



# Improving approaches in psychotherapy and domestic violence interventions for perpetrators from marginalized ethnic groups

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## ARTICLE INFO

### Keywords:

Culturally-sensitive strategies  
Intervention approaches  
Marginalized ethnic perpetrators  
Violent behaviour

## ABSTRACT

The major goal of this paper is to review the existing therapeutic approaches in domestic violence perpetrator interventions by illustrating their effectiveness in reducing and ending the violent behaviour of men from marginalized ethnic groups. The paper aims to discuss how services can efficiently respond to historically marginalized ethnic perpetrators' needs and circumstances based on their social and cultural contexts. This article reviews literature about the success of domestic violence intervention approaches among marginalized ethnic group perpetrators. While each intervention approach highlights key practices for revealing violent behaviour, the combination of integrative approaches and culturally-sensitive strategies appear to be more effective for perpetrators from diverse ethnic and religious backgrounds. This article contributes to debates about culturally-sensitive approaches by discussing the importance of professionals' skills for enhancing marginalized ethnic perpetrators' motivations to remain engaged in the intervention process. It recommends a number of key culturally-specific strategies for this purpose.

## 1. Introduction

The purpose of this article is to give an overview of intervention approaches for male perpetrators of domestic violence; examine the effectiveness of these approaches on historically marginalized ethnic men's behavioural change process and explore the usefulness of integrative and culturally-sensitive models to reduce and stop men's violent behaviour. While presenting the existing intervention approaches, this research contributes to the field by highlighting the importance of integrated and culturally-sensitive strategies for professionals' effective work with men who hold different social and cultural backgrounds during psychotherapy or other intervention settings.

Saunders (2008) describes six core treatment components of intimate partner violence programmes: skill-based training; dealing with conflict, anger and intimacy-demanding situations; restructuring maladaptive cognitions; gender role re-socialization that challenges rigid socialization which supports male dominance and violence against women; family systems interventions that target various family dynamics and communication patterns that support violent behaviour; and trauma-related intervention models that target post-trauma symptoms (in Lawson, Kellam, Quinn, & Malnar, 2012). These elements of intervention processes are important for abusive men's stages of behavioural change process. These stages include five improvements: willingness to take new actions, developing a stable lifestyle, improving

safe group interactions in interventions, learning healthy intimate relationship skills, and taking additional support for their needs (Lawson et al., 2012).

Rosenbaum and Leisring (2001) have clarified perpetrators' group intervention programmes' strategies as: making perpetrators realise their power and control behaviour; teaching time-out and anger management techniques; improving parenting skills; and decreasing substance abuse. In these various strategies in interventions, many perpetrators need to not only stop their gender power relations but also solve other problems in order to achieve positive behaviour patterns. Especially, some researchers noted that perpetrators who experience discrimination and racism need to receive culturally-sensitive treatments in order to reduce the negative outcomes of these experiences (Almeida & Dolan-Delvecchio, 1999; Almeida & Hudak, 2002).

In contrast to the common strategies employed in interventions in the United States of America (USA), Scourfield (1998) emphasises that domestic violence intervention programmes in the United Kingdom (UK) are more likely to involve theoretical approaches based on cognitive behaviour, psychodynamics and feminism. Domestic violence intervention programmes' models mostly include cognitive-behavioural therapy, feminist therapy, the Duluth model, motivational interviewing, individual and psychodynamic counselling. In addition, a few studies highlight the importance of implementing culturally-sensitive models for perpetrators from diverse backgrounds in the UK (Guru,

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<https://doi.org/10.1016/j.avb.2019.101337>

Received 10 October 2018; Received in revised form 30 April 2019; Accepted 9 September 2019

Available online 24 October 2019

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2006; Turhan, 2019) and USA (Gondolf & Williams, 2001; Williams, 1992; Williams, 1994).

It could be argued that many psychotherapy techniques fail to help perpetrators from diverse backgrounds to fully take responsibility for their violent behaviour and implement healthy and respectful behaviour in their intimate relationships. For example, Hancock and Siu (2009) explored how Latino immigrant men attend domestic violence interventions based on the Duluth model. They found insufficient involvement and resistance among this group during interventions. Hancock and Siu (2009) made a compelling argument that the participants' active engagement in interventions was related to the professionals' considerations of their racial, ethnic and cultural backgrounds. Furthermore, Williams and Becker (1994) have evaluated the programme providers' willingness to implement culturally-competent approaches in traditional perpetrator programmes in the USA. Williams and Becker (1994) conducted surveys with programme providers who worked with perpetrators of domestic violence and recognised the impact of culturally-competent strategies. Even though many programmes employed outside consultants who have particular expertise in working with individuals from diverse backgrounds, programme providers have rarely applied community outreach services to marginalized ethnic populations (Williams & Becker, 1994). Likewise, they indicated that these programmes did not develop any specific services in order to increase involvement in their services for marginalized communities.

It is possible that existing programmes are making inadequate efforts to work with marginalized ethnic groups. For instance, Williams and Becker (1994) focus on the implementation of culturally-sensitive approaches in traditional intervention programmes in the USA by highlighting unique activities for marginalized ethnic participants. In doing so, they suggest that intervention programmes need to develop effective communication with marginalized ethnic groups to improve their awareness of the existing programmes. Gondolf (2004) also found that marginalized ethnic perpetrators are likely to resist implementing strategies they learned during interventions and they had inadequate experiences and knowledge about counselling. Overall, this article examines how intervention programmes can improve effective approaches by taking into account the marginalized ethnic participants' race, ethnicity, class and gender issues.

## 2. Method

A literature review was the method used for this article. Keywords and phrases were searched in the literature. The search terms were "black and minority ethnic and marginalized perpetrators/offenders including Hispanics, Asians, Africans, Turks etc; domestic violence interventions, perpetrator interventions, therapy for perpetrators, the efficacy of therapeutic support for domestic violence, intervention approaches". The language of the articles was English. The following databases were primarily searched: Google Scholar, Web of Science, PubMed, PsycINFO, ProQuest, Sage Journals. This study aims to explore the effectiveness of intervention approaches for marginalized ethnic perpetrators. After synthesising the available knowledge on the effectiveness of domestic violence intervention approaches and the conditions around the marginalized ethnic perpetrators' involvement in interventions, a model of therapeutic strategies for marginalized ethnic perpetrators was developed.

## 3. Results

The results are divided into two sections. The first section focuses on common therapeutic approaches for perpetrators' behavioural change process. The second section clarifies key strategies for marginalized ethnic perpetrators' involvement in behavioural change processes. Most of the researchers examined the effectiveness of therapeutic approaches such as cognitive-behavioural therapy, feminist therapy and Duluth model (Aldarondo & Malhotra, 2014; Babcock, Green, & Robie, 2004;

Day, Chung, O'Leary, & Carson, 2009; Gondolf, 2007; Healey, Smith, & O'Sullivan, 1999; Langlands, Ward, & Gilchrist, 2009; Lawson et al., 2012; Murphy & Eckhardt, 2005; Pence & Paymar, 1993; Skinner, Hester, & Malos, 2005; Young, 1999). Moreover, a great number of studies paid attention to the efficacy of therapeutic strategies on marginalized ethnic population (Al-Aman, 2012; Aldarondo & Castro-Fernandez, 2008; Etiony Aldarondo & Malhotra, 2014; Almeida & Dolan-Delvecchio, 1999; Atkinson, Thompson, & Grant, 1993; Bowen, Walker, & Holdsworth, 2018; Gondolf & Williams, 2001; Saunders, 2009; Silvergleid & Mankowski, 2006; Simmons & Lehmann, 2009; Waller, 2016). However, fewer studies highlighted the importance of recognising marginalized ethnic perpetrators' perspectives and experiences in domestic violence interventions (Almeida & Dolan-Delvecchio, 1999; Bent-Goodley, 2005; Gondolf & Williams, 2001; Guru, 2006; Hancock & Siu, 2009; Turhan, 2019; Williams, 1992, 2008). Importantly, Waller (2016) and Williams (1994) reported high rates of drop-out and attrition among marginalized ethnic groups in domestic violence perpetrator interventions. In addition, key strategies for positive outcomes on these groups were described. These strategies were often related to motivational interviewing, individual and group psychodynamic counselling and culturally-sensitive models.

### 3.1. Common therapeutic approaches for perpetrators of domestic violence

#### 3.1.1. Cognitive behavioural therapy

Cognitive behavioural therapy considers that violence is a learned behaviour which can be unlearned and replaced by non-violent behaviour (Aldarondo & Malhotra, 2014). Cognitive behavioural therapy approaches focus on skills training including communication, assertiveness, social skills and anger management techniques which are relaxation training, time-outs, and changing negative attributes to encourage awareness of alternatives to violence (Babcock et al., 2004). These skills encourage men to change their values, beliefs and actions by concentrating on their cognitions around the women's rights and healthy and respectful intimate relationships.

Cognitive behavioural therapy assumes that clients are motivated to change, not struggling with relationship issues as major problems, capable of changing cognitions and behaviour patterns, and skilled in engaging in a collaborative relationship with a professional over a few sessions (Young, 1999). Yet, Lawson et al. (2012) argue that many abusive men do not qualify based on these assumptions at the beginning of treatment. Therefore, men who have maladaptive relationship representations should accept interventions based on psychodynamics to address problems linked to their attachment. Further, Prochaska and DiClemente (1982) have defined the most successful stages of change within the cognitive behaviour therapy as: contemplation, groundwork for change, taking new action, and maintenance. These stages require participants' engagement and promise to the change their violent behaviour. Moreover, Dobash, Dobash, Cavanagh, and Lewis (2000) stated that effective intervention strategies requires to develop the men's skills around stopping their power and controlling behaviour patterns and increase their awareness of the consequences of their violent behaviour on their partners and children by improving empathy skills.

Cognitive behavioural therapy and anger-control strategies of domestic violence interventions have a weakness as they do not take account of cultural norms and power control as a factor of violent behaviour (Langlands et al., 2009). Cognitive behavioural therapy points out the higher stage of change goals such as focusing on improving skills and awareness of their abusive behaviour rather than fostering their motivation to enter into the intervention process. Social learning approaches and anger management approaches are limited since men who use violence excuse their behaviour by their social environment (Harne & Radford, 2008). It could be argued that cognitive behavioural therapy fails to respond to some perpetrators' needs in the process of taking responsibility. The reasons for this might be due to patriarchal

concepts, masculinity, class, gendered power relations and lack of culturally-sensitive services.

### 3.1.2. Feminist therapy

Feminist therapy assumes male clients should address core issues such as the lack of relationship values, self-disclosure/insight/empathy, communication skills, intimacy and other developing skills about positive behaviour (Bograd, 2013). Feminist based intervention programmes aim to raise consciousness about sex roles and how these roles shape men's emotions and behaviour while confronting abusive men over their power and control strategies (Healey et al., 1999). Edley (2001) suggests that abusive men need to first recognise that their behaviour is wrong before they can make a choice to be non-violent men.

To understand the men's masculine identity, conflict with programmes' goals and participants' needs should be considered since they might not be willing to share their feelings during group sessions. Feminist educational theories are more compatible with perpetrators who are aware of the consequences of their violent behaviour than psycho-therapeutic approaches because the feminist approach emphasises that violent behaviour is criminal and not the result of past experiences (Healey et al., 1999; Skinner et al., 2005). Given the strong feminist ideas on male perpetrators' choice to be violent and the need for them to be willing to make a conscious choice to change, feminist techniques are promising tools for many perpetrators who are more willing to find alternative behaviour. On the other hand, for participants who are resistant to engaging in therapeutic activities, feminist principles might not help them to take responsibility. In these cases, integration with other theoretical principles (e.g. trauma-based interventions and psychological theories) can increase participants' understanding about the therapeutic support and enhance their motivations to become involved in intervention activities.

### 3.1.3. Duluth model

The Duluth model employs the strategies of cognitive behavioural techniques and feminist approaches. It includes psycho-educational activities in incorporating the features of cognitive behavioural work for men who are violent towards their partners and children (Gondolf, 2007; Pence & Paymar, 1993). Group facilitators play a significant role in raising critical consciousness of gender norms that offer men's perceived right to control and dominate their female partners (Gondolf, 2007). The curriculum includes the Power and Control Wheel to show how to challenge men's denial or minimization of their violent behaviour against their partners (Gondolf, 2007).

This model aims to teach alternative skills to avoid violence and develop more egalitarian relationships for male perpetrators of domestic violence. The Duluth model describes cultural beliefs of male abusive behaviour as acceptable behaviour in their male-dominated environment (Langlands et al., 2009). The Duluth model conceptualizes theoretical and political influences from both feminist and sociological analyses of domestic violence (Day et al., 2009; Murphy & Eckhardt, 2005). Additionally, the Power and Control Wheel is the important tool of the Duluth model and integrates the experience of marginalized ethnic groups. For example, the Power and Control Wheel addresses race and ethnicity by implementing approaches including the language sensitive wheel and concentrating on cultural and ethical dynamics related to violent behaviour. Therefore, the Duluth model appears to be more effective than applying only cognitive behavioural techniques or feminist perspectives.

Duluth model focuses on confrontational and more psycho-educational techniques (Pence & Paymar, 1993) and this might decrease the effectiveness of the session. Moreover, Duluth model might be limited in the extent that it can reduce many marginalized ethnic perpetrators' violent behaviour because of inadequate strategies for men's issues related to racial and cultural backgrounds; experiences of racism and discrimination or other immigration related obstacles. For instance, Hancock and Siu (2009) noted that professionals observed that Duluth

model was ineffective for Latino men who have recently arrived in the USA. Furthermore, they highlighted the importance of applying culturally-sensitive approaches for these groups (Hancock & Siu, 2009). Importantly, a number of studies highlighted the importance of working alliance with men during therapeutic interventions (Ross, Polaschek, & Ward, 2008; Taft & Murphy, 2007).

### 3.2. Key therapeutic approaches for perpetrators from marginalized ethnic groups

#### 3.2.1. Motivational interviewing

Motivational interviewing is a strengths-based approach that focuses on the whole person, creating the context of safety first that can be educative but also therapeutic (Simmons & Lehmann, 2009). Strengths-based approaches allow men who use violence to focus on skill-building through the alliance process (Bowen et al., 2018; Simmons & Lehmann, 2009). The key elements of motivational interviewing are: providing an empathic environment, reducing client resistance and working alliance (Lawson et al., 2012), and resolving ambivalence to elicit behaviour change (Rollnick & Miller, 1995). Motivational interviewing has been designed to ease client investment in and compliance with treatment through the nonabrasive diffusion of anger from mandated treatment (Murphy & Eckhardt, 2005). Motivational interviewing attempts to make participants realise the association between the disadvantages of maladaptive behaviour and feeling ambivalence; this ambivalence is often observed in the earlier stages of the change, and this conflicting motivation may allow men to end violent behaviour (Murphy & Eckhardt, 2005).

Waller (2016) reviewed the existing literature on the rates of recidivism and attrition among male perpetrators in domestic violence interventions by focusing on the high rate of drop outs and re-offending among marginalized ethnic males. Waller (2016) highlighted the systematic racism within the experiences of vulnerable positions in social, political, economic and health settings. The strengths-based approaches take into account men's specific needs. Waller (2016) noted that these approaches appeared to be effective models for reducing male violence against women in marginalized ethnic groups.

Strengths-based approaches are macro-interventions on the individuals' interaction with their environment and contact with the criminal justice system; this might be the key encouragement for men to attend intervention programmes (Saunders, 2009; Silvergleid & Mankowski, 2006). Although motivational interviewing seems to focus on abusers' current strengths and how to develop behaviour change, this approach is also used in criminal justice systems as an incentive for participants. If they actively participate in interventions, these principles might be helpful for men who are abusive to initiate a change in their behaviour. Moreover, motivational interviewing appears to be effective for marginalized ethnic groups as they often experience difficulties in building rapport and a trusting relationship with professionals in interventions (Gondolf & Williams, 2001). Bowen et al. (2018) suggest that improving therapeutic alliance is a key practice that needs to be developed at the initial stage of domestic violence perpetrator interventions. This can promote the participants' motivations and willingness to take new actions by increasing their hope and positive views about developing a healthy and respectful intimate relationship (Bowen et al., 2018).

#### 3.2.2. Individual and group psychodynamic counselling

Individual and group psychodynamic counselling aims to change violent behaviour by using psychological theories (Healey et al., 1999). Psychodynamic therapy explains intimate partner violence by focusing on negative interpersonal interactions related to the problems around early childhood attachment with their caregivers (Lawson et al., 2012). Psychotherapy may allow men to evade responsibility for their violent behaviour (Harne & Radford, 2008). However, Brown (2004) argues that self-psychology and affect theory literature stress dynamics of

domestic violence with the role of abusers' shame as a trigger of violent behaviour. The level of shame and its connection to violence might be used in individual intervention processes (Brown, 2004). Scalia (1994) states a different view of psychological theories; in that perpetrators' minimisation of their violence might prevent them from feeling shame. Brown (2004) argues that individuals who use violence should acknowledge responsibility for their violence in intervention efforts. However, this acknowledgement can be achieved when long-term treatment is provided because of men's potential minimisations and denials at the initial stage of interventions.

Couple counselling aims to improve communication and negotiation skills between partners. However, this might not be effective if men who use violence do not take responsibility for their abusive behaviour (Harme & Radford, 2008). Similarly, Aldarondo and Malhotra (2014) state that couples and family treatment strategies do often not make perpetrators accountable for their change behaviour. On the other hand, the psychological theories underline perpetrators' psychological problems such as insecure attachment, psychological disorders and other internal issues; and hence, individual and group psychodynamic counselling might be powerful to support abusive men's individual needs during the interventions. For instance, men's prior experiences of poor socio-economic, emotional and behavioural problems could affect their perceptions of powerlessness (Adams, 2012).

When men experience concomitant difficulties, such as psychological distress and a drug or alcohol problem, these men's engagement in intervention can be an additional challenge since these problems do not allow men to be mentally and emotionally ready to work on their violence (Roy, Châteauevert, & Richard, 2013). Moreover, marginalized ethnic men might experience additional struggles related migration status (Gondolf & Williams, 2001; Hancock & Siu, 2009). Consequently, intervention programmes should solve men's psychological issues as well as societal difficulties to achieve positive outcomes in the domestic violence perpetrator programmes. As male perpetrators may hold migration status or marginalized ethnic identities, the following section clarifies the strategies in culturally-sensitive intervention programmes.

### 3.2.3. Culturally-specific models

Kienzler, Spence, and Wenzel (2019) paid attention to how cultural and ethnic background can shape marginalized ethnic individuals' help-seeking behaviour in health settings. Similarly, Almeida and Dolan-Delvecchio (1999) gave the factors for lower rates of participation in interventions among immigrant survivors and perpetrators as: "their histories, such as pre-immigration status, current immigration status, economic well-being, religious affiliation, gender representation within the family, educational level, social class, and the ways in which immigrants experience the loss of their country" (p. 655). This might be related to lower levels of acculturation.

The power of culture is often ignored or minimised in traditional domestic violence intervention programmes (Almeida & Dolan-Delvecchio, 1999). Jayasundara, Nedegaard, Sharma, and Flanagan (2014) have found that social problems, traditional beliefs of patriarchal and traditional gender roles, spirituality, and immigration-related stressors are associated with domestic violence. Atkinson et al. (1993) highlighted that professionals who work with marginalized ethnic individuals in counselling should be aware of their potential experiences of discrimination and oppression in communities. In addition, the core aim of the culturally-sensitive model is to consider the impact of immigration and cultural transition on multigenerational family (Almeida & Dolan-Delvecchio, 1999).

To address cultural norms and socialization of violence against women, researchers suggest that primary prevention efforts including "raising public awareness about the issue, providing accurate information, challenging myths and stereotypes about domestic violence, and changing public opinion through media awareness campaigns" are important (Aldarondo & Malhotra, 2014, p. 397). Culturally-sensitive strategies and broad-based partnerships can support healing and

improve perpetrators' positive behaviour (Aldarondo & Castro-Fernandez, 2008).

It is possible that language, family honour and the cultural normalisation of violence are barriers in intervening in domestic violence among perpetrators and victims from diverse communities (Gill, 2006). In domestic violence intervention programmes' focus group discussion, members of Al-Aman's women's support group expressed concerns that domestic violence or a forced marriage could add to the misperception that Islam and Arab cultures are inherently violent towards women. This issue could create increased prejudice in agencies like the police or social services. Therefore, if marginalized ethnic perpetrators experience racism or discrimination in communities, applying culturally-sensitive strategies and a working alliance can help them to build trust and rapport with professionals.

Perilla and Perez (2002) and Hernandez (2002) describe the core principles of the incorporation of a culturally-sensitive approach into traditional treatment in the USA. These principles are about recognising the participants' potential language problems and social and cultural values. The dynamics of culture, race and ethnicity are often ignored or minimised in traditional domestic violence intervention programmes (Almeida & Dolan-Delvecchio, 1999). Similarly, Hancock and Siu (2009) state that Latino immigrant men in intervention programmes are likely to fail because these programmes may not consider their cultural values in the aspects of gender role transition and environmental stressors on immigrant families.

It is possible to argue that reducing participants' unfamiliarity about therapy and acculturation difficulties by encouraging them to increase their social support system is key to instigating a positive behavioural change process. Community-based intervention strategies can be helpful for many marginalized ethnic perpetrators. Kim (2010) emphasised that community-based interventions are likely to help to reduce abusive actions, improve allies by describing problem areas, develop mutual objectives and make action plans within coordinated responses. For instance, an Al-Aman evaluation report (2012) analysed the challenges of outreach efforts with religious leaders among Arab communities in London, UK. These challenges were the absolute refusal of religious leaders to acknowledge the need for outreach work on domestic abuse; the belief it is a private, family issue; and the focus on the role of women in maintaining the family unit. Moreover, religious leaders are frequently reluctant to engage with external services and agencies for fear of stigmatisation. Despite such challenges, the Al-Aman evaluation report highlighted that working with community members such as religious leaders can increase the effectiveness of the strategies of protecting women and children survivors of domestic violence (Al-Aman, 2012).

Even though there is no fully equitable accessible interventions or psychotherapy for marginalized ethnic perpetrators, being aware of concerns, questions and conditions can challenge programme providers to develop more appropriate and easily accessible programmes for them. Community outreach services might increase equitable practices for perpetrators of domestic violence in order to reduce and stop violent behaviour. For example, Cemlyn and Allen (2016) paid attention to the framework of transformative practice which includes collaborative and co-productive work with marginalized ethnic groups. This framework highlights the importance of engaging with marginalized ethnic communities by developing mutual learning, and listening to their voices and experiences (Cemlyn and Allen, 2016).

It is possible that being aware of social stigma in psychotherapy is linked to a successful intervention outcome. For instance, a number of studies noted that fear of stigma has been associated with the effectiveness of therapeutic support (Hatch et al., 1996; Hong and Ku, 2017; Sparrow et al., 2017; Williams et al., 1998). Such cultural stigma in communities can cause men to feel anxiety about attending interventions. For example, researchers have found that many perpetrators have been unwilling to share their private experiences during interventions (Carbajosa et al., 2017; Lomo et al., 2016; Scott and King, 2007).

When the facilitators build trust with the clients who hold different social and cultural values, this trustful interaction can minimize the effects of mistrust on the system. For example, being able to access culturally-competent psychotherapists may improve a trustful and empathic environment. Therefore, the understanding of marginalized ethnic participants' religious, cultural and social background is a key way of creating a positive therapeutic environment.

Professionals' training and improvements in their understanding of domestic violence perpetrators should take place in order to recognise how marginalized ethnic men approach a therapeutic intervention process (McKenzie-Mavinga, 2009). This training is essential because social, cultural and racial influences need to be recognised (Almeida & Dolan-Delvecchio, 1999; Bent-Goodley, Rice II, Williams, & Pope, 2007). Professionals' exploration of the men's experiences of oppression in larger society might increase their ability to provide a safe therapeutic environment for them. Similarly, several studies on marginalized ethnic groups in therapeutic interventions found that professionals' competency in therapeutic alliance and empathy impacts on building trust and positive relationships (Brown, O'Leary, & Feldbau, 1997; Fuentes et al., 2006; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000; Sue, Zane, Hall, & Berger, 2009).

While some issues may cause attrition, using specific language can reduce this problem when working with marginalized ethnic groups. This specific language might be associated with recognising the participants' sensitive circumstances such as language problems, gendered-power dynamics, and stigmatisation in attending interventions. For instance, the men who use violence in their intimate relationship among Turkish communities in the UK often felt fearful about going to prison or receiving sanctions around not seeing their children (Turhan, 2019). Based on these concerns, many men might have attended interventions involuntarily. Therefore, using clear language about the empathic environment in psychotherapy can reduce their attrition and increase their involvement in taking responsibility (Turhan, 2019). It is always clear that violence against women and any type of violent behaviour is not acceptable and minimised during interventions.

Professionals' knowledge of the men's cultural and social backgrounds, especially for men who hold complicated immigration histories, should not include stereotypes and generalisations (Diamond & Gillis, 2006) because diversity exists within class, gender and cultural backgrounds in specific marginalized ethnic groups. Some researchers have argued that a lack of trained interpreters during sessions results in a poor outcome (Pazos and Nadkarni, 2010). For example, untrained interpreters were identified as individuals who were family or community members (Pazos and Nadkarni, 2010). Likewise, having a family member as an interpreter during domestic violence perpetrator interventions was identified as an important reason for a poor outcome (Turhan, 2019). Thus, utilising trained interpreters can increase the effectiveness of domestic violence interventions for marginalized ethnic communities.

Girishkumar (2014) points out that violence against women should be considered a human rights issue rather than a cultural one. A model of the key stages and strategies for marginalized ethnic perpetrators was developed according to the findings of the literature review on the effectiveness of interventions and therapeutic strategies for men who use violence in their intimate relationships. These strategies are linked to culturally-sensitive approaches and an integrative model. Table 1 below describes the stages, goals and main strategies of integrated and culturally-sensitive interventions.

Each intervention strategy has its own strengths and weaknesses. However, some researchers argue that cognitive behavioural therapy is more effective in improving perpetrators' communication skills in their intimate relationships (Babcock et al., 2004). In addition, if men experienced childhood trauma or poor attachments, a working therapeutic alliance can be effective for positive outcomes (Lawson et al., 2012; Taft & Murphy, 2007; Walling, Suvak, Howard, Taft, & Murphy, 2012). Overall, motivational interviewing and culturally-sensitive

strategies appear to be effective for marginalized ethnic perpetrators' behavioural change process. Yet, additional intervention techniques should be considered based on individuals' needs, including psychological trauma, post-traumatic disorder and substance abuse, and migration related obstacles.

#### 4. Discussion

The cognitive behavioural therapy and feminist sociocultural approaches share several common targets in treatment (e.g., beliefs, behaviour change and personal responsibility). Moreover, many models of domestic violence perpetrator intervention programmes seem to intersect with some common approaches. However, these approaches differ based on their theoretical backgrounds and ideas around men's violent behaviour. For instance, Lawson et al. (2012) highlight the limitations of feminist socio-cultural therapy which they describe as concentrating solely on patriarchy and being inadequate to take into account building therapeutic alliance and psychological issues. In addition, culturally based models focus on the influences of individuals' racial, cultural and religious background on their behavioural change processes. Therefore, it is important for professionals to be able to apply appropriate techniques based on the men's needs in their social and cultural contexts.

It could be argued that culturally-sensitive models could be effective for marginalized ethnic populations. For instance, many of them experience difficulties in attending therapeutic support because of mistrust of the system (Gondolf & Williams, 2001; Sue & Sue, 2013). Thus, they might feel more comfortable in attending individual counselling rather than group treatments. Moreover, education through informing the community, raising awareness around the issue of domestic violence, and incorporating domestic violence interventions and other social services are critical to achieving a non-violent environment for families. Thus, community-based practices can overcome women blaming and increase the accountability of male perpetrators in many communities.

While this research has tried to illuminate some key techniques of interventions and examined how to provide effective programmes for marginalized ethnic perpetrators of domestic violence, there are some limitations in achieving fully successful interventions. These limitations are linked to funding for establishing effective services and perpetrators and community members' inadequate knowledge about therapeutic support. The Government needs to fund an effective evaluation of perpetrator programmes in order to improve current programmes and identify the characteristics of effective strategies for marginalized ethnic perpetrators. The evidence shows that there are extensive waiting lists to enter programmes (Stephenson, Woodhams, & Harkins, 2017), and order completions were not gathered in the statistics (Bowen, 2011). This means that it was not possible to say whether abusers had completed their sentences (Bullock, Sarre, Tarling, & Wilkinson, 2010). A separate report by the National Association of Probation Officers made a similar conclusion about under-capacity. This demonstrates that many perpetrators are not able to access the programmes because of under-resourcing (Home Affairs Sixth Report, 2008). This under-resourcing might create various problems such as continuing or even increasing the consequences of violence on the survivors. Community programmes need more funding to provide adequate services (Home Affairs Sixth Report, 2008). Overall, culturally-sensitive approaches recognise marginalized ethnic perpetrators' language barriers, racial and cultural backgrounds, socio-economic struggles, lack of social support, fewer counselling experiences and greater resistance to attending interventions.

#### 5. Conclusion

Domestic violence intervention approaches attempt to reduce and end men's violent behaviour towards their partners and children, yet each perpetrator has a distinctive experience based on their social,

**Table 1**  
Model of therapeutic strategies for marginalized ethnic perpetrator

Intervention stages	Major approach and goals	Main strategies
1. Developing safe and empathic therapeutic environment	Motivational interviewing: To improve mutual goals about how to stop their power gender relations, power and controlling behaviour over their partners. To develop healthy communication and challenge men to realise the association between the consequences of their violent behaviour and feeling ambivalence.	Building trust and rapport by using fewer confrontational approaches and providing a safe therapeutic environment. Explaining the confidential service. Applying active listening to the men's frustrations and stressors while at the same time not colluding in violence against women. To apply a working alliance.
2. Informing men about the therapeutic support	Culturally-sensitive approach: To make men understand the meanings of domestic violence in the new country which include physical, psychological, sexual, financial and emotional abuse. To challenge their stereotypes of domestic violence. To raise public awareness about domestic violence by providing accurate information.	Providing psychoeducation about the rules on violence against women and the processes of therapeutic treatment. Increasing professionals' awareness of potential issues of discrimination and racism in some groups. Utilising trained interpreter if the participants experience language problem.
3. Reducing patriarchal beliefs	Cognitive behavioural and feminist practices: To break their strong masculine identity and invite men to share their feelings and ideas about patriarchy as well as reduce their beliefs around male privilege and domination in families and tolerance of violence. To challenge men to stop blaming women for their violence.	Asking open-ended questions about men's feelings and thoughts about the process of violent events. Raising consciousness of sex roles by confronting them about their power and controlling behaviour. Encouraging them to focus on their own ideas, actions and feelings.
4. Improving healthy and respectful intimate relationship skills	Duluth model: To develop more gender equal gender relationships by reducing and ending patriarchal beliefs about male privilege. To improve healthy and respectful intimate relationships.	Challenging them to improve gender equal ideas. Applying anger management techniques: relaxation training, time-outs and changing negative attributions. Implementing strengths-based strategies.
5. Applying additional treatment strategies	Combined integrative and culturally-sensitive approaches: To work on men's psychological trauma; posttraumatic stress disorder; substance abuse or gambling addiction problems. To reduce depression linked to experiences of racism, discrimination and socio-economic struggles.	Applying relapse prevention techniques; trauma focused cognitive behavioural therapy; substance abuse or gambling treatment and couple and family therapy sessions. Referring them to mental health treatment for their depression.

ethnic, class and cultural background. Through the techniques presented in this article, professionals need to take into account perpetrators' unique and additional struggles in their lives much more. Moreover, collaborative work with other services for participants' additional problems; building trustful relationships; understanding oppression, racism and discrimination in society; providing trained interpreters; considering complicated immigration histories; and working in alliance to build a trustful therapeutic environment have been identified as important techniques for achieving positive outcomes in domestic violence interventions among marginalized ethnic perpetrators. Therefore, programme providers should become aware of participants' needs and refer them for additional help, including psychiatric clinics and substance abuse and other treatment settings. Specifically, being aware of marginalized ethnic perpetrators' problem areas, including language, culture, racism and discrimination, means programme providers can help them to access appropriate services which will reduce and stop their violent and abusive behaviour towards their partners and children. Culturally-competent practices have been recognised as helpful for men to build a more respectful and healthy intimate relationship.

### Acknowledgments

I would like to thank Professor Claudia Bernard from Goldsmiths, University of London for her support and encouragement

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