



CREVAWC

Western  Centre for Research & Education on
Violence Against Women & Children



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www.learningtoendabuse.ca



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**PREVENTING GENDER-BASED
AND SEXUAL VIOLENCE
ON UNIVERSITY AND COLLEGE
CAMPUSES**

Preventing Gender-Based
and Sexual Violence on
University and College
Campuses

Evaluating education programs and



Neighbours, Friends & Families

**Neighbours, Friends and
Families**

Education campaign to raise
awareness of the signs of violence
against women.

RESPECT
at Work · au travail

Respect at Work

Providing educational resources and
conducting original research on
preventing and addressing
harassment and violence at work



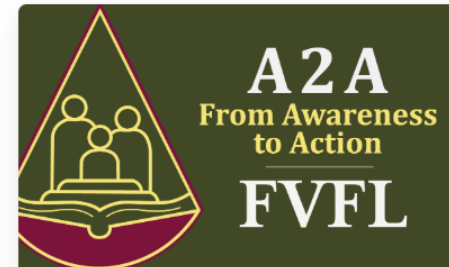
The Learning Network

Committed to ending gender-based
violence through knowledge
mobilization.



The Knowledge Hub

Supporting the Health of Victims of
Domestic Violence and Child Abuse
through Community Programs.



**Awareness to Action | Family
Violence Family Law**

Resources for family law practitioners
to support trauma-informed practice.



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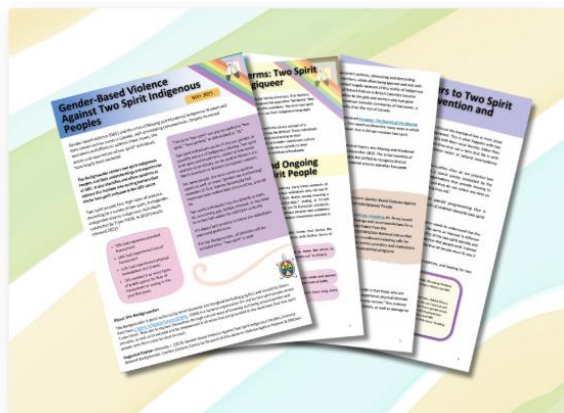
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Check Out Our Latest Resources



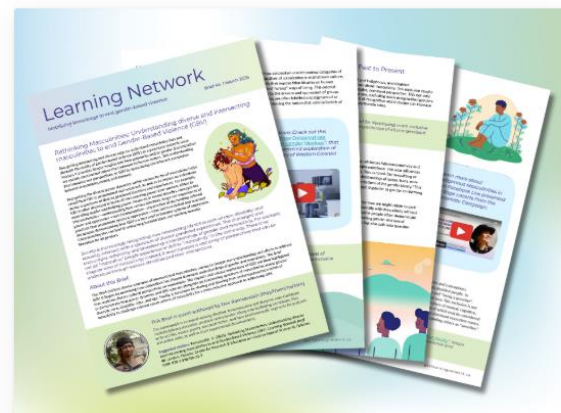
Gender-Based Violence Against Two Spirit Indigenous Peoples

This Backgrounder centers two spirit Indigenous Peoples and their understandings



Leveraging Digital Interventions for GBV Prevention and Support

This session explores how digital interventions are being used across Canada



Rethinking Masculinities: Understanding diverse and intersecting masculinities to end Gender-Based Violence (GBV)



FREDA Webinar - Hearing Women's Voices: AB v Henry

May 12, 2025



Improving Access to Justice Through Safeguards in Parenting Assessments

March 11, 2025



RESOLVE Webinar - Intervening with Perpetrators Who Choose to Use Coercive Control Towards Their Families Webinar

November 22, 2024



presents:

Innovations in Addressing Gender-Based Violence and Trauma and Violence-Informed Health Promotion

A NATIONAL CONFERENCE

SAVE THE DATE

WED

OCT
1-2
2025

THU



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First Presentation at a PAR Conference – Early 2000's





Clinical Psychology Review

Volume 23, Issue 8, January 2004, Pages 1023-1053



Does batterers' treatment work? A meta-analytic review of domestic violence treatment


Julia C Babcock^a  , Charles E Green^a, Chet Robie^b

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<https://doi.org/10.1016/j.cpr.2002.07.001> 

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Studies Examined

Quasi-experimental

Experimental – Department of Justice Funded

- [Feder and Forde \(1999\)](#) randomly assigned batterers on probation to either a feminist–psychoeducational program or no treatment in Broward County, FL.
- [Dunford, 1998](#), [Dunford, 2000](#) compared a 36-week cognitive–behavioral group and a 26-week couples therapy format to a rigorous monitoring condition and a no-treatment control (victims safety planning).
- [Davis, Taylor, and Maxwell \(2001\)](#) compared a long (26-week) psychoeducational group to a brief (8-week), psychoeducational group, and to a community service control (70 hours of clearing vacant lots, painting senior citizen centers, etc.) in Brooklyn, NY.
- [Ford and Regoli \(1993\)](#) randomly assigned batterers into treatment as a pretrial diversion, treatment as a condition of probation postconviction, vs. alternative sentencing strategies (e.g., paying a fine or going to jail).
- Much smaller Canadian study, by [Palmer, Brown, and Barrera \(1992\)](#)



Babcock et al.'s (2004) conclusions

“Current interventions have a minimal impact on reducing recidivism beyond the effect of being arrested.”



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Other Conclusions (at that time)

- Approximately two-thirds of men who complete intervention avoid physical re-assault of their partner over a relatively long period of time.
- The one third of men who re-assault their partner typically do so within 3 months of their intake into intervention. These men typically re-assault their partners multiple times.
- Drop-out rates are high – often around as high as 50% (from referral to completion) and that re-assault rates are higher among men who drop-out of intervention.

These results are important because many people equate research on treatment efficacy with research on likelihood of change (when, in reality, these are two different questions).

•



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Police Data from one Ontario Jurisdiction - recent

Individuals charged with IPV-related offences over a 3-year follow-up period (breaches excluded)		
	<i>n</i>	%
0	1,980	76
1	398	15
2	151	6
3	48	2
4 +	29	1
Total	2,606	100



Recommendations for Change

Develop and provide a continuum of services – not one-size-fits-all

Incorporate motivational interviewing

Provide better training and supervision of program facilitators

Connect more closely with advocates – the system matters

Assess and respond to indicators of heightened risk



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RESEARCH AND
STATISTICS DIVISION

Attitudinal Change
in Participants of Partner Assault
Response (PAR) Programs:
A Pilot Project

2004

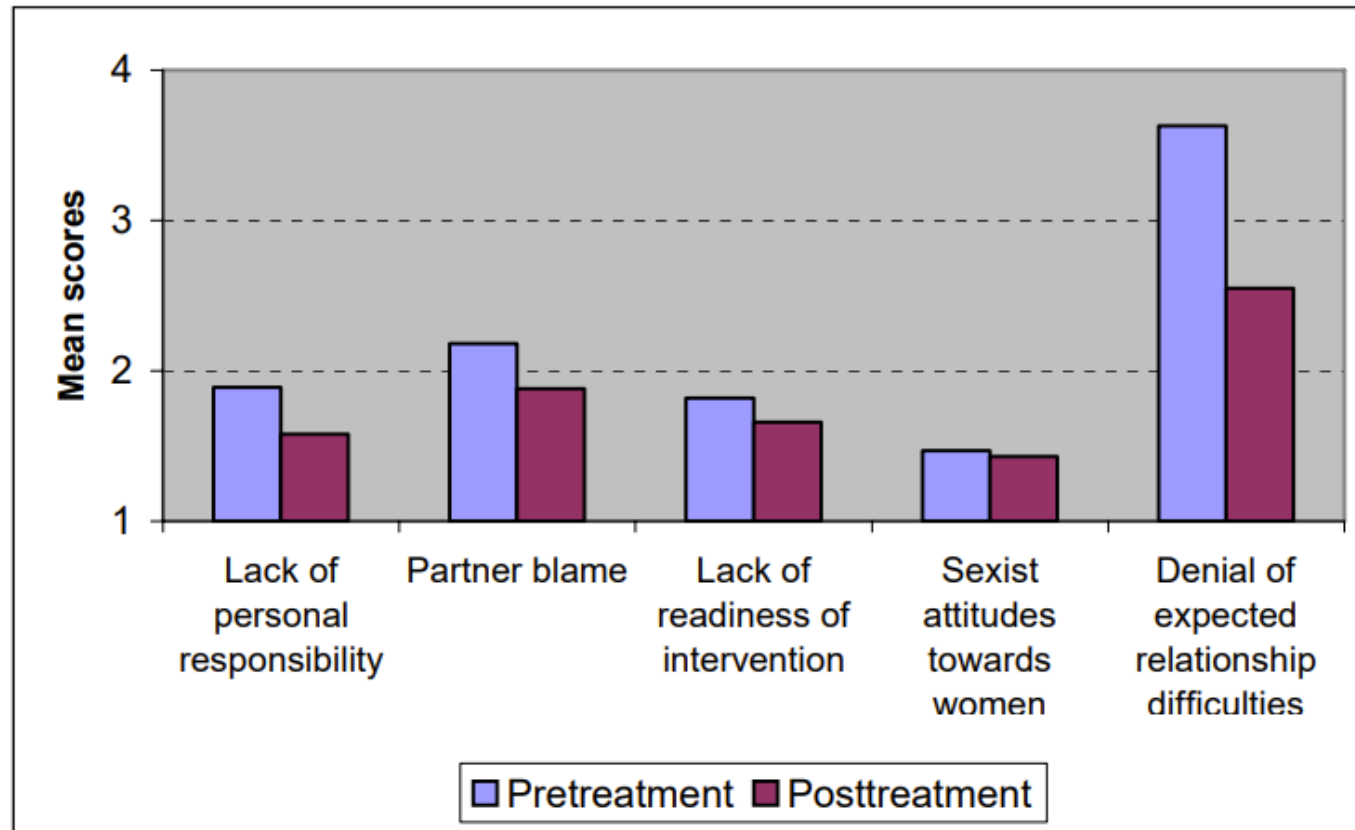
Based on a small number of men and partners (n=45 T1, n=14 T2)



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Figure 5. Men's Attitudes Pre- and Post-Intervention



Among the small sample of men for whom data was available, counsellors judged that approximately one third (29%) were likely to continue engaging in abusive behaviour, 57% judged as likely to avoid abuse and the remainder, unsure

Then what happened

For quite a few years, there really wasn't a lot of hope. It seemed that the question was whether it was even worth trying to improve programs.

But slowly, evidence has built up...



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Expert Report

prepared for

**The Joint Federal/Provincial Commission
into the April 2020 Nova Scotia Mass Casualty**

When We Know Something is Wrong: Secondary and Tertiary Intervention to Address Abuse Perpetration

<https://masscasualtycommission.ca/files/commissioned-reports/COMM0063214.pdf?t=1747170548>



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Subsequent Research – Abuse as the outcome

These are all meta-analyses or systematic reviews!

Cheng et al., (2021)

Fernández-Fernández et al., (2021)

Karakurt et al., (2019)

Smedslund et al., (2011).

Stephens-Lewis et al. (2021).

Alsina et al., (2024)

Travers et al. (2021)



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Babcock today

Babcock, J. C., Gallagher, M. W., Richardson, A., Godfrey, D. A., Reeves, V. E., & D'Souza, J. (2024). Which battering interventions work? An updated Meta-analytic review of intimate partner violence treatment outcome research. *Clinical psychology review*, 102437.



Randomized Clinical Trials (RCTs) are the Gold Standard

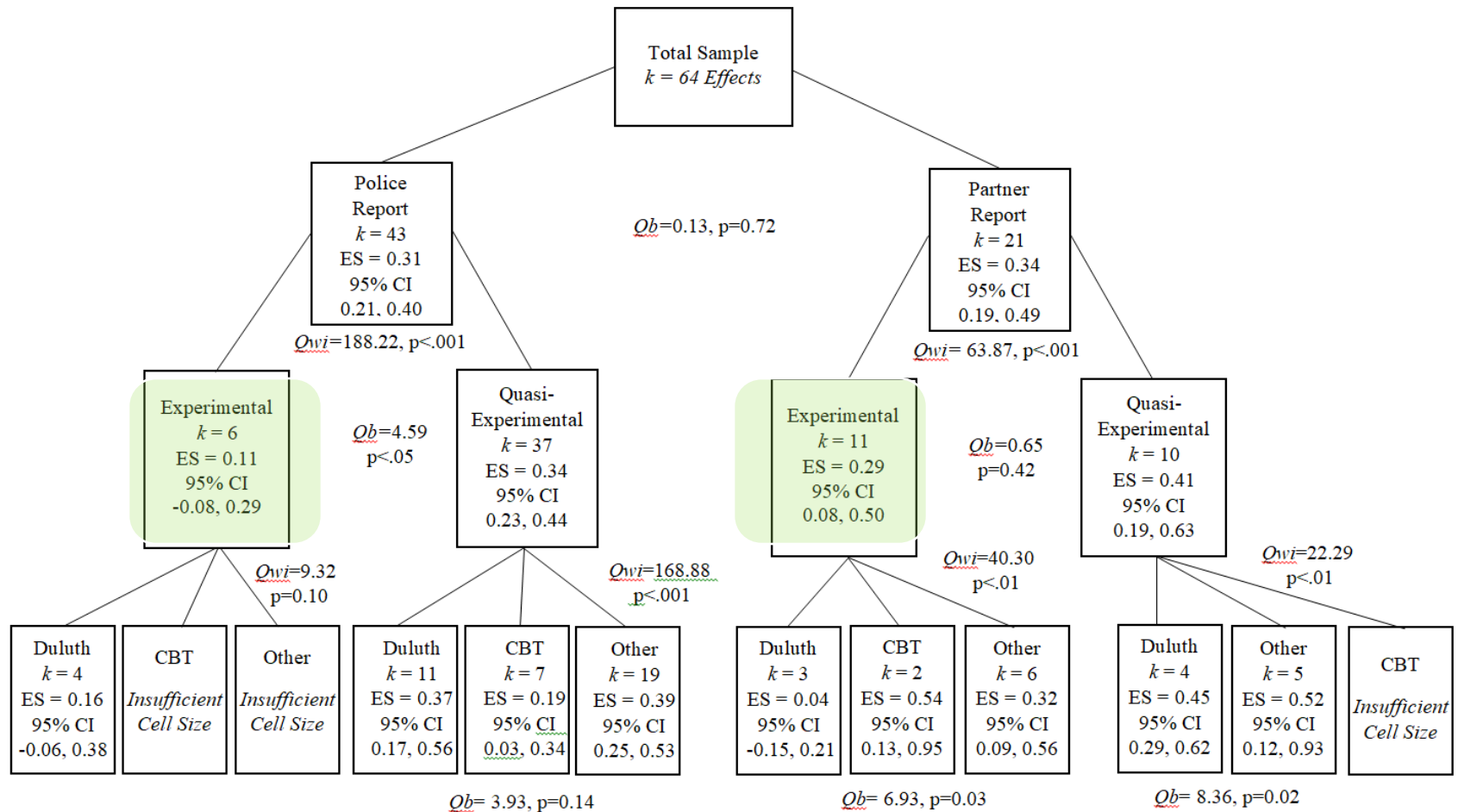
- Judge or agency has to blindly randomize
- Compare intervention to a wait-list or no treatment condition
- Newer studies comparing new treatment to Treatment As Usual (TAU)
- 18 True Experiments done to date with partner (yes/no violence) or police report

How large of an effect size should we expect?

- ES of psychotherapy = .85
 - Improvement in 70% of cases
- Treatment for aggressive children, ES = .32
- Correctional treatments, ES = .25

New Meta-Analysis Preliminary Findings:

Recidivism measure, research design & treatment model as moderators



Effect Sizes by Type of Study

POLICE REPORT	# of studies <i>k</i>	Effect Size <i>d</i>
Overall	43	0.31
Quasi	37	0.34
RCT	6	0.11

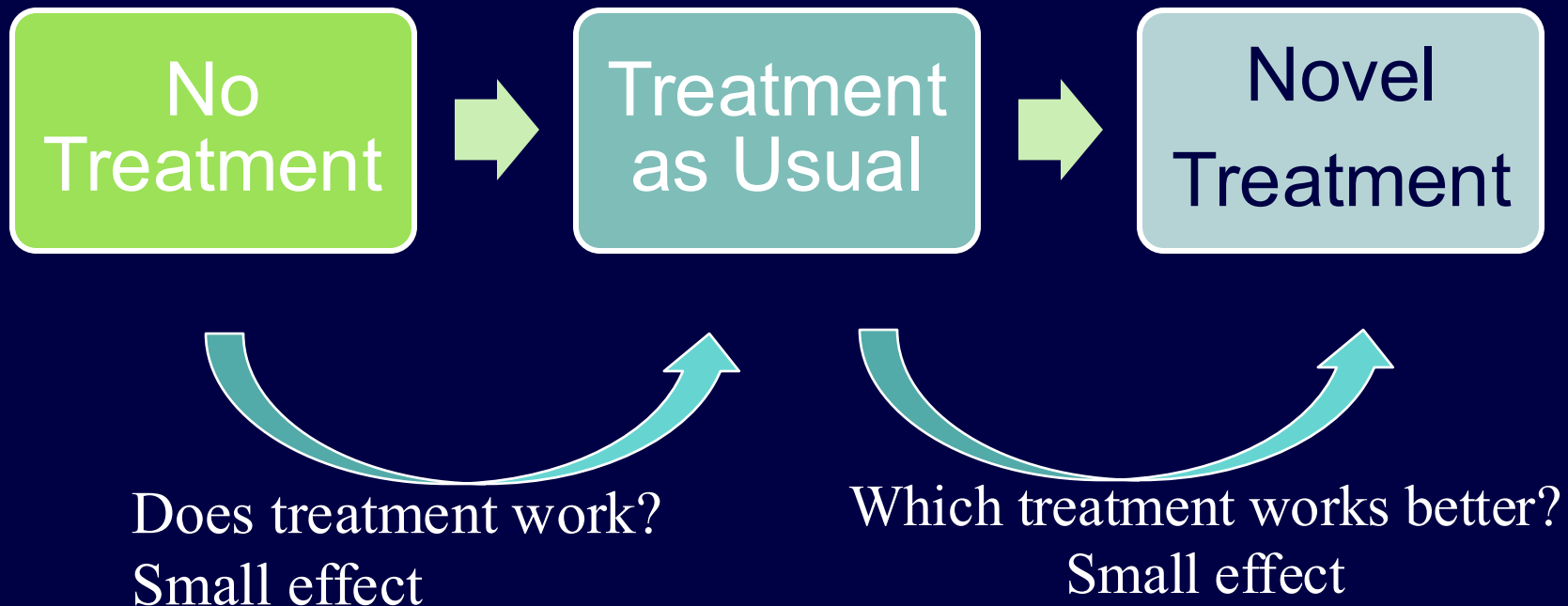
PARTNER REPORT	# of studies <i>k</i>	Effect Size <i>d</i>
Overall	21	0.34
Quasi	10	0.41
RCT	11	0.29

RCTs
significantly
smaller effect
size with police
report

Comparing Other Interventions vs. Duluth

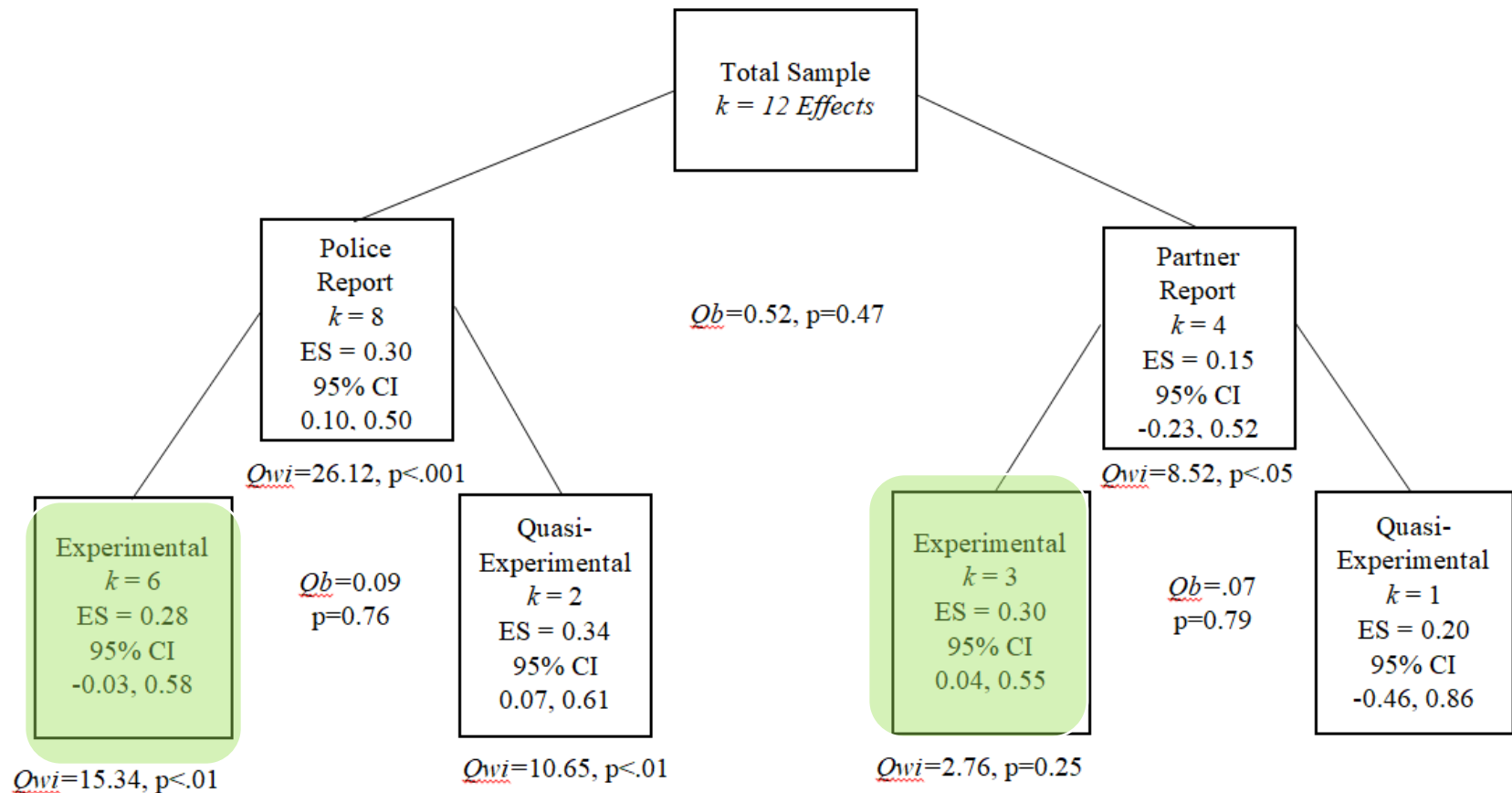
Babcock, Gallagher, D'Souza, Richardson, Godfrey & Bennett, 2022

Small Effect + Small Effect = Good Effect



Preliminary Findings Comparing Other Interventions vs. Duluth

Babcock, Gallagher, D'Souza, Richardson, Godfrey & Bennett, 2022



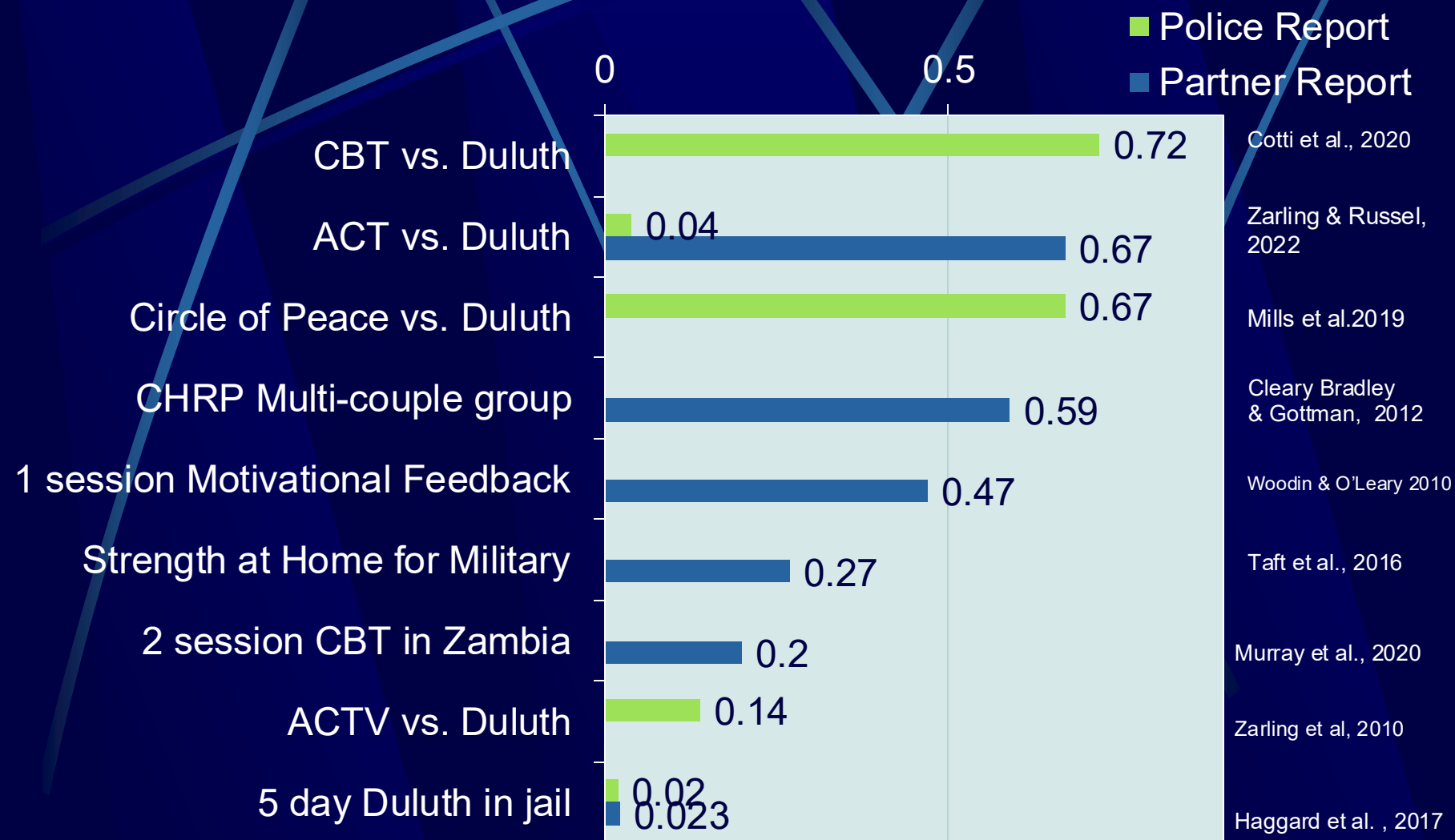
Duluth vs. Other

Effect Sizes by Type of Study

POLICE REPORT	# of studies <i>k</i>	Effect Size <i>d</i>
Overall	8	0.30
Quasi	6	0.34
True Experiment	2	0.28
PARTNER REPORT	# of studies <i>k</i>	Effect Size <i>d</i>
Overall	4	0.15
Quasi	1	0.20
True Experiment	3	0.30

**Novel
treatments
outperform
Duluth with
small effects**

Let's Look at New Interventions that Work!



Babcock's Recommendations

Use therapeutic models of intervention

Experiment with different therapy models

- Motivational Interviewing
- Address emotions & values

Experiment with different modalities

- Couples therapy or victim involvement
- Individual therapy



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OTHER EVIDENCE



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What should be included as outcomes?

Mirabel project in the UK (2015); survivor voices re: outcomes

- An improved relationship underpinned by respect and effective communication
- Expanded 'space for action' for women that restores their voice and ability to make choices, whilst improving their well-being
- Safety and freedom from violence and abuse for women and children
- Safe, positive and shared parenting
- Enhanced awareness of self and others for men, including an understanding of the impact that domestic violence has had on their partner and children
- For children, safer, healthier childhoods in which they feel heard and cared about



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Lots of Evidence for Motivation Enhancing Approach

There is clear and consistent evidence that once men have contacted a service, retention will be improved if engagement is prioritized as part of intervention

Models that use these methods put an emphasis on:

- meeting men “where they are at,”
- being trauma- and violence-informed
- exploring and emphasizing context within which abuse takes place
- amplifying men’s own discomfort with their abusive behaviours
- addressing harmful attitudes about gender
- articulating values as key to motivating change

Use of motivation-enhancing models reduces drop-out but not don’t necessarily promote more change. Therefore, MI is a necessary but not sufficient step to promoting change



What does this mean?

Closed groups are likely better than open groups

Group sizes of 12-ish likely better outcomes than groups of 20-ish

Question as to whether we might expect similar outcomes online as compared to in person



Matching to Conditions and Needs Leads to Better Outcomes (for several specific issues)

- Interventions that are organized according to the risk, needs, responsivity model are more successful
- Some evidence of greater impact when programs include trauma components
- For men with co-occurring substance use problems, combined IPV and SU intervention is more successful
- Interventions targeting fathers are more successful



Group versus Individual CBT – Murphy et al. 2020

Treatment uptake and session attendance were significantly higher in individual than group CBT

Contrary to the study hypothesis, group CBT produced consistently equivalent or greater benefits

- Equivalent reductions in participant self-reports of abusive behaviour
- Group substantially better than individual for victim partner reports of psychological aggression, physical assault, emotional abuse, and partner relationship adjustment

In response to hypothetical relationship scenarios, group CBT was associated with greater reductions than individual in articulated cognitive distortions and aggressive intentions.



Many, many factors not investigated but repeatedly recommended

Adequacy of funding

Level of staffing

Training and supervision

Combined group + case management

Way in which the program is connected to the broader system of response



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**SO, WHAT CAN WE DO WITH THIS
INFORMATION**

YOUR QUESTIONS AND THOUGHTS



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Lots of Directions that we can take this

Today, I am going to focus on approach



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VIDEO

Let's use the father from Adolescence



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Mental Health versus Accountability Leading to a Combined Approach

Mental Health		Accountability



What are the Skills of a Specialist Service Provider?



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Who came together?

Expert Working Group Members

Women's
Working Group

31

Children's
Working Group

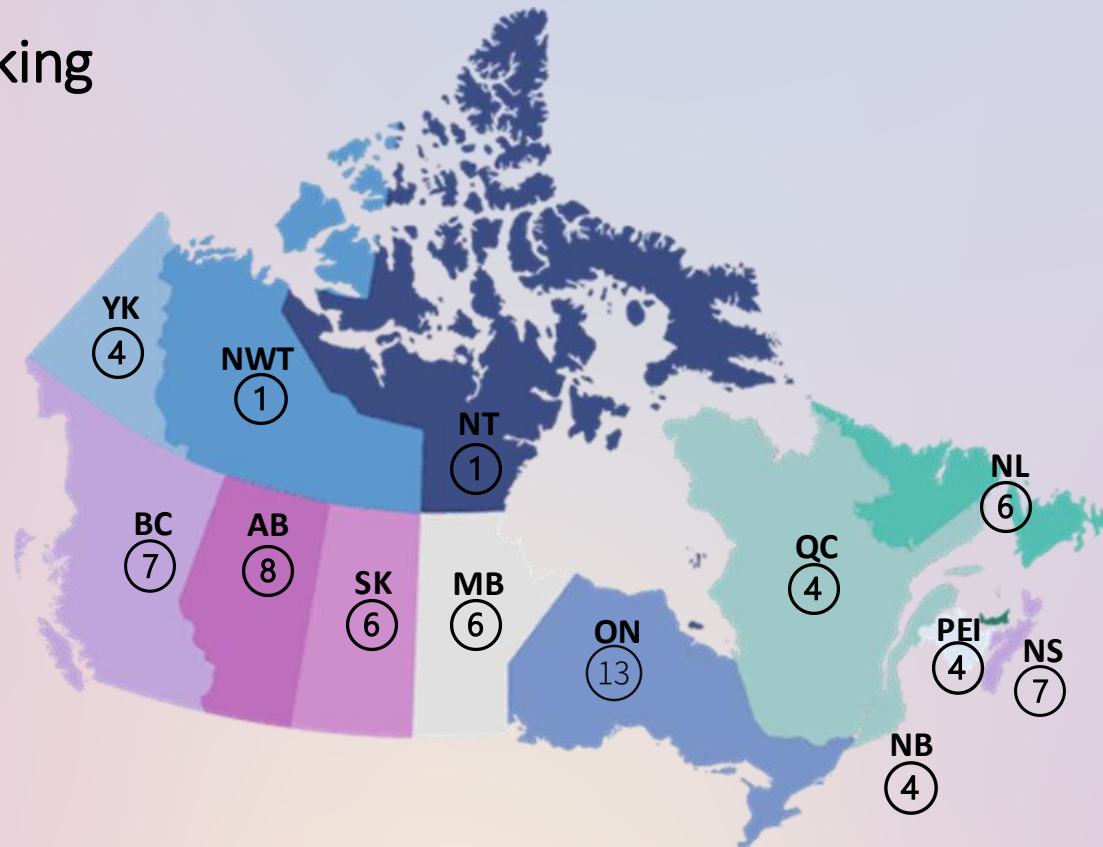
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Men's Working
Group

25



Expert Working Group Members

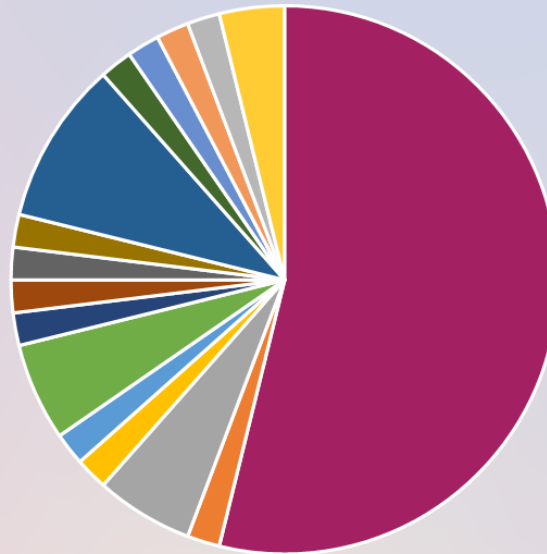


Building on years and years of knowledge

	# respondents	Total years working as an IPV specialist
Work with women survivors	52	802 years
Children who have experienced violence	37	569 years
Men who have behaved abusively	34	499 years



Race and Ethnicity



■ Caucasian/Caucasian European descent

■ Afro-Caribbean

■ Cree, Salteaux

■ White, Native

■ South Asian immigrant

■ Latin America/Latina

■ Canadian

■ Biracial, Black & Irish-Canadian

■ Métis

■ Indigenous

■ East Indian (Guyana)

■ Caucasian and French language minority

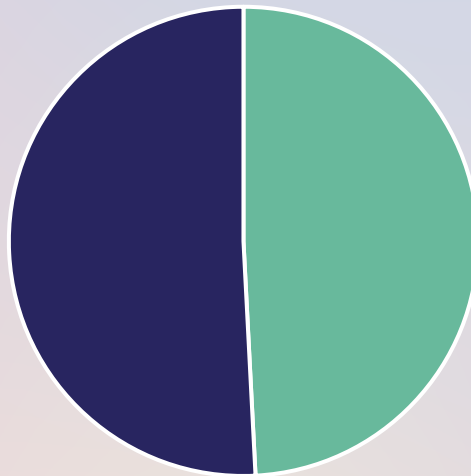
■ Black/Black African Canadian

■ Mi'kmaw First Nation

■ First Nations

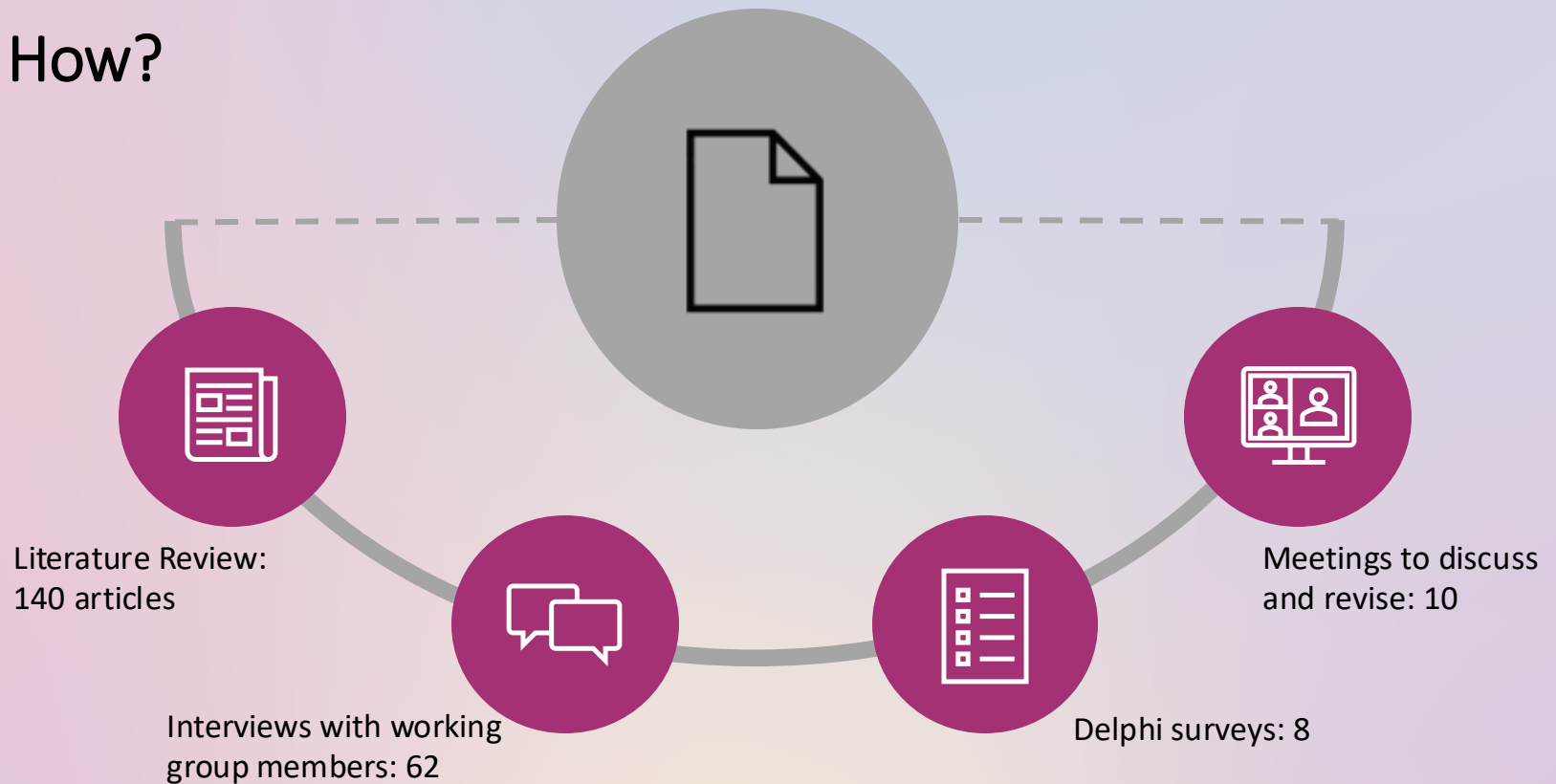
■ Immigrant, minority

Survivor of GBV



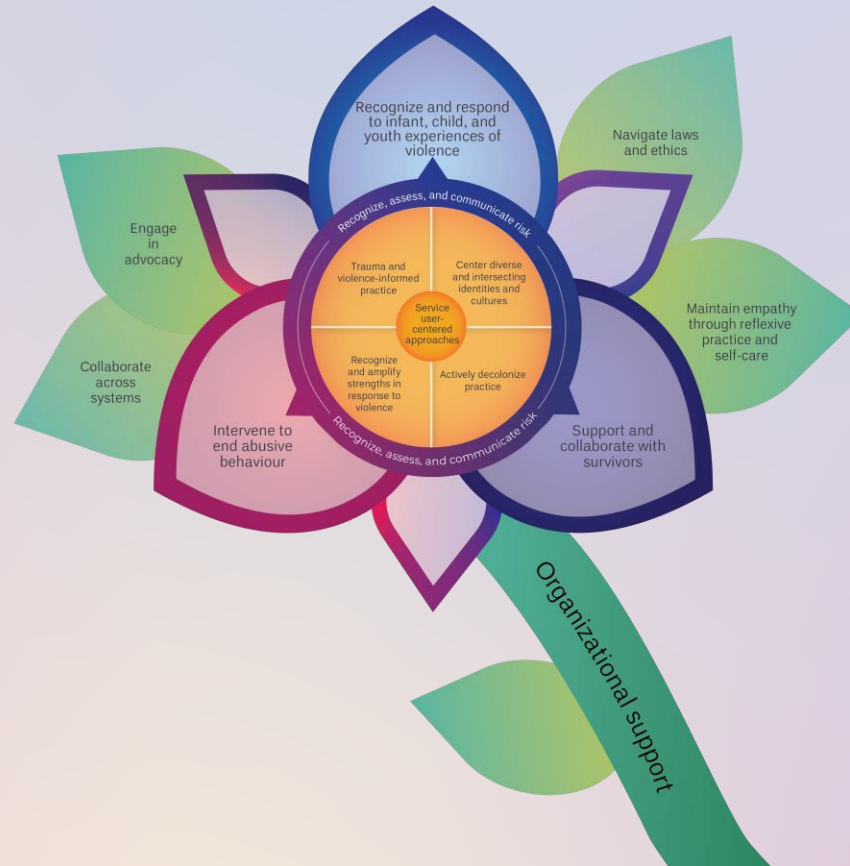
■ yes ■ no

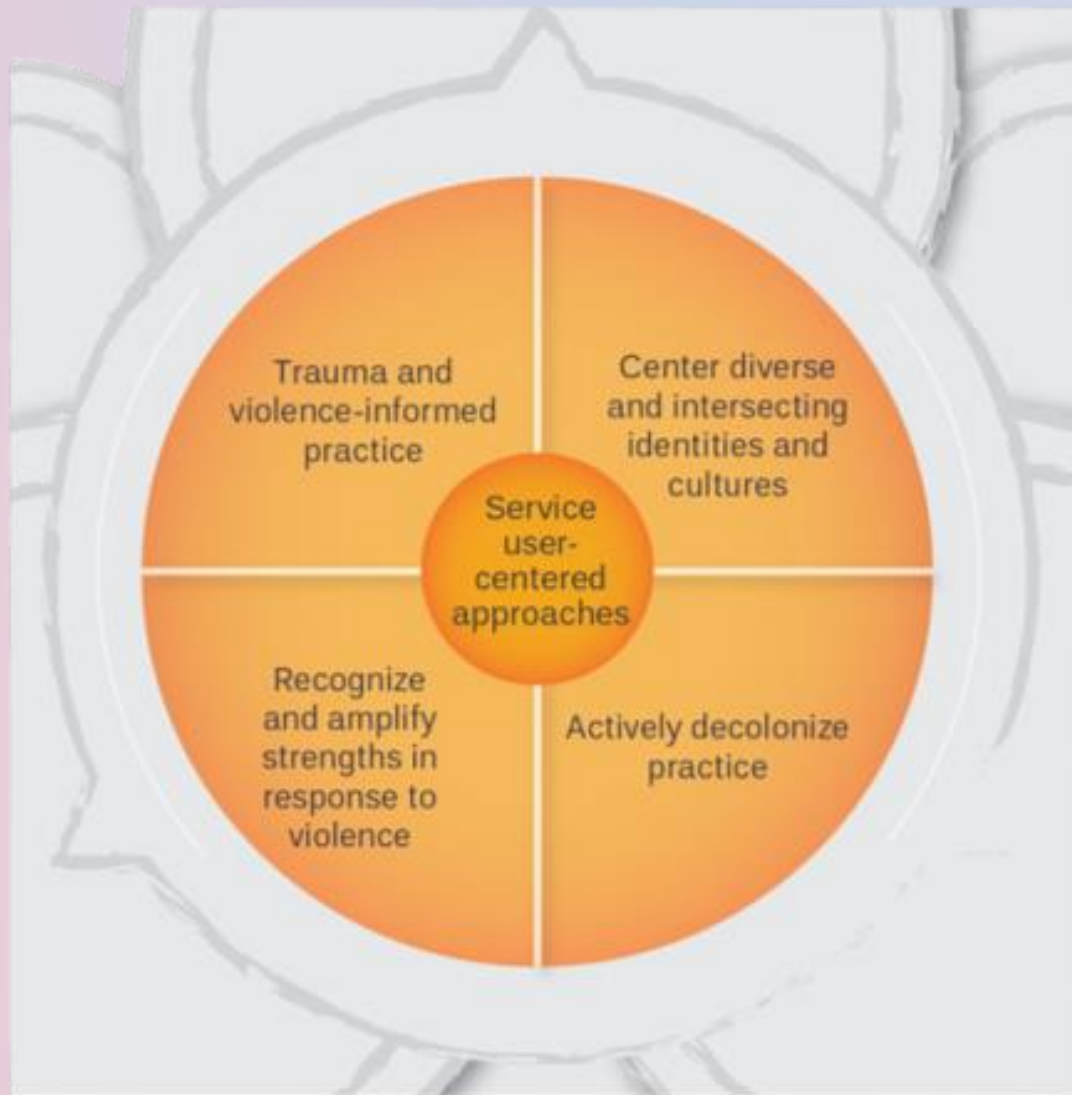
How?



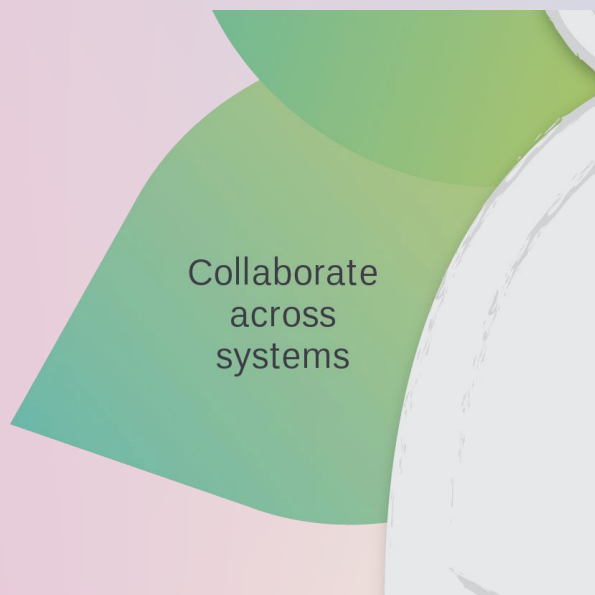
What did we find?

Flourishing Practice Model



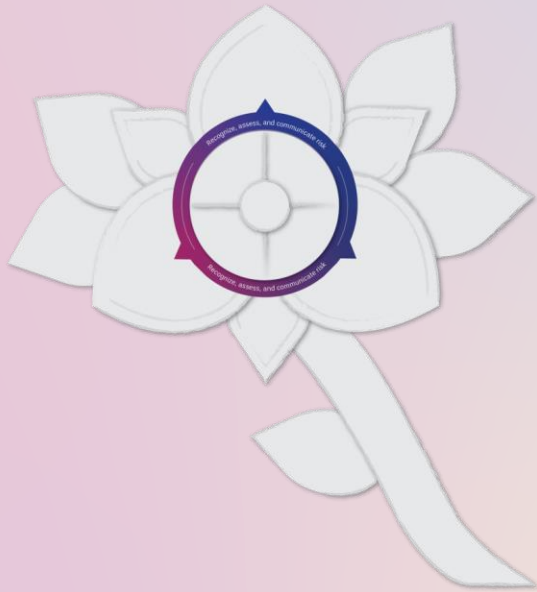


Collaborate across systems



- Collaborate with others to manage risk and promote safety
- Understand and promote the value of community-based responses to violence
- Establish, develop, and maintain cross-agency relationships that work from a survivor-focused lens
- Guard against reproducing oppression in the context of collaboration with others

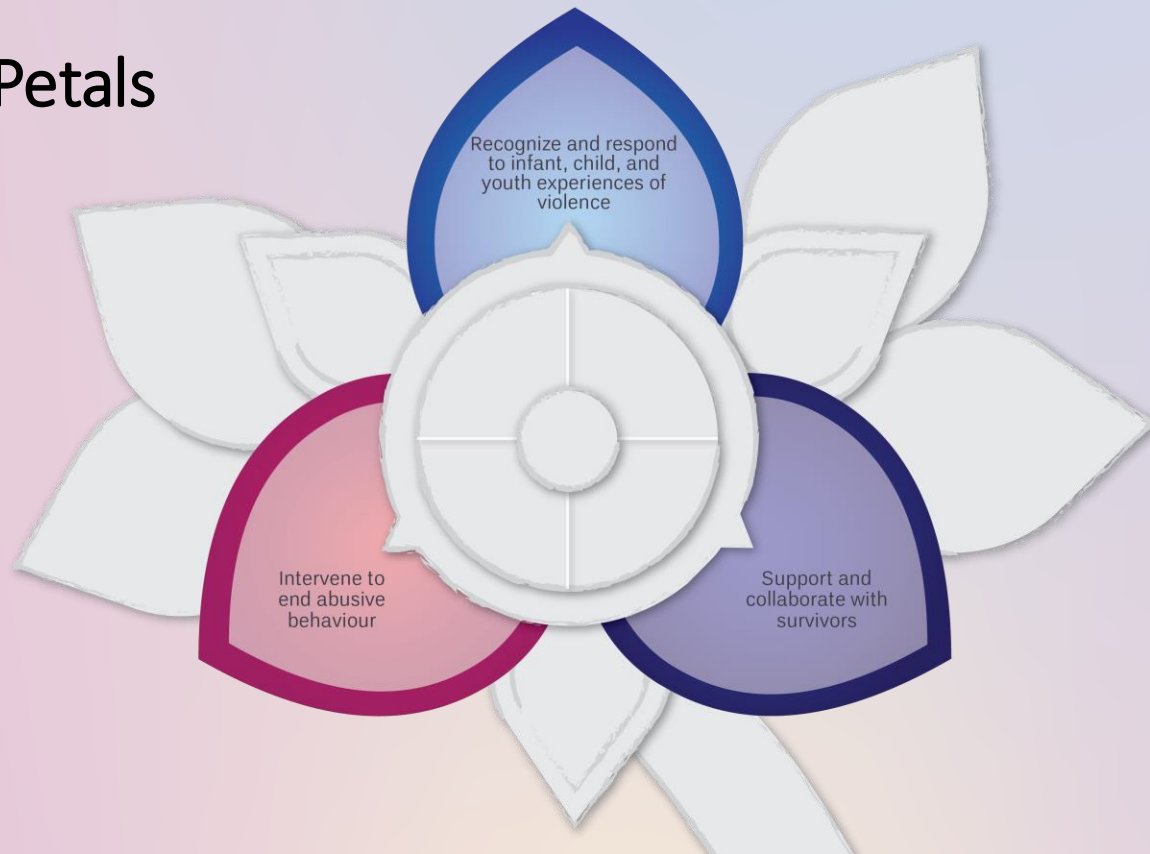




Recognize,
assess, and
communicate
risk



The Petals



Manage risk and promote safety

Change abusive behaviour

Recognize and address denial,
minimization, and blame

Address fathering

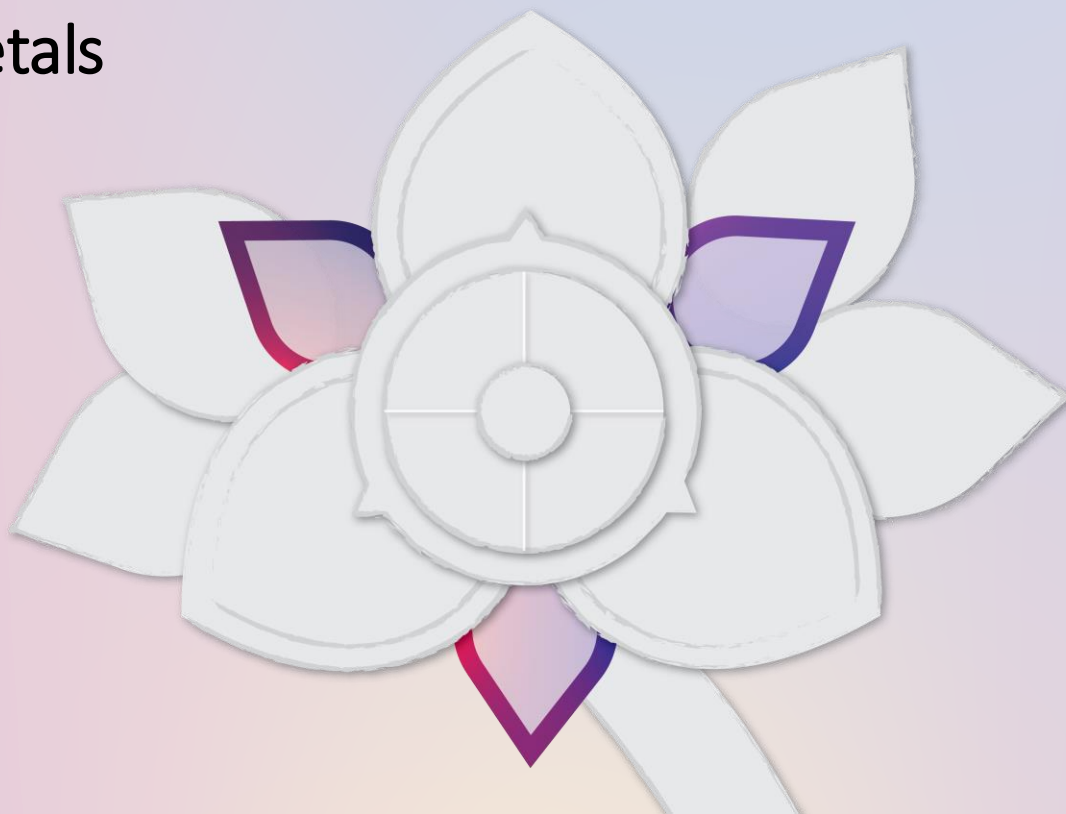
Intervene to
end abusive
behaviour

Recognize and address denial, blame and minimization

1. Recognize denial, blame and minimization
2. Make complex judgements about men's reports of victimization
3. Develop authentic relationships with service users that are built on trust and aimed at supporting change
4. Avoid collusion with narratives of violence
5. Foster accountability for abuse
6. Have knowledge and skills for responding to disclosures of victimization as well as perpetration
7. Maintain perspective and awareness within the service user-service provider relationship



Blank Petals

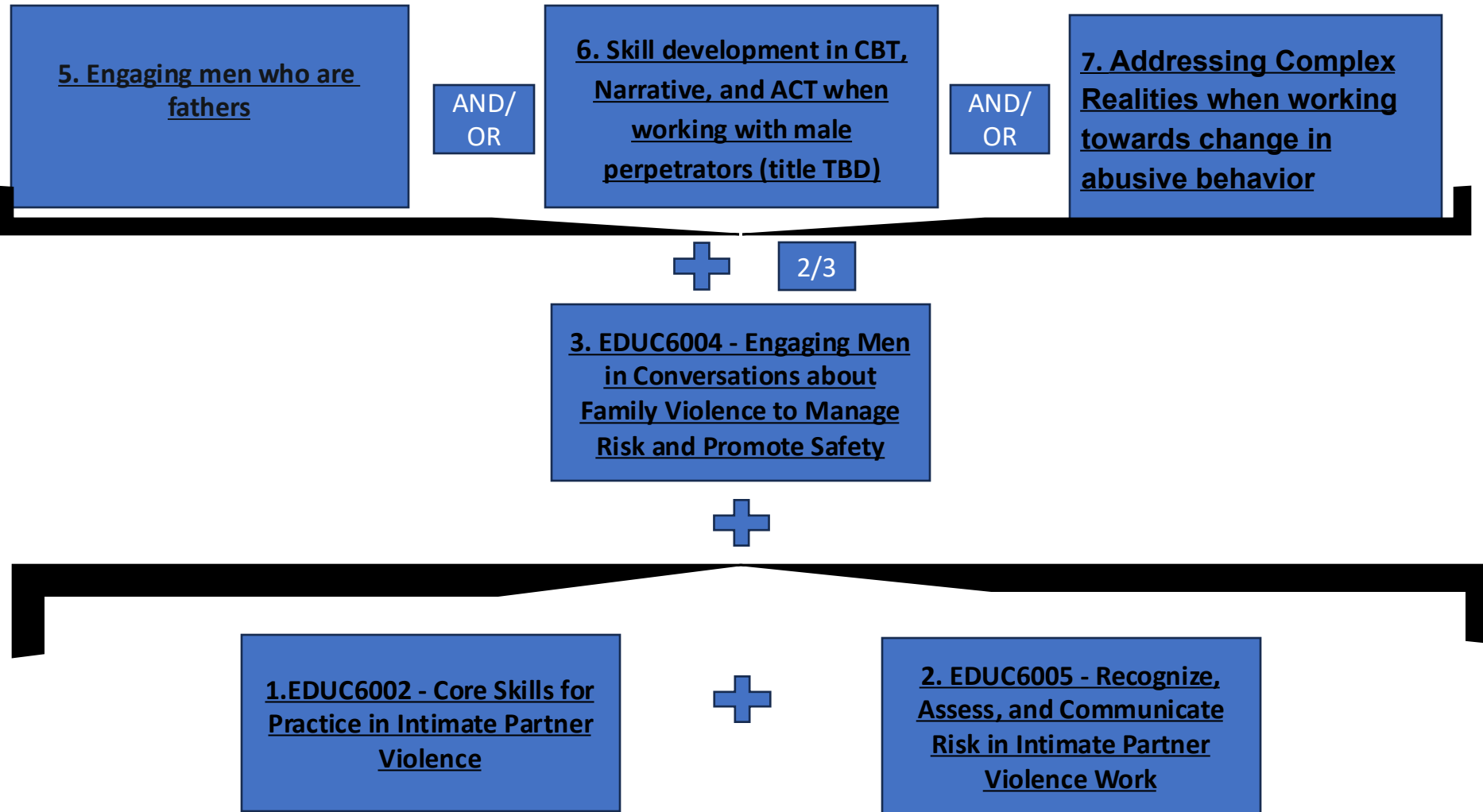


RECOGNIZING CRITICAL EXPERTISE IN GENDER-BASED VIOLENCE WORK

*Value of the
framework*



Overview: Men's courses



Other Canadian Courses

Counterpoint – Creating a Process of Change for Men Who Abuse or are at Risk of Abusing

Tod Augusta-Scott – Safety and Repair

Caring Dads



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LET'S KEEP TALKING



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Discussion Tables

Having hard conversations in group

Women survivors who are being mandated into PAR after being charged with IPV related offenses

The manosphere and its impact on PAR programming

Strangulation (and sex) – how are you talking about this in group?

Strategies for engagement

Connections with other GBV specialists



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Thoughts, Feedback and Questions



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