; Utah Administrative Code, 2019).

to provide an opportunity to discuss how they are affected, and to decide what should be done (Braithwaite, 2004). In contrast to the punitive approach, RJ aims to repair harm and to reintegrate all parties in the community rather than to impose punishment (Braithwaite, 2004). RJ approaches include victim-offender mediation, family group conferencing, and peacemaking circles (Ptacek, 2017). Circles of Peace (CP), an RJ peacemaking circle approach for addressing misdemeanor DV crimes, brings together the offender and the victim⁴ (victim participation is voluntary), family members and other support people, and a trained community volunteer in a process facilitated by a Circle Keeper. The CP model has been implemented and studied in the criminal justice systems in Arizona (a pure CP approach) and Utah (a hybrid approach, BIP-plus-CP).⁵ The results of these studies show promising findings; in Arizona, CP was shown to be safe (Mills et al., 2013) and in Utah, BIP-plus-CP resulted in a significant reduction in new arrests (53%) and in the severity of the crime (52%) compared to a standard BIP (Mills et al., 2019).

Stakeholder Engagement Framework

This study was guided by the stakeholder engagement framework. Stakeholder engagement is defined as a social process where the stakeholders work together to resolve a certain issue (Green & Penning-Rowsell, 2010). Stakeholder engagement theory suggests that interaction with various stakeholders provides valuable insight, knowledge, and resources, which may contribute to institutional success (Smith & Lohrke, 2008). To date, originating in the business sector, the stakeholder engagement framework has been widely applied to various fields (e.g., medicine and public health). Hence, exploring the perspectives and experiences of stakeholders regarding DV crimes and different treatment approaches is useful to identify the strengths and weaknesses of each treatment approach for DV. In this study, DV stakeholders, defined as individuals who are responsible

for and affected by decisions on DV and DV treatment policy (Concannon et al., 2012), include court personnel involved in DV cases (e.g., judges) and providers of treatment for misdemeanor DV crimes (e.g., clinicians).

Perspectives of DV Stakeholders on Treatment for DV Crimes

DV stakeholders (i.e., court personnel and clinicians) can offer critical insight on treatment approaches for misdemeanor DV crimes which, in turn, can contribute to enhancing DV treatment design and implementation as well as policy (e.g., state standards for DV treatment). By implementing the laws (e.g., prosecuting and sentencing DV offenders) with respect to DV crimes (Klein & Klein, 2020), court personnel engage with DV offenders and victims and are involved in the ways in which various DV incidents are addressed. Clinicians provide DV perpetrators with an intervention program according to state standards.

A handful of qualitative studies explored stakeholders' narratives about effective BIP applications (Morrison et al., 2017, 2019, 2021). The findings include key components for quality treatment (Morrison et al., 2017) and various challenges of BIP implementation (Morrison et al., 2019, 2021). For instance, they suggest that having empathy and respect for those who commit DV crimes is critical for facilitating strategies (Morrison et al., 2017) and highlight the importance of a coordinated community response to DV crimes (Morrison et al., 2021). A recent qualitative study investigating the stakeholders' perspectives on using an RJ approach to address DV crimes indicates the strengths of RJ to empower victims while enabling offenders to engage in dialogue to discuss solutions to the harm caused to all those involved (Jeffries et al., 2021).

The Present Study

Regardless of the development and implementation of various types of DV treatments for misdemeanor crimes, BIPs remain the most widespread response to addressing DV crimes within the criminal legal system (Voith et al., 2020). Research has shown the promise of a hybrid approach that uses RJ (BIP-plus-CP) for preventing future crimes compared to the standard BIPs (Mills et al., 2019). In addition to the evidence, exploring key stakeholders' perspectives on treatment for DV crimes is essential as it offers insights and understanding about the strengths and limitations of the different treatment approaches. There has been a paucity of empirical research exploring stakeholders' perceptions and experiences of both the BIP approach and alternative treatment approaches (e.g., RJ interventions) simultaneously. Therefore, the aim of this qualitative study was to add to the knowledge base by exploring the lived experiences,

⁴ In RJ, prescriptive, value-laden language that may stigmatize individuals is avoided. Thus, terms such as the person who has caused harm and the person who has been harmed are used instead. However, in the context of the terminology used within the criminal legal system, in the sources we cite, and by the participants in our study, the terms offender(s) and victim(s) are used throughout this article.

⁵ The CP model is implemented according to state standards and guidelines for treatment for misdemeanor DV crimes. In Arizona, first-time offenders had to attend 26 weeks of CP sessions. In Utah, at the time of the study, offenders had to complete 12 weeks of offender-only group treatment before they could participate in conjoint treatment with their victims. Thus, in Utah, a hybrid approach was implemented consisting of 12 weeks of BIP followed by four or six weeks of CP.

perceptions, and in-depth understanding of DV stakeholders regarding the process, strengths, and limitations of different treatment approaches for DV crimes (i.e., a standard BIP and a hybrid approach with an RJ component) based on the stakeholder engagement framework.

Taken together, the broad research question was as follows: What do court personnel and clinicians think of court-mandated treatment approaches for DV crimes?

Design and Methods

An interpretive phenomenological analysis (IPA) method (Smith, 2011) was chosen to present the narratives of the participants in this study. This well-established qualitative methodological approach is committed to the systematic exploration of lived experiences and to understanding how individuals make sense of their personal and social worlds (Smith et al., 2009). It assumes that people naturally seek to interpret their experiences, and that these subjective self-reflection processes are accessible through questioning and conversation (Brocki & Wearden, 2006). IPA does not attempt to produce a single, generalizable truth; alternatively, it remains distinct from other qualitative methodologies through its idiographic emphasis on individual level meaning-making processes (Eatough & Smith, 2017). This approach has been used in a wide variety of DV and IPV research (Avieli, 2021; McCarrick et al., 2016).

Participants

The participants were part of a larger two-part study: a randomized controlled trial comparing a standard BIP to a hybrid approach with component (BIP-plus-CP) conducted in Utah.⁶ For part I, we partnered with one court and for part II, we partnered with two courts (the same court as part I plus an additional court from the same county). We partnered with different treatment provider organizations for part I and part II and adhered to the organizations' standard practices for those mandated to treatment for a misdemeanor DV crime. Court personnel involved in DV cases and clinicians who provided either the standard BIP or the hybrid approach

(BIP-plus-CP) under study were included. The court personnel were all involved in DV cases, and the clinicians were all licensed clinicians trained in treatment for DV crimes. The present study included 19 participants: 10 court personnel and nine clinicians.

Procedure and Data Collection

All court personnel involved in sentencing cases to treatment for the study, and clinicians involved in providing treatment for these cases were recruited by email to participate in focus groups (court personnel) and interviews (clinicians). All the participants signed a consent form addressing the aim of the study and their rights as participants. The focus groups and interviews were conducted at the end of each part of the study. There were two focus groups: the first included five court personnel who participated in part I of the study and the second included seven court personnel who participated in part II. A total of nine interviews were conducted with clinicians, three in part I and six in part II. The study was approved by the institutional review boards at New York University and the University of Utah. All focus groups and interviews were audio-recorded and, later, transcribed verbatim. Data for this study were gathered through focus groups with court personnel using a focus group guide and through semi-structured interviews with the clinicians using an interview guide (Pietkiewicz & Smith, 2014). The guides had several common content categories: the perception of the goal of DV treatment programs (e.g., What is the goal of a DV treatment program?); the view on strengths and weaknesses of the different DV treatment options (e.g., What are the strengths of the different DV treatment options?), and the perspectives on the effectiveness of the treatment programs for DV crimes (e.g., How effective is each of the treatment programs in addressing DV?).

Data Analysis and Trustworthiness

Data analysis was conducted by four members of the research team. Four of the researchers individually read through the transcripts several times to familiarize themselves with the data and noted preliminary patterns and themes. Next, they grouped the statements into units of meaning, including quotes that captured the key narratives of the participants' experiences and perspectives (e.g., gathering quotes pertaining to the discrepancy between common perceptions of DV batterers and legal definitions of DV offenses). Third, the researchers identified emerging connections, clustered them together, and conceptualized them. Finally, disagreements among the researchers were resolved in reconciliation meetings resulting in five agreed-upon themes that emerged from the participants' narratives. All data were handled using Atlas.ti version 8.

⁶ In Utah, those convicted of a misdemeanor DV crime are mandated to treatment. The primary treatment available to DV offenders is BIP. Court-mandated offenders were randomly assigned to one of two programs (BIP-only or BIP-plus-CP). The randomized controlled trial was conducted in two parts: part I included all eligible DV cases, including IPV, family violence (e.g., adult child and parent), and violence between roommates with no romantic or familial relationship, and part II included only IPV cases. In part I, treatment was 18 sessions (18 weeks of BIP or 12 weeks of BIP plus six weeks of CP) and in part II, treatment was 16 sessions (16 weeks of BIP or 12 weeks of BIP plus four weeks of CP).

Trustworthiness was achieved as follows: First, audio-recorded focus groups and interviews and their verbatim transcriptions enabled verification with the original, ensuring referential adequacy (Lincoln & Guba, 2013). Second, the identified themes were compared and negotiated until agreement was reached. The experiences of the researchers were bracketed to reduce preconceptions as much as possible and to prevent them from influencing the study or the researchers' interpretations of the phenomenon (Chan et al., 2013). Finally, the researchers followed Moustakas's (1994) description, performing repeated rounds of reflection on any preconceptions or prejudices they may have had. This was done in open discussions with the entire research team that raised provocative questions and provided feedback (Lincoln & Guba, 2013; Moustakas, 1994).

Findings

The DV stakeholders' narratives revealed five major themes: "Capturing a true batterer": The discrepancy between common perceptions of DV batterers, the legal definition of DV offenses, and the standard treatment approach for DV crimes; "A cookie-cutter" approach: The controversy over the one-size-fits-all approach of court-mandated treatment; "I don't have the tools": Professionals' frustration with policy and practice limitations; The need for more inclusive treatment: Broadening the range of participants involved in the DV treatment process; and A call for a shift in pedagogy: A new paradigm for DV and DV treatment.

"Capturing a True Batterer": The Discrepancy Between Common Perceptions of DV Batterers, the Legal Definition of DV Offenses, and the Standard Treatment Approach for DV Crimes

The court personnel's and clinicians' narratives reflected their frustration with the discrepancy between the commonly used narrow conceptualization of DV in the traditional partner violence paradigm and the broad legal definition of DV in the criminal legal system. The term "true batterers" was used in various ways to highlight the disconnect between who is coming into court with a DV charge and who the current DV intervention model is intended to serve. The participants recognized the discrepancy between the statutory definitions of DV and the standards for treatment programs that offenders are court-mandated to attend, as illustrated in the following quote:

...I'm not saying like the true batterers who repeatedly do it with other people, but who are probably in the

situation because they are just so incredibly stressed out financially and then now I'm making them pay for expensive treatment and I'm giving them a fine or plea in abeyance fee. I realize we can't solve all ails but it just seems like poverty from what I conjecture with what we see here is like the biggest underlying force of whether or not there's going to be domestic violence or not. Because we all lose it sometimes. (Court personnel)

In terms of frequency and types of violence, the participants made a distinction between the "true batterer," who time and again uses violence involving power and control with the intention of controlling their intimate partner, and "situation-based violence" offenders who resort to a single act of violence because of situational stressors. In the participants' perception, perpetrators of situational violence, resulting from stressors such as economic hardships, are not necessarily "true batterers." The court personnel recognized poverty as "the biggest underlying force" of DV crimes and raised concern about the ironic situation in which DV offenders have to pay for expensive treatment when their aggressive actions were due to extreme financial stress.

The idea of "true batterers" emerged also in the context of IPV versus violence between other family members or roommates:

I mean there can be power and control in relationships but...parents and their adult children or adult children and their parents or adult siblings...are not the batterer that we're looking at. (Court personnel)

The stakeholders' narratives revealed that power and control inequality is not the only type of DV etiology because a variety of types of cases involving DV crimes have contact with the criminal legal system. Several court personnel and clinicians discussed the significance of the various types of relationships between an offender and a victim. In their perception, "batterers" are those who commit violence against intimate partners where there is persistent inequality. Accordingly, they did not perceive other types of DV offenders as falling into the "batterer" category. Court personnel stated that those who qualify under the cohabitation statute but are not in an intimate relationship (e.g., adult children who are violent toward their parents and violence between roommates) are not the types of offenders for whom the traditional DV treatment approach is designed.

“A Cookie-Cutter” Approach: The Controversy Over the One-Size-Fits-All Approach of Court-Mandated Treatment

Participants’ narratives also revealed the inadequacy of the “cookie-cutter” or “one-size-fits-all” treatment for different types of DV cases:

...all these millions of people that are involved in domestic violence every year they’re all going to respond well to this packet that we created. So, it’s this cookie-cutter response to very different things... I think that’s part of what sucks about the system; there isn’t an answer to that. It should be as long as that client needs it, an ongoing assessment needs to be part of it. Again, it’s that cookie-cutter response that all people of domestic violence respond well to treatment that lasts 16 weeks... (Clinician)

Stakeholders recognized that traditional DV treatment approaches have not addressed the diversity of DV crimes, let alone the needs of the different individuals involved in DV. Participants’ narratives implied that traditional BIPs based on the Duluth model may not be appropriate for every DV case. Due to the dissimilarity among those mandated to treatment for DV crimes, the traditional DV treatment approach may not be effective for all offenders across different contexts. Thus, this participant suggested that responses to DV crimes should include an ongoing assessment of DV offenders, particularly as it relates to length of time in treatment.

Clinicians also talked about the gendered nature of the BIP curriculum material, particularly the videos:

It’s focused on men as the aggressors, as the offenders, on women as the victims, and um, extreme domestic violence and that wasn’t always the situation...It’s really frustrating because people would say well “that’s not me,” “I don’t fall within that category,” “they were doing this too,” and it was just really frustrating to a lot of clients. It would almost create more irritation with the system, irritation with treatment, irritation that they had to be there. They felt like maybe they were the victims on some levels but because they were a man—typically this came from the males, that because they were male—that they were being stereotyped, because of the model. (Clinician)

The participants contended that the traditional DV treatment approach is likely to assume that men are the offenders and that women are the victims; yet this is not true for all cases. The clinician pointed out that, given the underlying assumption of the traditional Duluth model (i.e., male offenders and female victims in heterosexual relationships), not all offenders attending the traditional BIP may consider

the curriculum as relevant to them. This participant’s narrative indicates that some offenders in BIP may be frustrated by the treatment model’s narrow focus. For instance, non-IPV offenders (e.g., family or roommate violence), female offenders, or offenders in same-sex relationships might feel that the Duluth approach is irrelevant to them.

“I Don’t Have the Tools”: Professionals’ Frustration with Policy and Practice Limitations

Court personnel and clinicians expressed frustration with the current criminal legal system’s response to treatment for DV crimes regarding offenders, victims, and their families. Court personnel did not feel confident about the effectiveness of the current DV intervention programs, let alone the incarceration of DV offenders:

...changing batterer behavior cannot occur in the amount of time, so I do not have a high expectation that the batterer intervention treatment I’m sending folks to will in fact be an appropriate intervention. But that’s with the person who is a true batterer, of course, as broadly as our law is drawn, we know that we’re sending people who are not batterers and with those folks the whole intervention of the court and including the information they receive at treatment is likely to stop behaviors, but in terms of a true batterer, I don’t have much confidence. (Court personnel)

Court personnel expressed frustration with the lack of appropriate treatment interventions for DV cases and questioned the current criminal legal system regarding effective prevention and treatment for DV offenders. One court personnel said that “changing batterer behavior cannot occur in the amount of time,” raising concerns regarding treatment effectiveness to change offenders’ aggressive behaviors with such short implementation time.⁷ The term “true batterers” was mentioned again in the context of treatment effectiveness. Ironically, the court personnel participant believed that the treatment may be effective for DV offenders who are not true batterers (i.e., according to this category discussed previously). For “true batterers,” however—a person who appears to use power and control repeatedly and fits into the standard treatment approach—its effectiveness was cast into doubt. This remark reflects questions regarding the traditional DV treatment model, even for offenders for whom the model was developed. Apropos the current legal system’s overall response to DV crimes, doubts were raised about the various strategies’ effectiveness to address the issue:

⁷ At the time of the study, first-time offenders were mandated to a minimum of 16 weeks of treatment in the state of Utah.

I don't think there's anything more frustrating to me than domestic violence because incarcerating offenders can revictimize their victims. Treating offenders has not been shown as being efficient...what do I do to break this cycle? I don't have the tools; I don't believe I have the tools. (Court personnel)

The court personnel's narratives demonstrate the assumption about the limited effectiveness of imprisonment and treatment for rehabilitating DV offenders and reducing recidivism under the current legal system's approach to dealing with DV crimes. The statement "incarcerating offenders can revictimize their victims" implies that incarceration of DV offenders may be only a temporary solution to protect the victims during the period of the offender's imprisonment. After the offender's release, however, victims may be at risk of revictimization if the offender has not been rehabilitated or if their violent behaviors remain the same as before.

The Need for More Inclusive Treatment: Broadening the Range of Participants Involved in the DV Treatment Process

Stakeholders expressed concern that the current standard treatment for DV crimes, with a focus on offenders only, does not offer other people affected by the incident the opportunity to participate in the treatment. In particular, participants talked about the importance of involving all parties affected by the violence and of providing them with an option to be part of the treatment process to address the harms and needs in the aftermath of a crime:

...the beauty of seeing two people be able to come together and effectively communicate and effectively share emotion and address those harms and move forward in a healthy effective way... I think giving them that opportunity is amazing... When you don't involve the people directly in the situation, I don't think there's any potential for change. (Clinician)

Clinicians were particularly concerned about the capacity to bring about change in the absence of victims' involvement in the treatment process. One clinician commented that without engaging victims, the expectation for change in relationships is unrealistic. The clinician recognized the limitation of the standard, offender-only-group treatment approach for DV crimes, which does not include the victims. Clinicians recognized the strength of an RJ approach that provides an opportunity for victims to choose to participate in the treatment process. This clinician's statement reflects the significance of offering a safe space where both parties can communicate effectively, share their emotions, and address the harms and needs in their relationship. The participants' narratives reflect that family members who

may also be affected by the DV incidents are fundamentally excluded from standard treatment for DV crimes.

I don't know that it's effective at all in treating their families. Their families don't get a voice in there at all... (Clinician).

Clinicians raised the concern that the current treatment approach might not be effective when it comes to addressing the needs of family members affected by the DV incident. The statement "their families don't get a voice in there at all" demonstrates how the standard treatment approach neither supports nor includes families in addressing DV crimes. This concern indicates the need for understanding and addressing DV crimes in the broader context of family and acknowledges that the DV incident may significantly affect family members in addition to offenders and victims.

Finally, clinicians who were interviewed highlighted the participation of others in the treatment process to provide support and address the harm from a broader perspective.

I have thought that the element of Circles of Peace [CP], where people are so encouraged to bring in a trusted family or friend into their support, into their discussion about what happens in this relationship and what are we working to change and how do we want the future to be different, I have wondered whether that element on its own could be one of the more effective things that is involved here. (Clinician)⁸

Stakeholders perceived the broader inclusion of various participants in the treatment process as one of the strengths of the CP approach. CP involves the offender but can also include the victim (if the victim chooses to participate), family members who directly or indirectly experienced the DV, people whom the offender or victim trust, as well as trained community members. In terms of CP participants, the clinician's narrative suggests the potential effectiveness of involving trusted support people for the offender and the victim in the treatment process. This will allow support people to address "what happens in this relationship and what [we are] working to change and how [sic.] we want the future to be different."

The participants note the importance of an RJ approach with a focus on how violent crimes affect the community and on the ability of this approach to involve community members in the treatment process to address DV crimes:

The restorative justice model has a real strength in terms of this piece of looking broader than an individ-

⁸ In RJ in general, and peacemaking circles in particular, the facilitator or Circle Keeper does not have to be a clinician. However, in the context of DV and the state standards for DV offender treatment, the Circle Keepers in CP were clinicians.

ual couple or family in terms of how violence affecting the community, affecting people all around us and bringing along the idea that you can have the help of people from the community and from your family to help you have safer and healthier relationships after this. (Clinician)

The participants' narratives implied CP's broader perspective on DV crimes. CP recognizes the larger ecological systems surrounding the offenders and victims, which are also impacted by DV crimes, such as families, friends, and the community. The statement "you can have the help of people from the community and from your family to help you have safer and healthier relationships after this" implies that, through the CP treatment, benefit may be drawn from a variety of people. Not only trusted family members or friends, but community members may also offer helpful insight into the DV incident and the offender–victim relationship. Offenders and victims may feel safe and supported by the presence and participation of a trusted person and a community member in the CP treatment process.

A Call for a Shift in Pedagogy: A New Paradigm for DV and DV Treatment

DV stakeholders have ongoing close contact with DV offenders. Therefore, their narratives may serve as a reflection of the mindset in the DV intervention and treatment arena. The participants in the present study expressed disillusionment with the ineffectiveness of the punitive approach and called for a paradigm shift:

...we're getting rid of that mentality of 'shame on you, you've done a bad thing, you should feel bad about this'... just completely ineffective... taking away that guilt, shame, punitive piece, is critical. (Clinician).

In particular, the clinicians' narratives highlighted the significance of moving away from the punitive and judgmental perspectives toward offenders in the treatment process. The clinician believed that the punitive approach, which is likely to confront offenders with guilt and shame, may limit treatment effectiveness.

After reflecting on the two treatment approaches (BIP-only and BIP-plus-CP), clinicians highlighted the strengths of RJ, which include elimination of a punitive attitude toward offenders:

It's very important to be able to have empathy for people who are convicted as domestic violence offenders because with our goal being safety and change, we recognize that the most effective way to help people bring about effective change is to be working with them and helping them recognize what changes would benefit them and that is very important to be coming from a

perspective that is supportive instead of judging and critical for that type of change to be able to happen... (Clinician)

Empathy for DV offenders emerged as one of the important components of a treatment approach for DV crimes. In addition, the clinicians' narratives indicate that working with DV offenders and helping them recognize the changes from which they could benefit may be critical for their change potential.

Another clinician highlighted the unique characteristics of other CP components:

The strengths of the Circle approach, what I liked, was that it made people more equal, and it made it more open for people to talk about and take accountability for their behaviors but also create a way—a safe place to talk about things that were difficult [to talk about] and letting people be heard on both sides. (Clinician)

The clinicians' narratives reflect how the CP format embodies the core RJ principles (i.e., respect for all participants and offender accountability for the harm). The narratives point out the strengths of CP for promoting equality, openness, and listening during the treatment session.⁹ This clinician also perceived that CP could still hold the offender accountable for the harm they have caused to the victim and the community. Furthermore, emphasis is placed on the CP's ability to offer a safe space, especially because it fosters an environment in which those who have caused harm and those who have been harmed can talk and be heard. While reflecting on the experiences and perspectives regarding the treatment for DV crimes, stakeholders questioned the current prominent punitive approach toward DV offenders and called for a shift in pedagogy to recognize the strengths of RJ, and in particular, CP, as a promising alternative treatment approach.

Discussion

Guided by the stakeholder engagement framework, this study focused on court personnel's and clinicians' experiences and perspectives pertaining to treatment for DV crimes. Thus, the study findings facilitate a better understanding of treatment for DV crimes that can contribute to enhancing effective responses to these crimes in general. Five themes emerged from the participants' narratives: "Capturing a true batterer": The discrepancy between

⁹ A talking piece is a tool to facilitate active listening in CP sessions. Only the participant who is holding the piece is allowed to talk while everyone else listens. The use of the talking piece reassures the speakers that they will not be interrupted, enabling them to pause and find the words to express their thoughts (Pranis, 2015).

common perceptions of DV batterers, the legal definition of DV offenses, and the standard treatment approach for DV crimes; A “cookie-cutter” approach: The controversy over the one-size-fits-all approach of court-mandated treatment; “I don’t have the tools”: Professionals’ frustration with policy and practice limitations; The need for more inclusive treatment: Broadening the range of participants involved in the DV treatment process; and A call for a shift in pedagogy: A new paradigm for DV and DV treatment.

The first theme, “Capturing a true batterer”: The discrepancy between common perceptions of DV batterers, the legal definition of DV offenses, and the standard treatment approach for DV crimes, indicates that current DV treatment does not seem to accommodate the broad DV statutes in the criminal legal system. The participants used the term “true batterers” to refer to men whose actions reflect intentional control of an intimate partner and who match the Duluth model category on which standard BIPs are based. While “true batterers” only include IPV perpetrators who abuse based on power and control, the broader legal definition of DV includes IPV, family violence, and violence between roommates (National Conference of State Legislatures, 2019; Utah State Legislature, 2021). The findings are aligned with Johnson’s research (2008) on IPV typology and also include the issue of the broader conceptualization of DV. Thus, a move away from using the term “batterer” which is stigmatizing and is not representative of all types of DV offenses, and instead using alternative terms such as “responsible person” is warranted. Similarly, instead of the traditionally used term “Batterer Intervention Programs,” a more accurate term such as “Domestic Violence Intervention Programs” should be used. The DV stakeholders’ narratives draw attention to the fact that power and control inequality is not the only DV etiology and that different types of DV offenders exist, such as those who “qualify under the cohabitation statute,” not necessarily in an intimate partner relationship. The discrepancy between common perceptions of DV offenders, the main target of the current standard treatment, and the broad legal definition of DV offenses needs to be resolved to enhance criminal legal systems’ responses to DV crimes (Barocas et al., 2016).

The second theme, A “cookie-cutter” approach: The controversy over the one-size-fits-all approach of court-mandated treatment, indicates that the current universal approach to DV treatment neither fits the various types of DV offenses nor addresses the varied needs of offenders who are in contact with the system because of DV crimes. This finding is consistent with previous studies indicating the heterogeneity among DV offenders and the need for a paradigm shift in DV intervention (Boxall et al., 2015; Holtzworth-Munroe et al., 2000; Langhinrichsen-Rohling et al., 2012; Redondo

et al., 2021). Stakeholders emphasized the importance of discerning the needs of those mandated to treatment for misdemeanor DV crimes and their circumstances but recognized that responding to these needs is not always possible. Only a few treatment options accommodate the complex needs of DV offenders. DV stakeholders described the lack of, or limited choices open to judges, clinicians, and the DV-impacted community (including offenders, victims, and family members), at the time of the study, following a DV charge. These narratives are consistent with previous research suggesting the need to explore alternative approaches to treatment for DV crimes, which can address DV offenders’ varying needs (Cheng et al., 2021).

The third theme, “I don’t have the tools”: Professionals’ frustration with policy and practice limitations, represents the study participants’ perceptions regarding the current criminal legal system’s approach (i.e., incarceration and standard DV interventions). Court personnel and clinicians expressed frustration with the lack of appropriate interventions to address DV crimes; tools that will, in turn, ultimately break the cycle of violence. Research also indicates that imprisonment is ineffective in preventing DV crimes. For instance, there was no statistically significant difference between short-term imprisonment (up to 12 months) and suspended sentences in deterring DV recidivism (Trevena & Poynton, 2016). Imprisonment may be a temporary measure to address DV crimes and to stop acute victimization/abuse without fundamentally changing offenders’ violent behaviors. Even worse, a study that followed 23 years of death rates among victims of misdemeanor DV crimes reported that victims were 64% more likely to have died of all causes if their intimate partners were arrested and jailed compared to if they had received a warning and were allowed to remain at home (Sherman & Harris, 2015). In this context, stakeholders might have expressed doubt regarding the effectiveness of the current legal system’s response of incarcerating DV offenders. Moreover, if the offender is the main breadwinner and a parent, incarcerating the offender may lead the victim to deal with the financial consequences, and the incarceration of an offender who is a parent detrimentally affects the well-being of their children (Wakefield & Wildeman, 2018).

The fourth theme, The need for more inclusive treatment: Broadening the range of participants involved in the DV treatment process, reflects the need for DV treatment to be more inclusive, to deal better with DV crimes, rather than focusing solely on the offender. The DV stakeholders recognized the strength of a peacemaking circle approach that offers the victim, family members, and community members the opportunity to participate in the treatment program. While current standard DV treatment primarily involves offenders only, it has been suggested that victims’ voices should be heard to address the harms caused by DV crimes

(Mills et al., 2019). Conventional justice is described as a “disempowering process for [DV] victims since their voices were silenced, they had minimal input into what was taking place, and were rarely communicated with” (Jeffries et al., 2021, p. 9). The findings suggest that efforts should be made to involve victims’ voices in the treatment, while ensuring their safety, if victims wish to be involved.

Recognizing the broader impact of DV crimes needs to be a crucial part of a systematic treatment approach to them as the impact of DV goes beyond the realm of those directly involved in DV incidents. For instance, family members, particularly children, of an offender or a victim are likely to be negatively affected by the conflict and aggression between them (Kertesz et al., 2021). The literature also indicates the harmful impact on individuals’ well-being of community violence, which includes experiencing, witnessing, or hearing about violent behaviors that occur in the community setting, but outside the family (Pierre et al., 2020). The study findings suggest that broadening the range of participants in the CP treatment process may help victims and offenders to address the harm caused by DV as a group. This may lead to the development of family- and community-based resolutions that are tailored to the victims’ and offenders’ needs for restoration and healing (Kohn, 2010). Inclusion of various participants in the CP treatment process can also be helpful as victims may feel safe and supported by the presence of a trusted person and trained community volunteers. Another advantage of this treatment component is its potential to hold offenders responsible for their actions.

The fifth theme, A call for a shift in pedagogy: A new paradigm for DV and DV treatment, demonstrates the need for a reconceptualization. The findings show that, as opposed to the current punitive approach, court personnel and clinicians perceived the need to approach perpetrators with empathy and compassion. The stakeholders in our study noted the significance of showing empathy for perpetrators of DV crimes and moving away from a punitive approach, to enhance the effectiveness of treatment. This observation is in line with earlier research on the perspectives of professionals working with BIPs, which pointed to the need to show empathy and respect as a key facilitating strategy (Morrison et al., 2017). RJ is a holistic approach to DV, and it allows for difficult conversations that address how past trauma affects individuals’ violent behaviors. The stakeholders’ narratives highlight the importance of providing a safe space for offenders and victims. Previous studies indicate the need for a safe space for both those who have caused harm and those who have been harmed to discuss their experiences, express their emotions, and understand the emotions of the other party. This approach can be helpful in moving toward resolution (Kohn, 2010).

Conclusion and Practical Implications

The study findings highlight that treatment for DV offenders is an area primed for innovation and experimentation. The stakeholders’ narratives revealing the various types of DV crimes, perpetrators, and different etiologies of DV offenses indicate that the current primary approach to DV crimes based on one etiology of perpetration may be limited in addressing a wide range of DV cases and the diverse needs of victims and offenders. It may be useful to expand the range of participants in the intervention process to include additional people affected by DV incidents (e.g., victims, family, and community members). If the victim chooses to participate (victim participation should always be voluntary), careful screening is needed as to whether it would be safe to include the victim in the treatment process. However, many U.S. states either do not allow or highly discourage victim participation in DV treatment (Maiuro & Eberle, 2008; Mills et al., 2019). As many states do not allow for conjoint DV treatment options, providing an option for victim participation requires policy changes in state standards and guidelines for treatment for DV crimes (Barocas et al., 2016). For example, Vermont, a state that did not allow for conjoint treatment, modified and adapted the CP model for DV treatment in their community and, in 2019, the state approved a pilot program allowing victim participation. Offering victims, family, and community members the option to participate in treatment programs can address the harms that have resulted from the violence and the need for their restoration.

The stakeholders’ narratives underscore the need for a shift in approach toward offenders mandated to treatment for a DV crime with a focus on compassion and empathy rather than on punitive perspectives. The current study suggests that an RJ approach has several strengths that complement what is lacking in the current standard treatment. In this sense, it is crucial to identify and evaluate alternative treatment approaches to address DV and repair harm. Particularly helpful may be the incorporation of RJ elements into treatment for DV crimes (e.g., Mills et al., 2019). Integrating core RJ elements, such as respect for all participants and the use of a talking piece, can facilitate active participation and thoughtful reflection. Additionally, a trauma-informed lens may also be helpful, particularly in conjunction with RJ.

Limitations and Recommendations for Future Study

The aim of this study was to explore the experiences, attitudes, and beliefs of DV stakeholders involved in mandated treatment for misdemeanor DV crimes. We used interpretive phenomenological analysis to explore, in detail, how court personnel and clinicians made sense of their experiences

and perspectives regarding treatment for DV crimes, which expand our understanding of how the current criminal legal system responds to those affected by DV crimes. The inclusion of two different groups of stakeholders (i.e., court personnel and clinicians) in this study triangulated the findings and revealed similarities in perceptions of DV crimes and treatment. The participants were selected as they had a unique lived experience, but their perceptions may not be generalizable to all DV stakeholders. While all participants in this study who provided DV treatment were licensed mental health clinicians, future research is recommended with treatment providers from diverse backgrounds. Another recommendation for future studies is with various other groups (e.g., DV offenders, victims, family, and community members) to explore their experiences and perspectives on treatment for DV crimes. It is important to assess how stakeholders explicate court-mandated treatment for DV crimes within the context of the larger randomized controlled trial study comparing a standard BIP to a hybrid approach, BIP-plus-CP, among those convicted of a misdemeanor DV crime and mandated to treatment. In future studies, it would be beneficial to investigate stakeholders' perspectives of other treatment options for DV crimes, including other RJ approaches (e.g., victim-offender mediation, and family group conferencing). Further research is necessary to identify alternative treatment approaches to address DV and to repair harm among diverse minority subgroups in terms of race/ethnicity, sexual orientation, and disability. It is possible to view the discourse presented in this study as part of an array of emerging conversations in the field of DV and interventions to address DV crimes. A focus on the broader legal conceptualization of the DV and the implication for interventions is needed.

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