

MAKING MALE PERPETRATORS ACCOUNTABLE FOR INTIMATE PARTNER VIOLENCE



Practice Guide for Practitioners from the *à cœur d'homme* network

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INTRODUCTION

In 1995, the Quebec government adopted an interdepartmental social policy aimed at "preventing, detecting and countering domestic violence," as part of a worldwide effort to eradicate violence against women (UN, 1993). Domestic violence, now commonly known as Intimate partner violence (IPV), is defined as "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours" (World Health Organization, 2021). This commitment to fighting intimate partner violence implies holding perpetrators responsible and accountable for their actions. From a systemic perspective, this implies a judicial response that deters perpetrators from reoffending, a concerted effort by organizations involved in the IPV field to protect victims and to manage risks, and various actions to eliminate the inequalities that underlie violence (Pallatino et al., 2019; Takano, 2017; Vlasis, 2016). This also involves helping perpetrators to take responsibility for their own actions. It is a task that the member organizations of *à cœur d'homme* (ACDH), a Quebec network working with men to create a violence-free society, carry out on a daily basis. They have set up programs where, through individual and group meetings, they help perpetrators to become aware of the impact of their violent behaviour and to commit themselves to non-violence so as to ensure the safety and protection of the victims.

Holding perpetrators accountable for violence is thus one of the key principles if we are to counter intimate partner violence (Chung et al., 2020; Gouvernement du Québec, 2018). It is associated with a lower risk of recidivism among IPV perpetrators who participate in men's behavioural change programs (MBCPs) and is a criterion for their success (Black et al., 2015). However, while work with IPV perpetrators must "clearly aim to help them recognize and take responsibility for their violence" (Ministère de la Santé et des Services sociaux, 1992, p. 15, our translation), this task is not particularly easy for them to carry out. Indeed, people in practice and research communities have long noted a tendency in IPV perpetrators to blame victims, reject responsibility, and attribute the violence to external factors. They are often inclined to deny, minimize, and justify their behaviours (Holtrop et al., 2017; Larissa & Raghavan, 2018; Whiting et al., 2012). Various factors can also make accepting accountability more complex. This is the case, for example, when IPV perpetrators also have mental disorders (Dallaire & Brodeur, 2016) or when perpetrators also report having been victims of violence (Lawrence, 2014).

Several theorists who have conceptualized IPV as domination exercised by men on women see attempts by perpetrators to avoid accountability as a way of keeping their partners in an inferior, oppressed position (Dankwort, 1988; Orme et al., 2000). From this point of view, confrontation by practitioners has been seen as a central, unavoidable element of the accountability process. Even though it is still deemed to be necessary by several authors (Cannon et al., 2016; Pallatino et al., 2019), a much more nuanced approach has been developed in the last few years. Indeed, overly confrontational approaches have been criticized because they tend to equate the issues raised by IPV perpetrators with excuses, which can actually obscure significant issues (Bates et al., 2017). It has also been reported that overly direct confrontation can lead to superficial accountability and compliance, or even reinforce the perpetrators' denial of accountability (Bohall et al., 2016; Chung et al., 2020; Schrock & Padavic, 2007). Other theorists, moreover, see the mechanisms by which IPV perpetrators minimize or deny their responsibility as cognitive distortions that protect their self-image (Babcock et al., 2016; Whiting et al., 2012), which means they need to be approached with more finesse. Consequently, a balance must be struck between confrontation and support, a goal which can be difficult to achieve (McGinn et al., 2017; Morrison et al., 2018; Morrison et al., 2017; Walker et al., 2018).

The fact that these debates have rarely been mentioned in the scientific literature suggests that, despite the existing consensus about making IPV perpetrators accountable, several questions remain as to how to actually do this. Although there are a few practice manuals in the English-speaking literature (e.g. Paymar, 2015; Yorke, 2020), very few exist in the French-speaking world. This guide was thus initially written in French to fill this gap.

WHY WRITE A PRACTICE GUIDE ABOUT ACCOUNTABILITY?

The goal of this practice guide is to fill the gap in the literature on accountability. The idea first emerged during action research carried out by practitioners working with the *à cœur d'homme* network (Brodeur & Roy, 2020; Roy et al., 2019). The participants in this study identified accountability as one of the main challenges in interventions with IPV perpetrators. They expressed a need to work together to refine their theoretical and practical knowledge about this idea which is central to their practice. Subsequent discussions with network members resulted in several other reasons to write this practice guide.

First, it seemed worthwhile to emphasize the importance attributed to accountability in the practice of the ACDH member organizations, particularly when working together with other organizations who work with victims, exposed children, or IPV perpetrators themselves. For various reasons, some people have come to believe in the last few years that accountability does not occupy its rightful place in member organizations' interventions (Corte et Desrosiers, 2020).

Second, the member organizations of ACDH, like other organizations in the community sector, must constantly meet challenges related to the recruitment and training of qualified workers. In the last few years, these challenges have been particularly demanding given the lack of personnel in several fields, an increase in requests for help, and hirings linked to new grants by the Quebec government in the wake of a string of feminicides in 2021. This practice guide is thus intended to serve as a tool to help organizations train new team members.

Third, the ACDH network is made up of 30 organizations spread out over the Province of Québec. These organizations are all independent and have adapted to the characteristics and needs of their community by doing the following: accepting, in varying proportions, IPV perpetrators who are court mandated or not; giving greater or lesser importance to individual and group interventions; recruiting professionals from different backgrounds (social work, criminology, psychology, psycho-education, sexology, etc.); and, finally, serving other populations such as women, teenagers or fathers with violent behaviour, and men in difficulty. Accordingly, each organization has developed its own expertise. The members wished to share their experience in helping IPV perpetrators' to become more accountable and thereby draw up a common view of their work. They did not start from scratch. The first Québec organizations for IPV perpetrators appeared in the early 1980s and considerable practical knowledge has been developed over the decades. The goal was to bring together and disseminate the knowledge that was already present in the network.

This last observation has led us to use the theoretical framework of experiential knowledge to inform the research at the base of this practice guide. We have been able to use it to respond to the above identified objectives by systematizing the knowledge that the ACDH practitioners have acquired in their work with IPV perpetrators. Practice is a place where knowledge is created (Racine, 2000), and practitioners know more than they can at first say (Polanyi, 1967, in Hsu, 2006). This experience based knowledge is a significant source of information that influences decisions and actions (Zeira & Rosen, 2000). It is acquired by carrying out tasks, thinking about them, documenting one's work, and discussing it with colleagues. It is characterized by its concrete nature and contextual depth (Smith-Merry, 2012). Without being opposed to formal knowledge (Greenhalgh et al., 2008), it adapts better than the latter to complex, uncertain, unstable, unique practice environments riddled by conflicting values. Numerous studies of experiential knowledge in several fields have been conducted.

By relying on the experiential knowledge of the practitioners from the ACDH organizations, this practice guide intends to:

1. Identify the main dimensions of accountability;
2. Identify the interventions that make it possible to tackle these dimensions in clinical work with IPV perpetrators;
3. Examine some of the challenges associated with working on the accountability process in more complex situations.

WHO IS THE PRACTICE GUIDE MEANT FOR?

This practice guide is meant for practitioners from member organizations of the ACDH network and from batterer intervention programs in the English-speaking provinces of Canada. Regardless of how much experience you have, this practice guide will help you to consider the IPV perpetrators' accountability from different angles and to work on different dimensions with them. It proposes, moreover, a series of different strategies.

The practice guide can also be of use for practitioners from other organizations and networks who wish to help IPV perpetrators become more accountable. Personnel working in general resources (e.g., CLSC), transition houses, and probation services can find useful tools and stimulating ideas.

THE TEAM MEMBERS AND THEIR EXPERTISE

This practice guide is the result of cooperative work between a team of researchers from Laval University and the ACDH network. The management of the project and writing of the practice guide were conducted by Valérie Roy and Normand Brodeur. Both are professors at the School of Social Work and Criminology at Laval University and researchers at the RAIV centre (Recherches Appliquées et Interdisciplinaires sur les Violences intimes, familiales et structurelles; applied, interdisciplinary research in intimate, family, and structural violence). They were assisted in their work by Rebecca Angele and Matis Tudeau, both research professionals, and Hélène Lapointe, research assistant.

ACDH participated in all the design and writing of this practice guide. Claudia Champagne, social worker and director for Accord Mauricie, José Desjardins, director for Donne-toi une chance, and Caroline Hamelin, research, training, and clinical support coordinator for the ACDH network, all participated in the steering committee and edited preliminary versions of this practice guide.

METHODOLOGY

The writing of this practice guide was made possible through a Partnership Engage Grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) and an additional contribution from the Mitacs' Accelerate program as part of a joint initiative with SSHRC. These grants allowed us to carry out action research in partnership with ACDH and its member organizations. This approach was chosen so that we could benefit from the practitioners' expertise and contributions and thus gather knowledge that would otherwise be difficult to obtain.

Because experiential knowledge is revealed in doing (Greenhalgh et al., 2008), we used a combination of qualitative methods (Bergheim, 2019) based on observation and individual and group interviews with practitioners recruited in the ACDH's member organizations.

First, four discussion groups with a total of 27 participants were conducted in the spring of 2021. These discussions allowed us to explore the practitioners' viewpoints on the various dimensions of accountability and how it was employed in their approach with their clients. They also helped us to identify the practices used to foster accountability.

Second, in the autumn of 2021, ten individual interviews were conducted with practitioners who had at least four years of experience in interventions with IPV perpetrators. Based on the critical incident method (Butterfield et al., 2005; Viergever, 2019), these interviews allowed us to more concretely examine how accountability work occurs in specific cases. The participants in this part of the research were asked to talk about: 1) a complex case history in which they encountered considerable accountability challenges; and 2) a case history in which they felt that they employed particularly effective interventions to make the IPV perpetrator more accountable.

Likewise in 2021, observations were conducted in three ACDH member organizations (Accord Mauricie, Donne-toi une chance, and GAPI) to see how the accountability of IPV perpetrators is operationalized¹. These observations looked at the context, the interventions themselves, and the interactions of the practitioners with the IPV perpetrators. The observation notes were summarized at the end of every day and discussed with the practitioners so as to obtain details about the observed practices (Bergheim, 2019).

By using each of these methods, we gained access to a part of the practitioners' "hidden" knowledge; by triangulating them, we were able to draw up an overall portrait of their accountability practices².

1 The observations lasted four days in the first two organizations and 31 days in the third.

2 We began with a thematic analysis (Paillé & Mucchielli, 2008) of the discussion groups to determine the key dimensions of accountability and to identify intervention strategies corresponding to each dimension. The critical incidents reported by the practitioners during individual interviews were read and summarized to determine the context of each situation, the interventions conducted, the challenges encountered, and the assessment of each person. When the data was triangulated, the sections dealing with interventions were revised to identify strategies complementary to those that emerged from the group discussions and their applications. The three organizations' observation notes were also revised to complete the list of interventions employed to encourage the IPV perpetrators to be more accountable.

In March 2022, a presentation of the study's preliminary results was organized as part of an ACDH activity. A total of 34 practitioners commented on the results so as to help validate them, adding complementary information and several nuances.

Additional information on the research participants' profile can be found in Annex 1 of the present guide. The presentation of the various accountability dimensions and strategies are illustrated by several quotes taken from the group discussions, individual interviews, and observation notes that were added to so as to better tie them to real-life practice situations. Pseudonyms were used to protect the participants' anonymity.

GUIDELINES

The accountability strategies described in this practice guide, as well as the interventions associated with them, were organized according to a logical sequence that was drawn from the data analysis. It would seem reasonable, for example, that an IPV perpetrator must first understand what violence is (strategy: Foster the understanding and recognition of violence) before committing to non-violence as a choice (strategy: Cultivate and commit to non-violent choices). In addition to this theoretical conceptualization, the accountability process can vary from one person to another and take diverse trajectories. Some IPV perpetrators have already started thinking about their behaviour, either by themselves or with professional help, and about their accountability. It can be useful to talk with them about more advanced dimensions in the sequence proposed in the practice guide. Moreover, as proposed by the transtheoretical model of change (see Rondeau et al., 2006), interventions should be matched to the IPV perpetrator's change stage. A perpetrator who is at the precontemplation stage will benefit more from interventions targeting the recognition of violence and the exploration of its consequences for his family and himself. A man who is at the action stage or at preparation for action will benefit from interventions focusing on his ability to make choices that are different from previous ones. Finally, the accountability process is not as linear as this proposed sequence might indicate. Indeed, it may be necessary to return to previous dimensions to reinforce them. Accordingly, the process can be conceptualized as a spiral model rather than in strictly linear terms. It must be personalized based on each IPV perpetrator's characteristics, while continuously ensuring the safety and protection of the victims.

With regard to training, beginning practitioners can use this practice guide to learn accountability strategies in the sequence proposed here. Practitioners who have more experience can for their part focus more on less familiar strategies or those likely to help them resolve particular challenges encountered during interventions. It is worth noting, as much for people who are beginning as for those who have more experience with IPV perpetrators, that this practice guide was developed using results from research conducted in a specific context and time, as described in the methodology section. In spite of the data triangulation method conducted here, this practice guide does not pretend to provide an exhaustive and systematic review of the best practices for fostering accountability in IPV perpetrators, in Québec or elsewhere. The practice guide is based on data collected during observations conducted in three organizations and during interviews with practitioners in 2021. Practices existing within other organizations may not have been taken into account however, and other practices may have been developed since then. These limitations aside, this practice guide is based on the expertise of practitioners who work on a daily basis with IPV perpetrators in a network of organizations established in the 1980s.

Before presenting these practices, the practice guide proposes a definition of the IPV perpetrators' personal accountability process and the various dimensions therein, based on the ideas expressed by the practitioners we met with. Six strategies stemming from the definition of accountability are then presented and, for each one, interventions that helped to operationalize the strategy are then described. The practice guide then sets out indicators to look for in IPV perpetrators, that is improvements in their accountability process. Finally, the challenges and limitations of the accountability process are discussed.

DEFINITION OF PERSONAL ACCOUNTABILITY

Vlais (2016) defines personal accountability as a process by which the IPV perpetrator takes responsibility for his actions and commits himself to the path of non-violence. The data collected by the practitioners from the ACDH are in keeping with this general definition. The participants first pointed out that accountability is a “gradual process” (Mona, discussion group), a trajectory during which the IPV perpetrator “recovers his humanity,” becomes more mature (Samuel, discussion group), accepts that he has made poor choices (Donald, discussion group), and understands that he has the power to change. This process can be difficult and is not always linear. The participants then highlighted five key dimensions of this process, namely: recognition of the violence committed; awareness of the consequences of violence; the choice of non-violence; the development and maintenance of healthy, egalitarian relationships; and the development and strengthening of personal self-reliance.

Table 1 illustrates each of these dimensions using statements made by practitioners. Readers will notice, in these quotes, minor differences in the way respondents talk about accountability. Some take the viewpoint of the IPV perpetrator who becomes more accountable (“becoming accountable means taking responsibility for the consequences of your own actions,” Jules, discussion group), whereas others take the viewpoint of the practitioner who helps to foster greater accountability in the perpetrator (“helping perpetrators to be more accountable means getting them to see that violence is not inevitable,” Jeanne, discussion group). These differences simply shed light on the two sides of the same coin in which becoming accountable designates the change process that IPV perpetrators are asked to partake in whereas fostering accountability represents the clinical task of the practitioners who accompany these perpetrators.

Table 1: Illustration of different accountability dimensions

DIMENSION	ILLUSTRATION
Recognize the violence perpetrated	“People (who become accountable) recognize they behave violently, recognize it’s not a good idea, and recognize they are ready to do something about it.” – Manuel, discussion group
Become aware of the consequences of violence	“Being accountable means taking responsibility for the consequences of your actions. The consequences for the other person, the consequences for yourself, and for other persons too [...]. Often, it takes a lot to get a person to think this way. What’s the actual consequence of this behaviour? What does it lead to? And then the person starts to understand that, if they behaved differently, there probably would have been another consequence. What’s more, they are able to come up with different scenarios with different outcomes.” – Jules, discussion group

Choose non-violence

"The accountability process often begins with response abilities, that is, the ability to respond to a situation. [...] What we want is to increase the different choices they have so they can make "the right choice" and create the fewest negative consequences possible."

- Phillipe, discussion group

Develop and maintain healthy, egalitarian relationships

"I have to help them develop an ethical approach, respect for the other person, recognize her in her entirety [...]. Becoming accountable requires all that. The perpetrator has to realize that his conception of couples is not the only one. He can discuss it and call it into question."

- Mathieu, discussion group

Develop and reinforce self-reliance

"This clientele [IPV perpetrators] concentrates on the other person's perception. [...] They focus on the other person, which leads them to be dependent on the other person. [...] They [IPV perpetrators] have to learn to let go. We don't want them to become rugs or bombs that accumulate frustration. We just want them to redirect their control onto themselves, to take responsibility for their emotions and actions. Because, in the end, taking personal responsibility for yourself means increasing your self-reliance."

- Jacob, discussion group

STRATEGIES FOR FOSTERING ACCOUNTABILITY

For the practitioners, fostering accountability in an IPV perpetrator involves using several intervention strategies that are in keeping with the above-mentioned definition. The first strategy is transversal and consists in introducing and fostering the accountability process, whereas the other five focus specifically on the five key dimensions of accountability. These are: foster the understanding and recognition of violence; make perpetrators aware of the consequences of violence; cultivate and commit to non-violence choices; promote healthy, egalitarian relationships; develop and reinforce the self-reliance of IPV perpetrators. Various interventions help to operationalize each one of these strategies. They are presented in detail in the following sections.

INTRODUCE AND REINFORCE THE ACCOUNTABILITY PROCESS

To encourage the IPV perpetrator to become more accountable, it is necessary to *introduce and reinforce the accountability* process throughout their participation in the program. For Frédéric, (discussion group), we need to structure the accountability work, develop "avenues for future intervention [and determine] where we are going." Several interventions were thus drawn from the consulted practitioners' comments.

Evaluate the situation

To introduce and support the process in which the IPV perpetrator accepts his accountability, it is first of all important to evaluate several aspects of the situation. **The first assessment that is essential to conduct is the victims' and the perpetrator's safety.** This question has priority and might require immediate intervention that is not directly associated with the accountability process. As noted by Manuel in a colourful language:

*"First we start by making sure that the perpetrator's alive. We'll slap him in the face next week.
There are times when I can't deal with someone's accountability because I have other priorities."
- Manuel, discussion group*

Evaluating people's safety is done all throughout the process. This supposes regularly monitoring the victims' safety, risk of homicide, and the IPV perpetrator's risk of suicide. Various existing tools are used by the practitioners consulted here and others can be created by the organizations. Among the existing tools, the following two are noteworthy:

- Drouin, C., Lindsay, J., Dubé, M., Trépanier, M. et Blanchette, D. (2012). *Intervening with men to prevent spousal homicide*. Québec, CRI-VIFF.
- Directorate of Mental Health (2024). *Suicide Prevention and Intervention Guide for CAF Leadership*. Ottawa, Minister of National Defence.

So as to manage the risks for people's safety, the practitioners ensure at least minimally that the IPV perpetrator who consults with them provides his partner's or ex-partner's contact information, his children's names and ages, and any other information likely to ensure these people's safety.

A second aspect in the assessment is based on **the degree of accountability that the IPV perpetrator accepts with respect to his violent behaviour**. Depending on this assessment's results, the subsequent accountability work will take different directions. For some, the accountability process will begin with basic work on recognizing violent behaviour. For others, it will be necessary to consolidate previous learning and deepen their understanding of concepts such as egalitarian relationships with their partner and children. Practitioners evaluate the responsibility that an IPV perpetrator is ready to accept:

- **By observing the language that he uses to speak about his everyday violent behaviour;**

Does he recognize that he behaves violently?

Does he try to justify his behaviour?

Does he blame his partner?

- **By directly asking him whether or not he considers that he has a violence problem;**

"With everything you have told me since the beginning of the meeting, do think you have a violence problem?" - observation, organization 1

- **By asking him about the factors explaining his violence;**

What does he think of his behaviour?

Why did he start using violent behaviour?

Can we detect defence mechanisms in his statements?

- **By using tools to measure the degree of the IPV perpetrator's acknowledgement of his violent behaviour and acceptance of responsibility.**

A self-observation diary based on cognitive-behavioural therapy (CBT)

A standardized or homemade questionnaire on intimate partner violence

A third aspect of the assessment deals with **the IPV perpetrator's motivation to change**. If there is no motivation to change, the accountability process can neither start nor take root.

"Well it's a shame but the ball is in his court. You can't force someone to do something they don't want to do." - Frédéric, discussion group

To evaluate motivation, practitioners can question the IPV perpetrator about why he asked for help at this particular time in his life, his goals with respect to an eventual program, and, more generally, his goals in life. Based on the results of this assessment, the work will then consist in helping the perpetrator to interiorize and reinforce his motivation, and to keep it present and steady all throughout the program.

To reinforce the IPV perpetrator's motivation, several interventions can be set up:

- **Focus on what is likely to motivate him;**

Family values.

Fear that loved ones leave.

Wish to maintain a relationship with their children.

Fear that their children adopt the same behaviour and become like them.

Etc.

- **Change the shame that he feels into a source of motivation;**

"[Shame is] a lever for creating ambivalence when the person is in the pre-contemplation stage of the change process." - Mathilde, discussion group

- **Re-enforce actions, encourage him, take an interest in him;**

"By congratulating, encouraging, and taking an interest in each person and what they did that week. It's a strong change factor." - Manuel, discussion group

- **Give him challenges;**

Think about a personal issue after each individual or group session.

Work on exercises related to ideas that were discussed in the meeting (e.g., time-out, alarm signals, breathing exercises, etc.).

Practice the communication techniques that are taught by gently tackling less emotionally-charged subjects.

- **Inspire hope by speaking in a respectful, non-stigmatic way;**

"When you work with violent men, you'd think they see themselves as lost causes. I work with men who have violent behaviour. For some of them, it's like, "Okay, you know. This behaviour, I might be able to change it. It's doable. It'll take a long time, but it's doable." - observation, organization 1

- **Setting personal goals that are complementary to those in the program so that the perpetrator gets more involved in the process** (e.g., encouraging him to change his habits, get an appointment with his family doctor).

During the initial assessment of an IPV perpetrator, the practitioners from the ACDH network are on the lookout for signs that the perpetrator at least acknowledges the violent acts he has committed and is beginning to feel motivated to change his behaviour. Evidence of such signs is a criterion for admission to many organizations, even when the program participation is court-ordered. If these signs are not obvious, the perpetrator is redirected towards IPV awareness programs, asked to consult later, or sent back to the authorities who recommended the consultation. For some perpetrators, being sent elsewhere serves as feedback regarding their actual degree of accountability and is an incentive to undertake the process more seriously.

"The only approach that really worked [with that man] was to say, 'Okay, you choose [...] You know, we work with men who are violent. You're not violent? Then you don't need any of our services. So you choose.' " - Anaïs, individual interview

Establish an intervention framework

Aside from the different assessments, establishing a flexible **intervention framework** is essential to introduce and support the accountability process. This framework is used to structure the approach and comprises various components:

- **Criteria for access to services;**
- **The service trajectory within the organization** (e.g., individual and group meetings);
- **The participation rules** (e.g., punctuality, no violent behaviour in the meetings);
- **Expectations regarding the IPV perpetrator's participation in the process** (e.g., doing the exercises, thinking between meetings);
- **The organization's commitments to IPV perpetrators** (e.g., being transparent, being available in the event of a crisis, maintaining confidentiality while taking into account security issues and legal limitations).

These elements are usually recorded in a participation contract that is explained to the IPV perpetrator in the first meetings and signed by him. Presenting this contract can be an opportunity to deconstruct his prejudices about group interventions:

"They are people who are in situations like yours. They come from all walks of life. Not everyone at the table is a member of a motorcycle gang or a lifelong criminal. It's quite different from that. Sometimes it's the case, but it's far from the majority." - Donald, individual interview

The framework, which structures the practitioners' work, also helps the IPV perpetrator to incorporate the change process. It helps him to develop his self-reliance (see the strategy *Develop and reinforce the self-reliance of IPV perpetrators*). Actions of this type are, for example:

- **Giving him administrative responsibilities.**

"It's the IPV perpetrator's responsibility to make sure he makes it to meetings and to justify absences."
- David, discussion group

- **Discussing with him about the consequences of not respecting his commitments.**

"If you get here late, the door will be locked and you won't be able to join the group. It's your responsibility to be on time." - observation, organization 2

Develop a relationship based on trust

Introducing and supporting the accountability process assumes that you **develop a relationship based on trust** with the IPV perpetrator, as described here by Greta (discussion group):

"Even before you start working on accountability, it's important to welcome them properly, to make them feel confident, to explain to them that we're here to listen to them, not judge them, that it's confidential, and that we'll go at their pace."

It is this trust-based relationship that will determine whether the practitioners' interventions will be heard and considered by the IPV perpetrator.

Several elements contribute to the development of a trust-based relationship:

- **Having a calm, neutral, non-stigmatizing environment;**

- **Be available and flexible;**

"We're always there and if you're not feeling good, we have voicemail. Here's my number. Go and yell at my answering machine. Leave your name. I much prefer that than you getting yourself into trouble." - Greta, discussion group

- Be non-judgmental;
- Respect the IPV perpetrator's pace;
- Take his personality into account;
- Take his past trauma into account;
- Adapt to his language;
- Use his cultural interests, his roots;

"For somebody who's crazy about cars, well, I'll use more car analogies." – Donald, individual interview

- Use humour when it's appropriate.

Prevent recidivism

From the viewpoint of the practitioners consulted, supporting the accountability process also consists in **preventing recidivism**. To do so, practitioners must discuss this risk directly with the IPV perpetrator so that he knows what to do and who to turn towards when necessary. Certain situations, such as a breakup, are likely to create stress and increase the level of danger; it is necessary to make each IPV perpetrator aware of these situations. It may also be a question of making him aware that it is important not to reproduce relationship dynamics in the future that were problematic in the past. More broadly, Frédéric (discussion group) describes recidivism prevention as developing a way of being:

"I encourage him to get into the habit of observing himself, to make it a way of life."

Cooperate with other organizations

Finally, practitioners pointed out that **cooperating with other organizations** is another kind of intervention, at the organizational level obviously, that helps to reinforce the accountability process. A key element in cooperation is communication, which can help avoid doing work twice with an IPV perpetrator or confusing him by giving contradictory messages.

"There came a time when we started thinking about cooperating. We realized that we couldn't keep a perpetrator who would tell us one thing while his practitioner would tell us something else. When we realized that things were confusing or not clear from the beginning, we developed the habit of asking the participant 'would you mind having three people at these meetings?' Normally, these meetings helped clear up things quickly, helped us not to waste time. And to be able to say, 'Okay, where are we headed?'" – Frédéric, discussion group

SUMMARY

The individual process of becoming accountable can be a long-term affair in an IPV perpetrator. This process is introduced and supported by the organizations and practitioners that the perpetrator consults. To do so, it is necessary to:

- Evaluate:
 - People's safety (victims, children, perpetrator),
 - The degree of accountability that the author acknowledges,
 - The motivation to change;
- Establish an intervention framework;
- Develop a relationship based upon trust;
- Prevent recidivism;
- Cooperate with other organizations.

Several tools can be employed when using this intervention strategy. For the assessment, the practitioners can refer to the existing evaluation guides on homicidal and suicidal risks, administer structured questionnaires listing the violent behaviours used by participants, and ask the participant to conduct self-observation to gain a better understanding of the context in which the violence occurs. The intervention framework is written down in a participation contract signed by the participant.

FOSTER THE UNDERSTANDING AND RECOGNITION OF VIOLENCE

The goal of the strategy entitled *Foster the understanding and recognition of violence* is to get the perpetrator to better understand what violence is, and thereby recognize the violence he employs. Several interventions are usually needed to reach this goal.

Emphasize the unacceptable nature of violence

One of the first interventions is to **emphasize the unacceptable nature of all forms of violence**. The organization and practitioners must make their position very clear given that some IPV perpetrators have a high tolerance for violence (observation, organization 1). For example, several of them have been witnesses to or victims of violence in their childhood. They have the impression that the violence that they enact on others is not as serious as that which they received. It is important, in this context, to tell them that there are no “small acts of violence.” All expressions of violence (verbal, psychological, sexual, and physical) leave traces on those subjected to it. They must stop and should all be worked on in the accountability process.

Define violence

Emphasizing the unacceptable nature of all forms of violence leads to another fundamental intervention, that is, **clearly defining what violence is**. This intervention involves distinguishing between what violence is and what is not (e.g., self-affirmation, anger). Donald (individual interview) gives an example of a perpetrator who cannot distinguish between self-affirmation and verbal violence:

“He scared the whole office. And, what’s more, he thought it was just self-affirmation, that there was nothing wrong with raising his voice.”

Helping an IPV perpetrator to understand the definition of violence and its various forms is carried out all throughout the change process. An IPV perpetrator can be accountable for a certain behaviour and continue to make light of other behaviours if he has a limited view of violence. For example, some will say “I didn’t hit her, I just shouted” (observation, organization 1). It is good to point out that shouting is also a form of violence and to encourage the perpetrator to change this behaviour too.

The practitioners consulted here employ an educational perspective with the perpetrators in order to define violence, understand its cycle, and grasp its unacceptable and criminal character. Different methods are used:

- **Explain different forms of violence and their expression;**

“There are lots of men who don’t even know the different types of violence” - Frédéric, discussion group

- **Explain the cycle of violence;**

- **Explain the laws concerning violence.**

During these explanations, the perpetrator is asked to draw links with his own situation.

*"We keep digging away to get the perpetrator to say "What I'm doing is actually verbal violence." -
Sylvain, discussion group*

In an intervention group context, the members' contribution can be very useful in developing a better understanding of violence, particularly through the open group and semi-open group formula. Former members can play an educational role, be models, and, by sharing their own experiences and insight, help new members to acquire knowledge about the different forms of violence and their unacceptable nature. Several practitioners described integration activities with new members in which former members described their violent behaviour. This ritual helped new members to identify and recognize their own violent behaviour.

Question perpetrators about their violence

A better understanding of violence helps the perpetrator to work at more clearly recognizing the violence he employs. One intervention used by practitioners is to directly **question the perpetrator** about his behaviour with the goal of getting him to call himself into question. The practitioners described several ways of carrying out this task:

- **Use questionnaires, standardized or not, to assess different forms of violence;**
- **Frequently question the perpetrator about his violent behaviour;**
- **Analyze daily situations reported by the perpetrator so that he becomes more and more able to identify his violence and take responsibility for it.**

Confront perpetrators empathetically

In most cases, education and simple questioning are not enough to make a perpetrator fully aware of all his violent behaviour. The perpetrator must be **confronted about his violent behaviour and its underlying beliefs**. For practitioners, confronting the IPV perpetrator resides first of all in being able to be honest or, as Jacob says (group discussion), to "say things as they are" and "get the facts straight."

By confronting the IPV perpetrator, the practitioner makes him feel uneasy and hopefully more aware. However, to do this without creating a defensive reaction and resistance, it is good to first of all prepare the ground. The practitioners can, from the outset, tell the perpetrator that he will be confronted sometimes. This confrontation's usefulness and necessity can be explained to them. When he is about to be confronted, practitioners can ask them for permission so as to lower the defences and foster greater openness to being confronted. The words used during confrontations are also important. They can be supportive, sometimes humorous, but never with the intention to humiliate the perpetrator and risk having him drop out of the change process. Several practitioners have said that they confront the perpetrator "empathetically" (Jacob, group discussion) or "kindly" (observation, organization 3).

The practitioners described several ways of confronting a perpetrator. This can be done by pointing out or highlighting various elements in the perpetrator's comments, such as:

- **The denigrating language used to describe his partner;**

"I've already said to a participant, 'Oh yah, so you've already made love with a cow? Really, a cow?!' He says, 'Nooo' 'Oh, was it your wife? Does she have a name?' It's a way of saying to him that his wife is human too." - Greta, discussion group

- **The contradictory aspects in his speech;**

- **His defence mechanisms (e.g., trivialization, minimization, justification);**

"Even if it's verbal, your intonation can be a form of violence." - observation, organization 3

- **The beliefs underlying his lack of accountability** (e.g., the dichotomous view in which it is always better to be the aggressor than the victim).

Another way of confronting an IPV perpetrator is to ask him to evaluate his own behaviour by getting him to put himself in the other person's place. Greta (discussion group) describes a situation where she actually asked an IPV perpetrator to put himself in the other person's place, asking him how he would have reacted if the other person had talked to him in the same way:

"The IPV perpetrator says, 'What a hot slut.' So I say to him, 'If I see you in the street, can I say, 'Hey, check out the stud?'' He says, 'No way.' So, what do you say? 'Look at that guy? Ain't he good looking?'"

Confronting violent behaviour may also come from peers in the group. When so, it is necessary to ensure that the members' interactions are constructive. According to the practitioners we consulted, if it is done correctly, peer confrontation can be particularly interesting given that IPV perpetrators are sometimes recalcitrant to authority and are more open to comments made by other group members than by practitioners.

Some of the practitioners we consulted noted that confrontation plays an increasingly bigger role as the IPV perpetrator advances in the accountability process, in particular because of the growing trust-based relationship. That said, this trust relationship is not indispensable all the time. It is up to the practitioner to determine whether the IPV perpetrator is ready to be confronted. In certain cases, an early confrontation can help to create a trusting relationship; in other cases, it is not recommended (e.g., suicidal situations).

"If the guy [the IPV perpetrator] isn't comfortable and can't talk, we're not going to be able to confront him. It's going to stop right there." - David, discussion group

Identify the warning signs of violence

Recognizing violence can also begin by **identifying what are considered to be the warning signs of violence**. It involves helping IPV perpetrators to become aware that their aggressive behaviour is preceded by physical reactions (e.g., feeling hot, palpitations") and psychological ones (e.g., inner voice). Attention paid to these signals allows perpetrators to identify situations where they are at risk of resorting to violent behaviour and thinking about alternatives before the violence escalates.

"At the time [during a disagreement with his partner], were you able to identify warning signs? If so, which ones and what did you do?" – observation, organization 3

Once the perpetrator has become aware of these signals, he is responsible for listening to them and responding correctly. Several practitioners used tools to help IPV perpetrators better evaluate the degree of these warning signs. The analogy of the thermometer allows perpetrators to measure where they are with respect to the boiling point and a subsequent violent action.

Analyze the situation and make perpetrators aware of underlying emotions

When violent actions are named and recognized, the practitioner helps the IPV perpetrator analyze them so as to further his understanding. Some practitioners use emotional-rational therapy to guide this exploration (e.g., What is the situation? What is the emotion involved? What did I do?). Through repeated analysis of situations, the perpetrator learns to better understand what makes him react (e.g., jealousy, sadness, powerlessness, etc.). In this regard, the group constitutes a laboratory where the perpetrator can think about what he has gone through, get feedback from his peers, and begin thinking about ideas that he can work on outside of meetings. These analyses can be done using ideas that are spontaneously expressed by IPV perpetrators (e.g., during a roundtable discussion) or using structured exercises. Here are a few examples:

■ The continuum exercise;

Using a violent behaviour grid that categorizes types of violence, the perpetrator indicates which behaviour he has used. The group then chooses one of these situations and analyzes it by focusing on violent behaviour that could have been avoided and by what means.

■ Role playing.

This allows an IPV perpetrator to watch a simulated encounter between himself and his partner. A member of the group plays the perpetrator's role while another plays that of his partner. Sometimes, a member plays the practitioner's role or the IPV perpetrator plays his own partner's role. The others observe the exchanges, name the emotions that they feel, and see to what extent they identify with the different characters, including the partner. André (discussion group) pointed out what can be learned:

"Role-playing often allows us to get the person [the IPV perpetrator] to confront his justifications [...] at the emotional level and in terms of his ways of thinking and values [and to conclude that] it makes less and less sense".

By analyzing these situations, the practitioners work to make the perpetrator **aware of the emotions** underlying his violent behaviour. This awareness helps the perpetrator to distinguish between emotions and behaviour and to deconstruct the justifications for violence. This in turn permits a deeper understanding of the issues with which the IPV perpetrator is confronted. Manuel (discussion group) explained for example how he helped perpetrators to better understand what they were feeling by using: 1) the concept of primary and secondary emotions; 2) the iceberg analogy according to which the person's experiential field is made up of on-the-surface and below-the-surface emotions:

"The person often reacts with secondary emotions like anger and we go looking for underlying, primary emotions. Like an iceberg. We go looking for hate, fear, shame, and bring it to the surface in the here and now, in their relationship, in their real life experiences." - Manuel, discussion group

SUMMARY

Accountability implies, on the part of the IPV perpetrator, the recognition of certain actions and the understanding of the underlying dynamics. To foster this recognition, practitioners must:

- Assert the unacceptable nature of violence;
- Define what constitutes violence;
- Question the perpetrator about the violence employed;
- Confront the perpetrator gently about his violent behaviour and underlying beliefs;
- Help the perpetrator identify warning signs;
- Analyze situations and make the perpetrator aware of underlying emotions.

There are several tools that can help to apply this strategy: they include questionnaires on IPV (intimate partner violence), rituals in which more experienced members of the group tell new members about their behaviour, direct questioning of participants, role-playing, and the use of analogies such as the thermometer and the iceberg.

MAKE PERPETRATORS AWARE OF THE CONSEQUENCES OF VIOLENCE

One important part of the accountability process consists in making the perpetrator aware of the consequences of his violent behaviour. The aim is to get him to think about the effects of his actions and to recognize that his violent behaviour has harmful repercussions for those around him as well as for himself. This strategy is especially useful in helping him to decrease his trivialization of these consequences. Several interventions can be used to carry out this strategy.

Provide information

One of the interventions that helps the perpetrator to become more aware of violence's negative effects is to provide him with information. For example, the information can deal with:

- The short-, mid-, and long-term consequences for the children;
- The consequences for the physical and mental health of the partner;
- The financial, social, and occupational consequences for the partner;
- The legal consequences for the IPV perpetrator;
- The financial, social, and occupational consequences for the IPV perpetrator;
- The emotional consequences for all involved (fear, shame, sadness, etc.).

This information can be provided in a variety of ways: short presentations, testimonials, readings, audio-visual presentations, feedback following events reported by the perpetrators themselves, etc.

Ask questions about the consequences

Above and beyond these general considerations, **directly questioning** the perpetrator **about the consequences of his behaviour** pushes him to be more aware of the impact of his violence on his family and on his own life. Practitioners can, for example, ask the IPV perpetrator questions about:

- **Consequences for his partner** (e.g., injuries, medical care), his children (e.g., fear, educational problems), and himself (e.g., arrest);
- **Consequences for the relationship with his partner** (e.g., tension, a loss of intimacy, breakup);
- **The people who witnessed the violence and were affected by it** (e.g., parents-in-law, brothers and sisters, neighbours);
- **The reactions of people who have seen or been subjected to his violent behaviour;**
- **The link between his behaviour and other people's reactions.**

Confront perpetrators about the consequences

It may happen that the information provided and the simple questions asked are not enough to foster greater awareness of the consequences of violence. Directly **confronting** the IPV perpetrator **about the consequences** of his behaviour may be necessary. The aim is to highlight contradictions between what the perpetrator says and what actually happened. In the following example, Adèle (individual interview) explains that she actually names the consequences that the perpetrator refuses to see so as to shed light on his denial and minimization:

"Sometimes it's the loss of the house, of a job, of the children's custody, you know. I include that in the consequences that violence has had on them."

In a less direct manner, practitioners can provide the IPV perpetrator with different ways of thinking so he can step back and question himself about his behaviour and its consequences on his family. For example, practitioners can put forward the hypothesis of links between his partner's lack of self-esteem and the continuous criticism by the IPV perpetrator.

Develop empathy

Making the IPV perpetrator aware of the consequences of his violence also more generally means to help him **develop empathy** for others. This involves being open to others, not only rationally but also emotionally. Practitioners thus encourage the IPV perpetrator to put himself in the other person's place, as described by Maxence (individual interview): "If you said that, would you have liked an answer like that?" Role playing where the IPV perpetrator plays his own partner can be set up to develop this ability. Analogies such as the elephant, where the IPV perpetrator is encouraged to have a "small mouth" and "big ears" (i.e., speak a little, listen a lot) leads him to listen to his partner actively.

Analyze situations in the search for consequences

Making the perpetrator aware of the consequences of violence can also be done through an **analysis of situations where the perpetrator uses violence**. Analyzing violent episodes afterwards allows him to draw links between his actions and their consequences for others and for his relationships, as described by Jules (discussion group):

"Let's say there is a scene, and we watch it in slow motion, and we focus on the impact. There, you are raising your voice. What's the impact? What did your partner say? Okay, what tone of voice does she use? How do you react? How did you feel? Really focusing on the impact of all that is an exercise that, if he has not already done it, when you do that with him, he sees what he can do afterwards."

Analyzing situations where the perpetrator has committed violence can also be conducted with the help of a self-observation grid based on the cognitive behavioural approach or emotional-rational approach. For example, the emotional-rational model aims to make the IPV perpetrator aware of his cognitive processes and the ensuing consequences. Concretely, the practitioner asks the perpetrator to describe the situation in which he used violence by putting the accent on the following elements:

- His thoughts before, during, and after the episode;
- His emotions before, during, and after the episode;
- His physical sensations;
- His behaviour;
- The consequences of his behaviour for others, himself, and his relationships.

Encourage the perpetrators to take ownership of the consequences

In addition to becoming more aware, examining violent consequences helps bring about change. It accentuates uneasiness and leads the IPV perpetrator to question himself about “what needs to be done” (observation, organization 1) so that his behaviour generates more positive consequences for his family and himself. **Appropriating the consequences** is therefore closely linked to the following strategy, which aims to promote and cultivate change.

Practitioners point out that it is useful, at this stage, to know how to deal with the shame, guilt, and regret felt by the IPV perpetrator and help him “get in touch with” these emotions (Philippe, discussion group) so as to be able to **transform them into a motivation for change**. The idea is to normalize shame while working on a way of expressing it and thus helping the perpetrator to become accountable in other ways than by self-destruction. Unless it is accepted, normalized and worked on, shame can remain a powerful obstacle to the choice of non-violence.

Awareness of the harm caused to his children, his partner, and even to himself can lead the IPV perpetrator to try to remedy things. This wish is especially nourished by guilt and shame.

“When it’s possible, and it doesn’t hurt people who were hurt in the past, there are ways to remedy things inside oneself and in relationships with others.” - Mélina, discussion group

The **possibility of** making amends can be explored by taking into account the conditions evoked by Mélina. This intervention occurs more often when the IPV perpetrator is more advanced in the accountability process. It is not relevant in every situation and with all victims. It is important most of all to keep their safety and well-being in mind and to ensure that the correction is not motivated by a desire for control. The way of remedying things (e.g., authentically express his regrets) and the feasibility of the reparation must also be worked on.

“There is a difference between saying ‘excuse me’ with your head down and, on the contrary, really, authentically asking for forgiveness” - Philippe, discussion group

SUMMARY

Making the IPV perpetrator aware of the consequences of his actions involves six types of interventions:

- Provide information about the possible consequences of violence;
- Question the perpetrator about the consequences of his behaviour;
- Confront the perpetrator about consequences that he has difficulty seeing himself;
- Develop the perpetrator's empathy for other people;
- Analyze violent episodes to identify consequences for the family, perpetrator, and other people concerned;
- Encourage the appropriation of the consequences by considering his shame and exploring the possibilities of remedying them (where appropriate).

Various tools can be employed as part of this strategy, including analogies (e.g., the elephant with big ears and a small mouth), a self-observation diary, and role playing.

CULTIVATE AND COMMIT TO NON-VIOLENT CHOICES

The IPV perpetrator often feels that: 1) he lost control of himself before posing a violent act; 2) his violence was a reaction to his partner's provocation; and, consequently, 3) he had no choice but to react violently. The strategy *Cultivate and commit to non-violent choices* leads him to understand that, on the contrary, the violence that he uses constitutes a choice. The concept of choice is introduced gradually into the intervention, since "often, if we tackle this concept too quickly, it doesn't mean anything [to him]" (Hubert, discussion group). The accountability process leads him to:

- **see that violence is not inevitable;**
- **cultivate the desire to choose non-violence;**
- **see the advantages of solving the difficulties without violence;**
- **commit actively to changing his behaviour.**

Even though part of the work is retrospective in nature (understanding choices made in the past), the view is resolutely prospective (aimed towards the future).

Emphasize that violence is a choice

The first intervention conducted by the practitioners is to **emphasize that violence is a choice** and that the perpetrator is the only person accountable. During an observation in organization 1, the following example was given by a practitioner:

"In life, you reach a pivotal point where you choose to fight or not. It's a choice, a decision that you make." – observation, organization 1

Practitioners pointed out the need to repeat this affirmation regularly. The message is emphasized at every stage of the individual and group interventions. In the first organization that we observed, the idea is written down in the information documents given to the IPV perpetrator in the intake and assessment interviews preceding the beginning of the group program.

"Violence is chosen individually because everyone is totally responsible for their behaviour, actions, words, and attitudes." - Quote from a pre-group document - observation, organization 1

This principle is often affirmed based on situations reported by IPV perpetrators. A few examples follow:

"You had the choice to walk away, but you stayed there and shouted." - observation, organization 1

"You reacted like that [violently]. It's a choice you made. You chose to react like that." - observation, organization 2

"Even if you tell me that you become violent because it's been years that you've been in a relationship where your partner is verbally and psychologically violent with you, I have to tell you that you are entirely responsible for your violent actions towards her." - Hector, individual interview

As this last quote shows, the practitioners have developed strategies to affirm, maintain, and reiterate the notion of choice, whatever the justifications given or the complexity of the situation the IPV perpetrator lives in.

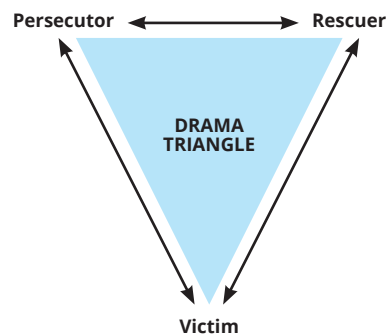
Examine the intentions underlying the behaviour

Maintaining that violence constitutes a choice leads practitioners to examine the intentions underlying the act and to foster a critical analysis of these intentions. Different techniques are employed to help this analysis go beyond the perpetrator's initial justifications:

- **Ask the perpetrator about the role of violence in his life and identify any contradictions in what he says**, as illustrated here by Maxence (individual interview):

"I often question these guys. You know like, 'Why do you use violence? How is it useful to you?' 'It's not useful.' 'Oh yeah? So why do you use it?'"

- **Point out the contradictions between the IPV perpetrator's professed values** (e.g., the man as the protector of the family) **and his actual behaviour** (e.g., blows and injuries);
- **Point out the contradictions between the expressed goal** (e.g., to not lose his partner), the means used (e.g., call her constantly to keep an eye on her comings and goings), and the result obtained (e.g., she feels harassed and takes her distances);
- **Refer to Karpman's Triangle (see figure below) to help the perpetrator become aware of the roles he tends to adopt in his interactions with his partner and how these roles motivate his behaviour.**



Emphasize the opportunity to make other choices

After affirming that violence is a choice, it is the practitioners' task to help the perpetrator to make non-violent choices. With this in mind, Nathan (individual interview) explains the "process of human action," which involves three stages:

- **Perception of a situation;**
- **Appearance of an emotion based on the perception of this situation;**
- **Choice of a strategy to calm the emotion.**

This rationale emphasizes the idea that people can make choices when they experience emotions and that they are constantly making choices.

When the perpetrator begins to integrate the idea that he actually chooses to conduct violent acts and that this choice has negative consequences for both his family and himself, it becomes more difficult for him to deny his responsibility. One practitioner (observation, organization 3) reminds him that he cannot go backwards once he has become aware of his responsibility and power to act:

"The way we present [the idea of choice] to the men is: 'Now that you understand how it works, you have a choice. Maybe you didn't think about making choices before. But now that you know that you're vulnerable in these situations, you're responsible.'"

Develop a set of alternative behaviours that exclude violence

Philippe (discussion group) saw accountability as the ability to respond differently and more correctly to situations. According to this perspective, the goal is to help the perpetrator develop a **set of alternative behaviours to violence**. Practitioners can help expand this set in different ways by:

- **Questioning the IPV perpetrator about what he could do differently in various situations;**
- **Exploring the alternatives to violence in a given situation with the help of other group members;**
- **Directly suggesting other possible actions in a situation;**
- **Teaching the IPV perpetrator the use of tools such as "time-outs";**

"It's important to give oneself tools to change one's usual 'path,' to make everything work." - observation, organization 1

- **Providing non-violent models through his own ways of being and acting in the group;**

"We have the responsibility to put our money where our mouth is. We can't say to our clientele, 'Do as I say, not as I do.'" David, discussion group

- **Reinforcing the perpetrator's and the whole group's accomplishments.**

It is worth noting that the search for alternatives to violence also involves, more broadly, the development of the IPV perpetrator's relationship skills. This strategy is closely related to the next strategy discussed in this practice guide, namely promoting healthy, egalitarian relationships.

Cultivate non-violence as a way of living

The ultimate objective of the strategy *Cultivate and commit to non-violent choices* is to **make the choice of non-violence a way of living** in all areas of life. Working from this perspective requires that practitioners refer frequently to non-violent choices, whatever the situation or context, to emphasize the benefits of a non-violent lifestyle, and to encourage the use of the tools to maintain it.

"When it happened [the fight with his partner], did you take a time-out? It's your responsibility to find ways of calming down the situation when you feel like it's going to boil over." - observation, organization 1

SUMMARY

Cultivating and committing to non-violent choices consists in getting the IPV perpetrator to understand that the violence he uses constitutes a choice and to help him make non-violent choices. To reach this objective, the practitioners can conduct the following interventions:

- Emphasize that violence is a choice;
- Examine the intentions underlying the IPV perpetrator's behaviour;
- Highlight the possibility of making different choices;
- Develop a set of alternative behaviours that exclude violence;
- Cultivate non-violence as a way of living.

Several tools are useful at this stage. These include the distribution of information and service documents which clearly state the idea that violence is a choice, as well as the Karpman triangle and time-outs.

PROMOTE HEALTHY, EGALITARIAN RELATIONSHIPS

Promoting healthy, egalitarian relationships is also part of a prospective sense of accountability. This strategy aims to give the IPV perpetrator the tools needed to develop better relationships with his partner and children. Several interventions that employed this strategy were reported by practitioners.

Educate perpetrators about healthy, egalitarian relationships

"The intervention helps them start to change the way they think about couple relationships and women." - Frédéric, discussion group

As the previous quote illustrates, the first intervention consists in discussing, with the IPV perpetrator, his couple relationship and other family relationships, and **providing him with information about the characteristics of healthy, egalitarian relationships**. Several characteristics can be discussed: equality, mutual respect, communication, honesty, trust, freedom, etc. This educational intervention helps to deconstruct mistaken beliefs and to reconsider stereotypes, especially those dealing with gender roles. Promoting these values gives the perpetrator ideals he can refer to in his interpersonal relationships.

Power and control are undoubtedly key notions that need to be demystified given their close links with violence. Accordingly, practitioners work to demonstrate that it is unhealthy to try to exert control over someone in an intimate partner relationship and to redirect the IPV perpetrator's controlling tendencies towards himself. Part of the argument consists in saying that the quest for power over others is ultimately illusory, as his partner always has the possibility of exercising her freedom and autonomy:

"It's important to remind yourself that the only person over who you have power is yourself." - observation, organization 1

"It had been years and years that he had been trying [to gain control over his partner]. So I said to him, 'You can keep trying but you won't succeed. You'll never gain control of her.'" - Hector, individual interview

The discussion about power in couple relationships fosters a growing awareness of inequality and stereotypes about women. One can eventually see how violence takes root in these inequalities and perpetuates them.

Foster communication skills

An important aspect in encouraging healthy, egalitarian relationships consists in teaching the IPV perpetrator new communication skills and improving those he already has. The essential skills are:

- **Listening to his partner and children;**
- **Being empathetic towards them;**

- Using “I” statements;
- Gently expressing his needs;
- Asserting himself without resorting to violence ;
- Negotiating fairly.

“Above all, the best thing is for the man to be ready to listen, to show he has understood and that he gets the whole message, is able to speak in the first person (“I”) and can remain rational in his head without losing control and becoming impulsive.” - Philippe, discussion group

The practitioners can use different tools to work on these abilities:

- **Role playing;**

- **Time-outs;**

in addition to providing a practical means for preventing violent escalations and recidivisms, this tool allows the perpetrator to step away until he is able to re-establish a healthy and respectful communication with his partner;

- **The elephant analogy with a small mouth and big ears (see page 27);**
- **Use of “I” statements during group meetings;**
- **Analyze real-life situations and practice peaceful conflict resolution;**
- **Group contributions, in particular from the more advanced members, providing advice about healthy, respectful conflict resolution;**
- **Use of real-life situations from the group itself to learn about communication skills and effective negotiating.**

Become aware of past relationship experiences

There are often links between violent behaviour and past relationship experiences that the IPV perpetrator has been subjected to. For example:

“During the process, he realized that the sexual aggression he had gone through in the past supposedly gave him the right to go too far with others [by being violent with them]” - Jules, individual interview

Based on the situations he recalls, the IPV perpetrator can identify these past relationship experiences, his difficulty bonding, and previous trauma, and then become aware of and better understand the dynamic he is reproducing. This can also open the way to developing a new relationship style. Conducting an in-depth analysis of these experiences is a matter for psychotherapy, which involves a specific skill set and is a reserved activity under Quebec's professional law. Practitioners cannot undertake this work without the required skills and authorizations.

Provide healthy, egalitarian relationship models

Practitioners and other members of the group can act as **healthy, egalitarian relationship models** by the way they interact in the group. The practitioners consulted about this topic revealed both the potential and the challenges in mixed co-facilitating of the group:

"You have to be careful when you intervene as a couple [...] everything we do regarding interventions, the exchanges we have. We have to have egalitarian interactions. Like, it's not always the female practitioner who prepares the coffee for the break, that the male practitioner also does it. It's in our attitudes too." - Marie-Ève, discussion group

Observing relationship dynamics in the group can help the IPV perpetrator discover new ways of communicating and managing disagreements. He can also experiment with other relationship postures, for example by paying attention to others and by learning to say what he thinks and feels respectfully.

SUMMARY

The goal of *promoting healthy, egalitarian relationships* is to give the IPV perpetrator the necessary tools to develop better relationships with his partner and children. Practitioners can in this regard:

- Teach the IPV perpetrator about healthy, egalitarian relationships, in particular by looking at notions of power and control;
- Foster communication skills;
- Become aware of past relationship experiences and their impact on violent behaviour;
- Provide healthy, egalitarian relationship models in the group interventions.

The time-out technique, role playing, and using "I" statements are examples of tools used to shape this strategy.

DEVELOP AND REINFORCE THE SELF-RELIANCE OF IPV PERPETRATORS

Traditional masculine socialization leads many IPV perpetrators to depend on women to satisfy their emotional and social needs. This dependence leads the perpetrator to focus on his partner and try to control her. This dynamic can be accentuated in cases of separation and increase the risk of homicide. The strategy *Develop and reinforce the self-reliance of IPV perpetrators* aims to break this dynamic by developing greater mastery of his own life. This includes helping him to focus more on what is his and what is going on inside him, rather than making others responsible for meeting his needs. To use the expression of Mathieu (discussion group), the IPV perpetrator must change his “focus” from the other person to himself.

For several practitioners, developing and reinforcing the perpetrator’s self-reliance corresponds for him to regaining power over his life:

“Now that you have explained to me how your past [childhood violence] affects your relationships, what can you do or set up now to regain power over your life?” – observation, organization 3

The term self-reliance is used in its broadest sense. The idea is to get the IPV perpetrator to develop his ability to undertake actions by himself, to set his own limits and rules of behaviour in keeping with social rules, and to be accountable for his mistakes and choices, including the use of violence.

“The thing is to get them to take responsibility for their lives. It’s big but they have to learn how to accept what they are, what that implies, and then what exactly brings them to our office.” - Donald, discussion group

Developing and reinforcing self-reliance takes place all throughout the process, and puts the IPV perpetrator face-to-face with himself, his behaviour, and his choices. It increases when the perpetrator reaches a certain level of accountability regarding his violent behaviour. Practitioners try to make accountability a broader concept, a value that applies to all aspects of life (e.g., emotions, needs, decisions about the future, civic duties). Accordingly, when the change process advances, the practitioners “spend less time on the context and more on the man [IPV perpetrator].” - Octave, discussion group

Promote self-awareness

To develop and reinforce self-reliance, practitioners can help the IPV perpetrator to better know himself. For example, getting the perpetrator to discover and more clearly define his emotions, needs, expectations, defence mechanisms, approach to starting romantic relationships, and relationship style. Better **self-awareness** can be developed through exercises, the teaching of relevant theories (e.g., Maslow’s pyramid), and feedback. By identifying his strengths and weaknesses, his mistakes and successes, practitioners can help the IPV perpetrator to develop a more nuanced, non-polarized self-image (neither victim nor persecutor) which facilitates a constructive ability to act. This awareness of one’s strengths and weaknesses allows the IPV perpetrator to distinguish between what is his (e.g., positive emotions, violent behaviour) and what is not (e.g., his partner’s personal difficulties, his colleagues’ problems, etc.).

Equip perpetrators to meet their needs on their own

While self-awareness is essential in developing and reinforcing the IPV perpetrator’s self-reliance, it is not enough all on its own. Practitioners equip the perpetrator so that he is **able to meet his needs on his own** and to distinguish them from simple expectations.

“We challenge them a lot to take care of themselves. Often, when they have expectations of their partner or their close circle, their expectations are exaggerated and unrealistic.”- Charles, discussion group

Helping the perpetrator to take care of himself can involve, for example, making him aware that some of his expectations are unrealistic, negotiating with others about how to meet his needs, and finding alternative ways of meeting them (e.g., looking after himself, maintaining friendships to meet needs that his partner cannot meet, etc.).

Help perpetrators to distinguish between situations of power and powerlessness

In addition to knowing himself, it is also important to **help the perpetrator to distinguish between those situations in which he has power from those in which he does not**. David (individual interview), states:

“There are situations in life where we have power and there are situations where we do not. And in each one, we have to decide whether or not to do something.”

These two variables (power/powerlessness; action/inaction) form a power grid for one’s life as presented in table 2:

Table 2: Power grid (Accroc organization, 2020)

	I HAVE POWER	I DO NOT HAVE POWER
I take action	Control of self and the situation	Obstinacy
I do not take action	Escape / abandonment / accumulated frustrations	Accept powerlessness (Let go)

This grid points to two types of problematic situations in which the perpetrator risks using violence: those in which he abdicates his power over himself and accumulates frustration; and those in which he insists on wanting to control that which he cannot. It likewise highlights situations where he takes appropriate action and those hopeless situations where he knows when to let go. It is particularly important in this respect that he comes to accept his powerlessness to change or control others.

“We talk a lot about having self-control: You have the power to react or not [...]. Whatever the other person is like, you do not have control over that person.” - David, individual interview

This work on powerlessness leads practitioners to accompany the IPV perpetrator towards greater acceptance of his limitations. Some even speak of helping the perpetrator to develop empathy and kindness towards himself:

“They’re not kind towards themselves. So just the work of being kind towards themselves helps them to better understand other people’s experiences. And then to try to be more tolerant and kinder towards others.” - Adèle, individual interview

Help perpetrators to affirm their rights in a responsible way

In couple and family matters, as in other areas of his life, the IPV perpetrator can find himself in major disputes, particularly concerning separation and child custody. He can also be the object of legal action under the Criminal Code. In these situations, he may try to seek justice on his own, to use violence, and to disregard the conditions imposed on him. With a view to self-reliance, practitioners can inform the perpetrator of his rights and obligations through educational discussions about the law and legal process. They can also support the perpetrator in his efforts to **assert his rights in a responsible and law-abiding manner**. In particular, the perpetrator can be referred to appropriate resources such as lawyers and legal advisers. In connection with the previous intervention, they can also help the perpetrator to step back from the situation so that he can recognize where he has power and where he does not.

SUMMARY

The general goal of the strategy *Develop and reinforce the self-reliance of IPV perpetrators* is to help the perpetrator develop more control of his life. To reach this goal, the practitioners:

- Foster self-awareness in the IPV perpetrator;
- Give the perpetrator the tools he needs to help himself;
- Help him to distinguish between situations where he has power and those where he does not;
- Help him to assert his rights in a responsible and law-abiding manner. Parmi les outils possibles pour actualiser cette stratégie, les intervenants et intervenantes ont mentionné, entre autres, la grille du pouvoir et la Pyramide de Maslow.

Among the possible tools for updating this strategy, the practitioners mentioned the power grid and Maslow's pyramid.

ACCOUNTABILITY INDICATORS

The previous section described six strategies, used by practitioners who participated in the study, to foster IPV perpetrator's accountability. But just how do they recognize whether or not the perpetrator has begun to take responsibility? What are the indicators of an accomplished, successful accountability? Several indicators have been suggested. They can be classified based on whether they reflect a change in the perpetrator's attitudes or a change in behaviour.

INDICATORS BASED ON ATTITUDES

Several indicators mentioned by the people who took part in this study reveal that the perpetrator has a better attitude about intimate partner violence and his own violent reactions. A perpetrator who becomes accountable is first of all able to identify the violent behaviour that he has chosen and **to realize that he is accountable for it.**

The practitioners' observed:

- That the perpetrator expresses feelings of shame and guilt;
- That he uses "I" statements and adopts language with less defence mechanisms;
- That he speaks constructively in group meetings when alternatives to violence need to be found;
- That he speaks about his recidivisms.

An IPV perpetrator who has become accountable shows a **greater capacity for introspection, most notably about his intentions and motivations regarding the use of violence.** He is **able to identify the warning signs of his violence and his risk factors.** This greater understanding of his personal dynamics allows him to avoid being led by his violent behaviour. Mathilde and Samuel (discussion group) mentioned, for example, that an accountable perpetrator:

"[Can] step back and take some distance from the problem" - Mathilde

*"Is a bit freer and more secure as well [...] I'd also say a lot more open, with more room to think.
- Samuel*

Jules (discussion group) added that a perpetrator who becomes more accountable **is more open to receiving help:**

"[It's] somebody who can ask for help when things aren't going well."

An accountable perpetrator is able to **show empathy for others.** He can put himself in the other person's place and be open-minded, as shown by Samuel (discussion group):

*"He can hear and understand a lot more things than before, whether it be from his wife, his children.
[...] He's more flexible."*

Finally, he has **learned about non-violent behaviour, ways of managing his emotions, and strategies for resolving conflicts.**

For some perpetrators, these changes in attitude become part of their values and non-violence thus becomes a **way of being** for them. Some perpetrators become “ambassadors” for non-violence: they emphasize the unacceptable nature of violence in all its forms and condemn it, as described by Sacha (discussion group):

“I see some people [...] who develop an intolerance to violence.”

INDICATORS BASED ON BEHAVIOUR

Changes in behaviour are also signs of greater accountability. For practitioners, an IPV perpetrator who becomes more accountable begins to **adopt preventive strategies based on his warning signs and risk factors.** Here we switch from knowledge of these strategies to their application in everyday life, as explained by Hector (discussion group):

“The application of daily concrete changes to improve their well-being and [...] to avoid contexts that trigger them [e.g., alcohol consumption].”

In the same vein, an IPV perpetrator who is more accountable **actualizes his non-violent choices by adopting non-violent behaviour** in different situations. He is also able to **express and take responsibility for his emotions**, and to **apply conflict resolution strategies.**

These different accountability indicators have been observed in individual contacts, in group encounters, and at different moments in the accountability process. Sometimes it happens that people close to the IPV perpetrator tell the practitioner about these changes, as told by Frédéric (discussion group):

“There was a young kid who came up to me and said, ‘Ah, my father came here before and now things are a lot better at our house.’ I was very happy to hear that.”

SUMMARY

Practitioners may observe several indicators that reveal successful accountability. These indicators bear witness to changes in the perpetrator’s attitudes regarding IPV and his own problems, whereas others bear witness to changes in his behaviour.

- Indicators based on attitude:
 - Ability to identify violent behaviour and to acknowledge his accountability;
 - Better self-awareness;
 - Ability to identify the warning signs and risk factors of his violence;

- Greater openness to accept help;
 - More empathy towards others;
 - Knowledge of non-violent behaviour, of ways of managing his emotions, and of conflict resolution strategies;
 - Adopting non-violence as a way of being.
- Indicators based on behaviour:
 - Use of preventive strategies adapted to warning signs and risk factors;
 - Actualizing non-violent choices and adopting non-violent behaviour;
 - Expressing and taking ownership of his emotions;
 - Applying conflict resolution strategies.

CHALLENGES RELATED TO THE ACCOUNTABILITY PROCESS

Helping an IPV perpetrator in his process to become more accountable comes with many challenges. Though each case has its specific traits, some issues would nonetheless seem to be more difficult to manage. Without claiming to be exhaustive, the data collected from the practitioners who took part in the study enabled us to identify five categories a perpetrator may have had:

- **Has a long criminal record;**
- **Is an immigrant;**
- **Has mental health problems, an intellectual disability, or a brain trauma;**
- **Also claims to be a victim of violence;**
- **Is a serious risk to the safety of those close to him without acknowledging even the slightest accountability for his actions.**

The issues raised here are briefly discussed in the following sections.

PERPETRATORS WITH A LENGTHY CRIMINAL RECORD

Helping an IPV perpetrator with a long criminal record become accountable is challenging work. Practitioners note that these people often have very deeply rooted defence mechanisms, have a high level of tolerance, and frequent people in environments where the non-violent values promoted by the organization are simply not present.

"Sometimes the messages are quite the contrary to the tone and direction we're trying to set. Good ideas, bad ideas. The company he frequents, the people around him, the workplace, a criminal environment." - observation, organization 1

An IPV perpetrator with this profile can be non-compliant and resistant to authority, be hostile towards practitioners, and even try to intimidate them. His reasons for consulting are mainly extrinsic and he often sees himself as a victim of the system.

Sessions with this type of perpetrator remain the same as in other situations. Practitioners work to establish a trust-based relationship and an intervention framework. Coordination within the organization (e.g., clinical supervisor) and with the institution that requested the services may prove useful. In the opinion of some practitioners, using a group structure with this perpetrator profile can be an effective strategy because they are more receptive to comments made by other members of the group. Other practitioners feel however that it is best to set up individual meetings.

Given the strong resistance expressed by many perpetrators with this profile, the goals set by the practitioners are modest in scope. Long-term follow-up may be necessary to reach a significant level of accountability.

PERPETRATORS OF IMMIGRANT ORIGIN

Helping an IPV perpetrator of immigrant background to become more accountable can also pose various challenges for practitioners. The language barrier can be an obstacle to intervention, for both practitioners and perpetrators who are not fluent in the service language as well as for the practitioners who may also have to work in a second language. More generally, cultural differences and values can lead to misunderstandings and create culture shock, as one practitioner testified during observations at organization 1:

"I'd also like to add people of immigrant origins to the challenges we have, because they have cultural values that don't always correspond to how we value male-female relationships here in Quebec and Canada."

Cultural differences can occur at different levels:

- **The perception of male-female relationships and family roles;**
- **The perception of what violence is or is not;**
- **The understanding of the social system and the role of various practitioners;**
- **The development of a trust-based relationship with a practitioner.**

Concerning this last point, Adèle (individual interview) reported, for example, that:

"Meeting an unknown person, telling him or her about your personal life, telling him or her about your vulnerabilities, and admitting your mistakes. These are not things that were culturally accepted [for this IPV perpetrator]."

These differences oblige practitioners to adapt their interventions. To develop a trust-based relationship for example, it can be necessary to take an interest in the IPV perpetrator's culture, to be open-minded and non-judgmental, and to create bridges between the two cultures.

"You know, it becomes complicated for us to put aside our Québec cultural viewpoints. So we create more fertile ground by being really, honestly curious. We'll spend a good part of the meeting exploring cultural differences. Even if there are issues that need addressing, we don't get stuck in our own cultural references. We take the time to check things out and see how it fits for the person in front of us." - Marie-Eve, individual interview

The practitioners also noted that it was worth discussing with the perpetrator whether he had begun looking for help in his home country or during the integration process. If the latter is the case, it should be discussed with the perpetrator and taken into account if necessary. It is also worthwhile to devote more time to the intake process.

PERPETRATORS WITH MENTAL HEALTH PROBLEMS, AN INTELLECTUAL DEFICIENCY, OR A BRAIN TRAUMA

A number of practitioners pointed out that the presence of mental health problems, such as antisocial, paranoid, or narcissistic traits, borderline personality disorder, and substance abuse represents a challenge in terms of accountability. Other practitioners have noted challenges when the perpetrator has an intellectual deficiency or brain trauma. Although these problems have different aetiologies and expressions, what they have in common is that they impair certain abilities in the IPV perpetrator, particularly cognitive abilities. For example, some perpetrators may have a limited ability to:

- **develop empathy for others;**
- **establish cause and effect relationships between their behaviour and its consequences;**
- **integrate the elements discussed by the group or those presented by practitioners;**
- **control their impulses;**
- **develop a trust-based relationship.**

The practitioners had mixed opinions about the accountability work that can be done with perpetrators who have these characteristics. Some argued that the situation must be at least stabilized before this work is undertaken with the perpetrator, as Octave (discussion group) explained here:

"I won't talk about accountability if I don't think he's capable of understanding what I'm telling him and I know he's not in the right frame of mind to be able to question himself or anything like that."

Others point out that, despite the challenges posed by these problems, progress can be observed over time even though it may take some time to express itself. In certain cases, it takes considerable time to establish the trust-based relationship necessary for progress. Everyone agrees however that their mandate and role concerns IPV in the couple and not its concomitant problems, even though they may affect the accountability process. When practitioners from other organizations are involved, coordination is important.

PERPETRATORS WHO REPORT BEING VICTIMS OF VIOLENCE

Accountability can pose challenges in situations where the IPV perpetrator says that he is a victim of violence or says that his own violence is a reaction to that committed by others. For practitioners, the challenge consists in determining whether this statement is well-founded or, on the contrary, is a way of justifying violence and blaming the victim. Manuel (discussion group) describes what is at stake:

"By focusing solely on the accountability aspect, we could overlook interventions that might require helping people to regain control of their lives and assert their rights."

In situations where the assessment suggests that the perpetrator is also a victim, one goal of the intervention could be to help the person assure his protection without using violence, to inform him of his rights and possibilities, to help him regain control of his life, and to encourage him to think about whether the relationship is worth continuing or not. On the other hand, in situations where the assessment shows that the perpetrator is using this approach to avoid his own accountability, strategies presented in this guide are employed.

It is noteworthy that, when the evaluation suggests that the perpetrator is a victim of violence or that the violence is in reaction to that of another person, practitioners who took part in the study remain faithful to their opposition to all forms of violence and to the idea that the perpetrator only has power over himself. They bring the perpetrator back to his own reactions, as indicated by Philippe (discussion group):

"It may be the case that there is mutual responsibility for the couple's behaviour, but the perpetrator is 100% responsible for his behaviour. It is very important that the person sees himself as the main actor, and therefore fully accountable for his life and the consequences of his actions." - Philippe, discussion group

Practitioners repeatedly reiterate that violence remains a choice and that the perpetrator remains accountable for his behaviour and its consequences, whatever other people's behaviour and reactions might be. They encourage the perpetrator to choose another behaviour than violence in these situations and help him to actualize this choice.

RISK MANAGEMENT

Minimal acknowledgement of violent behaviour and early motivation to change constitutes the criteria to get into several organizations. However, in situations where there is a serious risk to the victim's safety, the practitioners can take in a perpetrator who does not meet these criteria:

"When we accept someone, there has to be minimal acknowledgement and desire to change on his part. So it's sure that this guy kind of slipped through the cracks because of his homicidal ideations."
– David, individual interview

In addition to adapting the admission criteria, practitioners ensure that this type of perpetrator is granted quick, priority access to services. The priorities are to provide continuous assessment of the risks and to stay in touch as long as the risk remains.

"In theory, I would probably have stopped the services. But in this case, I don't stop them because I want to keep assessing the risk of committing a homicide." - Nathan, individual interview

In such a context, an effort is made to develop a trust-based relationship with the IPV perpetrator and to help him begin to develop feelings of accountability. If this effort does not work, the services provided switch from individual accountability to a consultation approach and systemic risk management with other IPV organizations to protect victims (Pallatino et al., 2019; Takano, 2017; Vlasis, 2016).

In short, beyond these five specific cases referred to here and others that could be considered, it is especially important that practitioners take account of the challenges involved and adjust their interventions without ever giving up on accountability work or, as Jacob (discussion group) points out, by "taking different paths" to get there.

CONCLUSION

In Québec as elsewhere, fostering accountability in perpetrators is at the heart of efforts to reduce intimate partner violence. This involves actions at the systemic level, for example, a legal response, and at the individual level, where each perpetrator is held accountable for his violent behaviour, its consequences, and the means used to stop it. Even though there is consensus about IPV perpetrators' personal accountability, the practices used to encourage it have not been greatly documented. The present guide is thus aimed at correcting this lack of documentation and was developed as part of an action-research project in partnership with the *à cœur d'homme* network and its member organizations. The research approach has the advantage of being based on the experiential knowledge of the organizations' practitioners, who have developed their expertise regarding IPV perpetrators' accountability in some 40 years of work. Four data collection activities were conducted, involving two different discussion groups, individual interviews with experienced practitioners, and observations in three different organizations. The results of this data analysis allowed us to develop this practice guide. More specifically, the objectives of the guide were:

1. Determine the main dimensions of accountability;
2. Identify interventions that help in working out these dimensions with IPV perpetrators;
3. Examine challenges in the accountability process in more complex situations.

This practice guide thus proposes a definition for the perpetrator's personal accountability, seen as a process by which the IPV perpetrator takes increasing accountability for his actions and commits to a path of non-violence. This process comprises five key dimensions, namely: the recognition of the violence committed; awareness of the consequences of this violence; the choice of non-violence; the development and maintenance of healthy, egalitarian relationships; and the development and reinforcement of personal self-reliance.

The guide then presents six strategies that practitioners use to promote accountability in the IPV perpetrator. One strategy consists in introducing and supporting the accountability process all throughout the intervention, whereas the others foster the five key accountability dimensions, namely: recognizing the violence committed; being aware of the consequences of violence; cultivating and committing to non-violence; promoting healthy, egalitarian relationships; developing and reinforcing the perpetrator's self-reliance.

The guide also provides indicators that show how accountable the IPV perpetrator has become. These indicators bear witness to the IPV perpetrator's attitude with respect to intimate partner violence and his own violence problems. These include, for example, the recognition of behaviour he has adopted, his increasing intolerance to violence, and changes in behaviour such as non-violence and the use of conflict resolution strategies.

Given that this guide was produced at a given time and in a given context, it does not claim to have exhaustively listed all the existing interventions used to foster accountability in the IPV perpetrator or all the challenges that may be encountered in this line of work. The guide also focuses on personal accountability for one's IPV but does not address situations of family violence. As such, it is important that those who use this guide do not lose sight of the specific nature of the situations that they personally encounter in their own practices and that, where necessary, they develop their own interventions. At the end of this guide, practitioners will find a space to record their thoughts, their interventions, and the challenges they encounter in helping the IPV perpetrator to become accountable. This is one way of continuing to construct experiential knowledge about accountability that is just as essential as the research work on this topic, the latter also needing to be maintained and developed. This desire for continuity in the advancement of knowledge and the ongoing improvement of practices can be seen in the commitment of the member organisations of à cœur d'homme to the IPV perpetrator's personal accountability, as well as their sustained investment in the concerted, collective efforts needed to protect victims.

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APPENDIX 1

Profile of research participants

Table 3. Profile of participants

	Number of participating organizations	Total participants	Gender	Average age (min – max)	Average number of years of experience (min – max)
Discussion groups	14	27	21 M 6 W	46.3 yrs (29 to 64)	11.3 yrs (1 to 25)
Individual interviews	9	10	7 M 3 W	42.8 yrs (34 to 58)	10.6 yrs (4 to 24)
Direct observations	3	23	11 M 12 W	Not available	Not available

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