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Abstract

Purpose: To document the viewpoints on intimate partner violence (IPV) of Québec practitioners working with violent partners and of program managers of batterer intervention programs (BIPs). **Method**: Based on Loseke's (2003) theory of the construction of social problems, a qualitative study was carried out with 25 practitioners working with violent partners and with18 program managers of BIPs so as to explore their conceptions of IPV and their representations of perpetrators and victims. **Results**: Study participants primarily defined IPV as a way of taking control, while nonetheless noting other motivations. They also insisted on the diversity of contexts of IPV and its numerous manifestations. For them, IPV was a complex, multifactorial problem, involving individual risk factors for the most part, though also including contextual and social ones. Not only did they not see a single type of IPV, but they also saw no single perpetrator or victim profile. They saw both perpetrators and victims as accountable for their choices, even though they posed some limitations on this general principle of accountability. **Conclusions**: Complexity and diversity seemed to characterize their conceptions of IPV and their representations of perpetrators and victims. Findings are discussed in the light of current debates about IPV, of implications for BIPs, and of contexts that may influence IPV conceptions.

Keywords: intimate partner violence, practitioners, program managers, perpetrators, typology, batterer intervention programs, construction of social problems

How Do Practitioners and Program Managers Working with Male Perpetrators View IPV?

A Quebec Study

Since its acknowledgement in the 1970's as a public problem rather than as a private one, the way of seeing and understanding IPV has evolved and been the subject of several debates. It was initially defined as a manifestation of violence against women, a definition that has been enshrined in the public policies of many Western states, including those of the Province of Québec, Canada (Gouvernement du Québec, 1995). According to this perspective, which can be associated with the feminist paradigm, IPV is a behavior that stems from patriarchal values which allow men to dominate their partners. Accordingly, IPV is gendered and the violence committed by men is different and more frequent than that committed by women due to the context in which it occurs and the perpetrators' motivations (DeKeresedy, 2016). The asymmetry of certain forms of IPV (e.g., sexual assault, stalking, and homicide) and their consequences are also highlighted (DeKeresedy, 2016). For example, 2015 police data from the Province of Québec indicated that women were the main victims of the various infractions committed in intimate partner relationships, including homicides (100%), sexual aggressions (97.4%), and criminal harassment (86%, Ministère de la Sécurité publique, 2017).

Following population studies suggesting symmetry in victimization rates between men and women (Archer, 2000; Strauss, Gelles & Steinmetz, 1980), some people have come to define IPV as a problem associated with people's personal deficits and their interactions (Bates, 2016). The supporters of what Winstok (2011) has called the family paradigm consider that IPV is not limited to a "simple formula story" in which violence is perpetrated by a dominant man against his female partner (Eisikovits & Bailey, 2016). Some studies suggest moreover that the roles of perpetrators and victims are neither gendered nor exclusive (Eisikovits & Bailey, 2016).

In an attempt to reduce the tension between these paradigms, Johnson (1995) put forward the idea that IPV is not a one-sided phenomenon and proposed at least three types: intimate terrorism, situational couple violence, and violent resistance. The first is unidirectional, and is essentially committed by the man against his partner with the intention of controlling her. Situational couple violence, which is less severe, is bidirectional and affects both the man and the woman in the same couple in an attempt to resolve couple conflicts. Finally, resistance violence is seen when one of the partners, most often the woman, resists her partner's control. In line with intimate terrorism and the feminist view of gendered violence, Stark (2010) proposes the concept of coercive control. This concept, which is not conceived as a type of violence, encompasses the diverse tactics of coercion and control, mainly by men, that "entraps" the victim (Stark & Hester, 2019). Coercive control most often includes the use of force or physical and sexual violence, but not in all cases (Stark & Hester, 2019; Stark, 2010). In addition, the use of force is not always coercive: in specific contexts, there could be "domestic fights" in which each partner uses force. While this recalls the family paradigm or Johnson's situational violence, Stark (2010) does not consider that these "domestic fights" belong to the abuse category.

Contrary to Johnson and Stark, Walby and Towers (2018, p.12), argue for their part that "all violence is already coercive and controlling by definition […] and no violent act is exempted from the category of coercive and controlling." They suggest the concept of domestic violent crime, which is based on acts (physical or not) and harm. From their perspective, the seriousness of the violence is a function of the harm caused to the victims rather than a function of the type of violence. According to them, variations in the seriousness of violence are not due to the gendered motivations of the perpetrator but lie instead in the vulnerability of the victims and their situation. Gender asymmetry is however evident in all domestic violence crime and

increases along with the seriousness and repetition of the violence. While such proposals highlight the complexity of the problem (Corbally, Hughes & Delay, 2016), they do not put an end to the debates in the scientific community (DeKeseredy, 2016).

Views of IPV among Practitioners' Working with Male Perpetrators

Debates about the nature of IPV are as important in practice settings as in academia. However, little is known about the conceptions of IPV among practitioners working in the field and especially among those working with male perpetrators. Our review of the literature identified only a few relevant studies and no consensual view of IPV emerged therein (authors, 2019). Many practitioners tend to define IPV as the various ways that men use to gain control over their female partners (Cannon, Hamel, Buttell, & Ferreira, 2016; Edin, Lalos, Högberg & Dahlgren, 2008; Edin, Högberg, Dahlgren, & Lalos, 2009; Lessard, 2004), thus echoing the feminist paradigm. However, gender-related factors, such as social expectations about sex, gender, power, and privilege, do not seem to be central in all the practitioners' analysis (Audet, 2002; Lessard, 2004). Even though these factors are acknowledged, some practitioners integrate several individual factors in their explanation of IPV, thereby echoing the family paradigm. These individual factors most notably include alcohol, drugs, mental health problems, childhood exposure to violence and trauma, and difficulty handling conflicts (Audet, 2002; Cannon et al., 2016; Dallaire & Brodeur, 2016; Dalton, 2009; Edin et al., 2008; Edin et al., 2009; Lessard, 2004). There are however debates between practitioners who believe that these are risk factors for IPV and others who see them as justifications used by violent partners to avoid accountability for their acts (Audet, 2002; Dallaire & Brodeur, 2016; Pallatino et al., 2019).

Definitions and explanations of IPV among practitioners are likely to influence their perception of perpetrators. In keeping with feminist analysis, numerous practitioners see

perpetrators as men who hold traditional views of gender roles and who lack empathy (Cannon et al., 2016; Dallaire & Brodeur, 2016; Edin et al., 2008; Edin et al., 2009; Lessard, 2004). They report that perpetrators often minimize or justify their violent acts, rejecting blame or attributing the cause of their violent behavior to external factors (Edin et al., 2008; Virkki, 2015). Other practitioners, more in line with the family paradigm, emphasize that violent partners are ordinary people confronted with several difficulties, such as insecurity, poor self-esteem, and mental health problems (Cannon et al., 2016; Dallaire & Brodeur, 2016; Edin et al., 2008; Lessard, 2004).

Above and beyond these images, practitioners tend to view perpetrators as a heterogeneous group (Dallaire & Brodeur, 2016; Edin et al., 2008) which echoes scholars' works on batterer subtypes (Brasfield, 2015). For instance, practitioners met by Edin et al. in 2008 identified three subtypes, namely: 1) the "He-Man," who presents a traditional masculinity based on domination and who uses violence when he feels threatened or attacked; 2) the "Pressure Cooker," who avoids expressing emotions, lets negative feelings build up, and explodes; and 3) the "Super Partner," who does everything to please his partner but does not feel acknowledged and loved in return. The first subtype fits the feminist paradigm well, but control does not appear to be the primary motivation for the other two. However different the perpetrators may be, the majority of practitioners still consider that they alone are accountable for their violent behavior (Audet, 2002; Lessard, 2004; Morrison et al., 2017; Pallatino et al., 2019; Virkki, 2015).

Implications for Batterer Intervention Programs (BIPs)

These conceptions of IPV and male perpetrators may have implications on how practitioners conduct their work in BIPs, and more broadly, on the BIPs' orientations. If it is a case of intimate terrorism or coercive control, programs and interventions for men should focus

on control and the men's privileges; if the violence is situational, the focus should be on the couple's relationship dynamics (Gondolf, 2012). Underlying these choices is the question of how to make the BIPs more effective. Studies suggest these groups have only a small effect (Babcock et al., 2016). Indeed, many qualitative studies report positive changes among men attending a program (McGinn, McColgan & Taylor, 2017; Walker, Bowen, Brown, & Sleath, 2018). Current knowledge does not allow us to clearly establish whether certain approaches are more effective than others, but the "one-size-fits-all" approach, often a keystone of BIP standards, is not seen as appropriate by many practitioners (Babcock et al., 2016; Cannon et al., 2016; Morrison et al., 2017). In their survey of American and Canadian BIPs, Cannon and colleagues (2016) observed that nearly 60% of program managers said they always faithfully followed their (mostly feminist) state and provincial standards. Half of them however also said they supplemented these standards with other approaches. This suggests that the programs' staff is not merely applying top down standards, but rather actively seeking ways to make sense of their experience with perpetrators, trying to improve their intervention and willingly engaging in new ways of constructing solutions to IPV.

These debates and questions find an echo in Québec organizations providing BIPs. In 2014, the Government of Québec began preparing to enact its fourth action plan,[1] which stems from its 1995 policy and which structures legal and psychosocial interventions concerning IPV. Periods of public policy review offer opportunities for all the stakeholders in the field to become involved in public debate. The Québec association of BIPs, *à cœur d'homme* (ACDH, a man's heart network),[2] got involved in the debate but also thought it was time to re-examine its own

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1 The government enacted a new action plan in August 2018 (Gouvernement du Québec, 2018).
2 à cœur d'homme is a Québec association bringing together 29 organization providing BIPs. Its mission is, among other things, to consolidate and update assistance to male perpetrators of IPV (ACDH, 2018).

position about IPV, to obtain a clearer view of how other actors in the field (e.g., shelters) would react to their vision of IPV, and to explore the pathways BIPs should take in the future. To help in these reflections, ACDH asked the first two authors, who had already worked with the association in previous research on BIPs, to work with them again in this process. This led to a research[3] project for which this article presents some of the results.

Study Type

Action research was favored given the background of the study. This is a participatory type of research which is based on the knowledge and experience of various stakeholders – in the present case, researchers, practitioners, program managers – to further develop knowledge and resolve problems (Cordeiro, Soares, & Rittenmeyer, 2017). This type of research requires the active participation and close collaboration of the stakeholders. In the present project, this took the form of combined, regular work in a research monitoring committee composed of two researchers (the first two authors), the general manager of the ACDH, and two program managers. The committee was involved in all the research stages, beginning with the choice of a conceptual framework and the development of a research design.

Conceptual Framework

The study adopts a social constructionism view of social problems. Constructionist scholars look at how social problems are subjectively constructed by different actors (Harris, 2013; Loseke, 2003; Nichols, 2003a, 2003b; Perrin-Robin & Miller-Perrin, 2011). According to this framework, there is no single, universal conception of IPV; conceptions vary according to the context and are the object of continuous struggles between diverse actors who want to direct social change based on their perception of reality (Muehlenhard & Kimes, 1999). This approach

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allows us to understand how certain conceptions of IPV evolve and co-exist, as seems to be the case currently. Two concepts are useful for a better understanding of this construction process, namely claim-makers and their claims.

Claim-makers are those "who problematize 'putative situations' " (Nichols, 2003b, p. 126). They can be ordinary citizens, social movement activists, scientists, organizations, or practitioners. Through claims made in public or more specialized arenas, claims-makers try to convince different audiences (e.g., the public, funders) of the existence of a social problem, of the need for action and funding, and of the relevance of their approach to solving the problem (Harris, 2013; Loseke, 2003; Nichols, 2003a; Perrin-Robin & Miller-Perrin, 2011).

Loseke (2003) states that, to be effective, their claims must be based on three parameters. The first, the diagnostic framework, consists in defining the situation, which involves clarifying its manifestations and explaining its causes. The second, the motivational framework, consists of drawing up a portrait of the people involved in the situation, especially the victims of the situation and those who are accountable for it. The third, the prognostic framework, concerns the solutions to bring to bear on the problem. According to Loseke (2003), these parameters can be uncovered by examining the statements and images used in their discourse.

The conception of a social problem is thus, at a given period in time, a reflection of the collective and competitive actions involved in the construction of social problems (Harris, 2013; Loseke, 2003). These actions create a dialogue where people are both speakers (claim-makers) and listeners (an audience for the other claim-makers): "all enter the polyphony of social problem discourse" (Nichols, 2003a, p. 106). In the "IPV polyphony," supporters of the feminist and family paradigms, along with those who adhere to the concept of domestic violence crime,

are certainly among those voices (Winstok, 2011), as are those at the local level (Nichols, 2003a), namely the practitioners and program managers in Quebec's BIPs.

For the ACDH to re-examine its discourse about IPV, it must take both the practitioners' and program managers' viewpoints into consideration. Practitioners who provide direct services to IPV perpetrators can enrich the association's organizational discourse by way of their clinical experience, while managers can provide a broader vision related to the organization of services and to collaboration with other services involved in the fight against IPV (e.g., shelters).

Study Objectives

ACDH's expectations and this social constructionism view of social problems led to the following objectives: 1) to document ACDH's practitioners and program managers' view of IPV; 2) to get feedback from other actors in the field on these points of view, such as from shelters, child protection services, and violent partners; and 3) to identify prospects for BIPs in Québec. In line with the first objective, this article presents the practitioners' and program managers' viewpoints on IPV (diagnostic framework: definition, causes, and types) and on the actors involved (motivational framework: male perpetrators and female victims).

Method

The objectives of this study led us to adopt a qualitative methodology. This method is useful in exploring the meaning that groups attribute to a social problem and in better understanding its complexity (Creswell, 2014).

Setting

The study population was comprised of practitioners and program managers from organizations who were members of the ACDH association. Their services comprised group programs lasting from 14 to 25 weeks, complementary individual treatments, and prevention

activities. Group programs were open to men who voluntarily enrolled or who were court-mandated, the latter making up a third of the group (ACDH, 2018; authors, 2014). Although Québec's public policy on IPV adopts a feminist view of the subject, with consequent guidelines and objectives for BIPs (Gouvernement du Québec, 1995), it does not set down a single theoretical orientation for BIPs. Organizations are free to choose their own and to use a combination of approaches. The most common ones are pro-feminist, cognitive-behavioral, and psycho-educational.

Sampling and Recruitment

The practitioners and managers who participated in the present study were recruited through all ACDH's member organizations using maximum variation sampling (Patton, 2002) to ensure a broad representation of the practitioners (e.g., years of experience) and organizations (e.g., geographical location). The sample was formed in two steps. A first sample of 25 practitioners was recruited for semi-structured interviews using pamphlets delivered in organizations. The pamphlets invited the practitioners who wished to participate in the study to contact a research assistant to be registered on the volunteers' list. Taking into consideration the diverse characteristics (sex, years of experience, organization location) of the people who spontaneously signed up, the research team selected the first 25 volunteers. The research assistant then contacted them to schedule an interview with each person. They signed a consent form at the beginning of the interview and no incentive was provided.

A second sample of program managers were recruited for a one-day meeting in which a focus group was conducted to refine the preliminary results from the first sample. An email invitation to participate was sent by the association's director to the 29 program managers. They were free to register or not for the activity. No incentive was provided to individual participants,

but their organization received a compensation for fees incurred to take part in this research action activity. Those interested signed a consent form at the beginning of the group. The research process received ethical approval from Université Laval's research ethics committee.

Participants

The sample of practitioners was composed of 18 men and 7 women, from 20 organizations located in 14 of Québec's 17 administrative regions. Fifty-six percent had from 1 to 5 years experience working with perpetrators, whereas 28% had from 6 to 10 years, and 16%, from 11 to 15 years. Sixteen practitioners had a university degree, primarily in a social science discipline (e.g., social work, psychology, criminology), whereas the others had a technical college diploma in these fields. The sample of directors was composed of 10 men and 8 women from as many different organizations and from 10 different regions in Quebec.

Interviews and Focus Group

The semi-structured interviews, which were conducted by four of the authors, were primarily composed of open-ended questions covering the diagnostic, motivational, and prognostic frameworks defined by Loseke (2003). With regard to the focus of this article, participants were asked to: 1) define and explain IPV (e.g., When we talk about intimate partner violence, what do you think we are actually talking about?) and 2) to characterize the actors involved in intimate partner violence (e.g., Can you talk to me about your clientele, especially the men who are IPV perpetrators?). Each interview lasted approximately one and a half hours.

The first eight interviews were transcribed and analyzed as described in the Data analysis section. As action research emphasizes collaboration and participatory methods with the stakeholders (Cordeiro et al., 2017), these preliminary analyses were used to elicit feedback from the 18 program managers who participated in the focus group. The researchers briefly presented

the preliminary results for each of the research themes. This presentation was then followed by a discussion period of about one hour during which they were asked if the reported viewpoints properly represented those of their organization or their own as managers. They were likewise invited to qualify statements by practitioners for each theme. Although the presentation of the preliminary results may have had an influence on the focus group discussion, the objective was to complement the viewpoints of frontline practitioners with those of managers who might have slightly different views of the problem because of their leadership role in the organization and of their more frequent interactions with other actors working in the IPV field. The program managers' focus group thus made it possible to triangulate different sources and data collection methods. Since program managers could comment on practitioners' viewpoints, their feedback might also have represented a form of member checking (Patton, 2002).

Data Analysis

The interviews and the focus group were recorded, transcribed and anonymized (pseudonyms are used in the article) before being subjected to content analysis (Creswell, 2014). The analysis was conducted with a coding grid based on the diagnostic, motivational, and prognostic frameworks from Loseke's (2003). For example, for the diagnostic framework, the coding grid included three sub-themes, namely the definition, causes, and types of IPV. The authors met several times to discuss coding (e.g., uniformity and consistency of the coding, uniqueness of the codes) and to arrive at a common method for using the coding grid. These peer debriefing and support meetings are known to enhance the trustworthiness of studies by reducing the risks related to researcher bias (Patton, 2002).

After having coded all the interviews using QDA Miner software, the content of each theme was reduced vertically by summarizing the key elements of each participant's viewpoint.

A horizontal analysis was then conducted by summarizing the main themes for all the participants, while paying attention to the negative cases, which were peculiar findings that helped to question and better define general trends (Patton, 2002). Several peer debriefing and support meetings between the researchers and the research committee members were held during these analyses to put the results into context and maximize the credibility.

The focus group data underwent the same analysis process after all of the interviews were analyzed. The researchers looked for converging and diverging elements between practitioners and program managers (e.g., shared opinions vs. disagreements or new ideas). Overall, the managers' viewpoints were in line with those of the practitioners. They added some nuances to certain ideas and, more rarely, expressed divergent views which were highlighted in the findings.

Findings

The results illustrate how the participants described and characterized IPV (diagnostic framework) and how they saw the primary actors, namely the male perpetrators and the female victims (motivational framework).

Diagnostic Framework

Drawing on Loseke's (2003) work, the participants' viewpoints on the first theme were grouped into three sub-themes, namely the definition of IPV, its causes, and types.

Definition. It is worth noting, from the outset, that the participants did not propose a single definition of IPV but rather guidelines for defining it. Despite some differences, there were three reference points shared by the majority of practitioners and managers, namely power and control, the diversity of IPV contexts, and its numerous manifestations. With regard to power and control, Lise, a practitioner, stated: "It's a series of events that take place in the couple's relationship. They can be isolated events, they can be repetitive, but the goal is always to gain

control over the other person." While agreeing that IPV constitutes an intentional choice, several practitioners considered that taking control was not always an end unto itself. It might be used to achieve other goals, such as solving a problem, meeting a need, or expressing emotions; as stated by Hugo, a practitioner: "It's more a way of conveying our emotions."

The second reference point dealt with the many contexts of IPV. The participants preferred to talk of "IPVs" (Marcel, practitioner) in reference to the many contexts in which they occur and their various forms. While they agreed that violence occurs in an intimate relationship between two people, participants thought that it is likely to affect everyone, without regard to socioeconomic status, ethnic origin, sexual orientation, or relationship status. Participants added to this a diverse range of relationship dynamics in which the roles of the perpetrators and the victims are neither gendered nor exclusive: "Now I see a lot more mutually violent relationships, where the partners are both victim and aggressor" (Charles, practitioner).

The third reference point involved the problem's many manifestations. IPV is not limited to a physical aggression but rather includes several behaviors or attitudes that society often trivializes: "As far as I'm concerned, raising your voice is violence" (Lise, practitioner). There was however no consensus about the recurrence and cycle of violence. For some, a single act can be enough to establish that there was IPV, whereas for others, there must be a cycle of recurring behavior: "It's something that can be observed relatively easily … The honeymoon, the accumulation, the explosions, the denial of responsibility, the reconciliation, and eventually another honeymoon. And the cycle gets shorter and more intense." (Carl, practitioner)

Causes. The participants agreed that IPV is a complex, multifactorial problem. As such, they preferred to talk about risk factors rather than causes. Three types of factors emerged from their discourse: individual, contextual, and social. Even though almost all the practitioners and

the majority of the managers spontaneously integrated contextual and social factors in their explanations, individual factors were predominant in their comments. They insisted on a lack of communication and conflict management skills, on personal characteristics (e.g., insecure attachment), and on life histories marked by trauma and difficulties such as childhood exposure to violence. Program managers agreed with this and emphasized mental health problems: "Are there other factors? Mental health, mental health, mental health! It was hardly touched upon [by the practitioners], but it's big in the centres that I'm in charge of …" (Mélanie, program manager). Contextual factors refer to situations that temporarily make people vulnerable and that can increase the risk of perpetrating IPV, such as job loss, relationship breakups, and migration patterns. As concerns social factors, male socialization was most often mentioned, followed by structural inequality between men and women, poverty, and a social tolerance for violence. In line with the diverse IPV contexts, program managers added more specific social factors, such as homophobia: "The question of homophobia wasn't addressed. I understand that they're more particular cases [same-sex partners], but they're still part of it" (Yann, group manager). Even though they recognized these contextual and social factors, some practitioners and managers argued that, ultimately, violence remains a personal choice: "Sometimes, there are social causes that make people more vulnerable, things like unemployment, losing a job, a breakup in a relationship (…), but at the same time, I still think it's a choice" (Yvan, practitioner).

Types of intimate partner violence. The practitioners were asked to give their viewpoints about the types of IPV they see in their practice. The first observation was the lack of consensus about these types. Two main types nonetheless seemed to be shared by a larger number of practitioners, namely unidirectional and mutual violence, which recalls Johnson's intimate terrorism and situational violence. The former was thought to be more severe, was associated

more with men, and included a high degree of control as summarized by Malcolm, a practitioner: "The model of absolute domination, where everything gravitates around him, the model of a man who has absolute control over a woman whose self-esteem is completely broken, that still exists." In mutual violence, the two partners behave violently and the roles of the perpetrator and victim are interchangeable. The participants did not however agree about the frequency of these types of violence among their clientele. For some, mutual violence is less frequent than unidirectional violence, whereas for others it is more common: "From what I hear in my meetings with my clients, I get the impression that the violence doesn't come only from one person in the couple. I get the impression that it comes from both sides (Nadine, practitioner).

In addition to these two more consensual types, other practitioners spoke of contextual violence. Even though there may be power games involved, this type of IPV is not related to domination but mainly to one-off situations, as illustrated by Damien, a practitioner: "Somebody who cracks under pressure, too much work, 'cranky' children, not enough money for the end of the month, at some point in time it's too much." This type appears to involve contextual risk factors that they talked about. Some practitioners also mentioned violent resistance, where one person's violence is a response to that of the other. The practitioners emphasized the risks of justifying violence and denying accountability when referring to violent resistance or, further still, the perception that it is not recognized when it is exercised by men. Cedric, a manager, gave the example of a man "in a situation where he used violent resistance but where he was the one who got arrested."

According to some participants, typologies help to portray the diversity of IPV: "It helps to distinguish between different situations when people come to see us and to adapt our treatment to their situation" (Serge, manager). Others remained critical and put several limitations on these

typologies, in particular the fact that they cannot include all the complexity of IPV and that their

application raises several difficulties (e.g., categories are rarely hermetic). The participants

generally seemed to consider that their clinical usefulness was limited.

Motivational Framework

According to Loseke (2003), the motivational framework focuses on the main actors of a

problem and proposes simple symbolic images; in the context of IPV, these images typically

oppose a "male perpetrator" characterized as villain and a "female victim." It is worth noting

that, according to the practitioners, both men and women can be perpetrators or victims of

violence, as Lise, a practitioner, pointed out: "In my opinion, the aggressor is the person who

seeks to take control, the victim is the person who is being controlled. But I don't have a

gendered conception of who the perpetrator is and who the victim is." IPV was not therefore

exclusively associated with a gender, even though the participants considered that it was more

often exercised by men: "Of course, intimate partner violence can be bidirectional and it can

come from women. But, let's start by agreeing that, despite all the rest, it's men who use IPV"

(Antoine, practitioner). Considering that it was their main clientele, the participants were asked

to talk more about male perpetrators.

Male perpetrators. The participants we met with emphasized that their clientele was

characterized by its diversity. This could be seen at the sociodemographic level (e.g., age, court-

mandated or not), in emotional or communication difficulties (e.g., impulsiveness, alexithymia),

in the recognition of the problem (e.g., none, partial, total), and in motivations (e.g., intrinsic or

extrinsic) to try to change. To this diversity, a group manager added the notion of complexity: "a

violent partner with only one problem, that doesn't exist. There's comorbidity among almost all

the clients. That's why it's complex (Jonathan, program manager). While they worked with men

whose violence varied in terms of severity, a few of the practitioners and managers mentioned that the proportion of men in their clientele who used serious violence were in the minority: "You know, we don't have the really tough ones. We haven't met that many" (Derek, group manager). Others observed that their clientele was different from that of men whose partners were in shelters: "We have some clients whose partners were in shelters, but they're not the majority" (Sebastian, practitioner).

When asked about men's typical profiles, the practitioners proposed several. From these, two main profiles emerged, namely the "good guy" and the "manipulative" partner. François, a practitioner, described the first one: "We've got some good guys who never want to upset anybody, who will never say 'No,' who accumulate frustrations because they don't know how say 'No.' They don't know how to name their emotions, so they get stuck in their throat. They keep piling up frustration and then they explode". The "good guy" doesn't use physical violence very often, contrary to "manipulative" one. This second image is associated with unidirectional violence: "[This man] feeds on the power that he takes from others (…) He needs to use other people as objects. He can't really love with his heart. Love for him is owning, controlling" (Benjamin, practitioner). While the program managers acknowledged the characteristics underlying these images, several of them expressed some uneasiness about the image of the "good guy" who emphasizes his difficulties at the expense of the consequences for his partner and children, who are the first and main victims of his violence.

Female victims. Three typical images were drawn from the participants' statements concerning the female victims of IPV: the vulnerable, the strong, and the savior. The first described vulnerable women who were in considerable stress, terrorized, and subjected to physical violence. The second presented an image of strong women who were in difficult

situations: "I don't see a female victim as a weak little lady who's incapable of taking care of herself. I see her as a strong woman who is in a really tough situation, who is going through difficult times, and who needs help" (Caroline, practitioner). During the focus group, the managers added the image of the woman as a savior, in particular women who practice a profession focused on human relationships (e.g., nurse, social worker), and who try to change or "save" their partner. Several participants nonetheless pointed out the possible biases associated with these images due to the limited contact they had with these female victims.

Above and beyond these images, several participants described female victims from the angle of their vulnerability. They mentioned, among other things, fear, low self-esteem, denial, and the normalization of violence and victimization in both childhood and previous couple relationships. While the victims were often judged by others for not leaving their partner, they instead explained their decision by such reasons as love, hope that the situation would change, and the weakness of their social network. A few practitioners added that some victims used violence against their partners.

Accountability. The question of the actors' accountability represented an important issue for the participants. While they seemed to adhere to a general assumption of full accountability, they also discussed the limits of this assumption. On the one hand, being accountable for one's actions implies being able to change things in one's life. Given that perpetrators of violence often have a great deal of difficulty in accepting accountability, the practitioners tried to get them to identify what they were responsible for, despite their attempts to justify their actions and assign the blame to someone else. On the other hand, the clients also told the practitioners about their partners' behavior, which sometimes included violent acts. In this context, several participants underlined that everyone is responsible for their actions. The assumption that arose out of their

comments was that each person, man or woman, perpetrator or victim, is a rational, independent actor who is capable of making his or her own choices. Given this assumption, the perpetrator is fully responsible for his or her behavior and for stopping his or her violence and control. From an empowerment perspective, the victim is responsible for ensuring her (or his) safety and, more generally, for getting out of a relationship with IPV.

Some participants added a few points to the preceding analysis. On the one hand, some practitioners, such as Maurice, considered that the context in which men's violent behavior occurs must be taken into account.

> Okay, we say: Violence is a "choice." Sometimes, we're not feeling so great and it's hard to make good choices. Sometimes we're in a state where it's difficult to act responsibly. And that's just it, that's where we want to bring our participants, to try as much as possible in their lives to be in a state where they're capable of acting responsibly, where they're able to make nonviolent choices.

On the other hand, some practitioners considered that the consequences of violence must be taken into account before making victims responsible for getting out of it: "That ticks me off sometimes, all that 'everyone's responsible for their own safety'. You know, you can say, 'Well, she could just have left.' But wait a minute, cause when you're in a situation where there's this whole idea of control, it's not as simple as all that" (Caroline, practitioner).

Beyond this control relationship, some of the participants mentioned the couple's shared accountability regarding relationship dynamics and conflicts. Charles, a practitioner, illustrated this accordingly: "In a couple, both people make mistakes […]. It's never black and white. Women have their share of the responsibility for their relationship dynamics. The difference is that we say [to IPV perpetrators]: you're responsible for your behavior. That doesn't mean that

you're responsible for everything." While recognizing that part of the accountability for the relationship dynamics can be shared between the two members of a couple, the managers mentioned that it is a delicate subject; perpetrators are still accountable for their violence and one must not suggest that their partner is responsible for it, even in part.

Discussion

The results suggest that complexity was a central element in the practitioners' and managers' conception of IPV. Their representation of the actors was characterized by a non-gendered conception of rational people. In this conception, both perpetrators and victims of violence can be held accountable for their choices. Above and beyond the simple symbolic images, the diversity of the male perpetrators and the vulnerability of female victims seemed to be common in the stakeholders' view of these actors.

A Primarily Individual Construction of IPV as a Social Problem

As in other research on practitioners' views of IPV (e.g., Dallaire & Brodeur, 2016; Dalton, 2009; Edin et al., 2008), this study suggests that the current theoretical debates are reflected in the practitioners' opinions. The participants we met put forward a view of the problem where elements of the feminist paradigm and the coercive control of Stark (e.g., emphasis on control in the definition) intersected with the family violence paradigm and Johnson' situational violence (e.g., interchangeable roles between the perpetrator and victim). It is worth nothing that the participants did not mention "crime" in their definition of IPV even though it is an important aspect of the Quebec public policy on IPV. Overall, the participants' statements seemed to lean slightly more to the family violence paradigm.

As in previous research, several participants emphasized individual factors to explain the problem (Audet, 2002; Cannon et al., 2016; Dallaire & Brodeur, 2016; Dalton, 2009; Edin et al.,

2008; Edin et al., 2009; Lessard, 2004). Social factors, such as gender, were integrated into their

understanding of the problem without being the keystone. Moreover, while the central element of

their definition of IPV was feminist in inspiration (control), and while men were more often

identified as the perpetrators, the patriarchy was rarely discussed by the participants. This result

contrasted with that of Cannon and colleagues (2016), who found that 50% of 238 American and

Canadian BIP managers estimated that the patriarchy was a "very important causal factor for

IPV." Québec practitioners and managers in BIPs thus seemed to be less inclined than their

Canadian and American colleagues to put as much weight on patriarchy, as has been observed in

other Québec studies (Audet, 2002; Lessard, 2004). Dankwort & Raush (2000) criticized,

moreover, the "psycho-central" orientation of several Québec BIPs.

This distance from a more social and feminist analysis can be partially understood through

the history of Québec BIPs. Indeed, while a few programs were set up by shelters for women

who are victims of violence, several were set up by men's groups that focused on men's issues or

by practitioners from institutional, health and social services networks who were not specialized

in IPV (Rondeau, 1989). Likewise, Québec BIPs are provided by community organizations that

have a relative independence in defining their orientations and services. Consequently, even

though they are part of an association which sets principles and orientations, they are not obliged

to follow a common program. Furthermore, it is worth noting that, under the Quebec public

policy on IPV, BIPs are funded by the Department of Health and Social Services rather than the

Department of Justice. This may explain why the participants emphasized the psychosocial

dimensions of IPV rather than the criminal aspects.

Moreover, it is possible that the sizeable place that the individual holds in the participants'

construction of IPV reflects their position as front-line practitioners. Working with violent

partners, they were quite aware of the diversity of individual situations and the daily contexts of these men. This particular position may have led them to consider a diversity of individual (e.g., attachment), contextual (e.g., immigration), and macrosocial factors (e.g., poverty) in their explanation of IPV instead of a single overarching factor such as patriarchy. They furthermore had relatively few occasions to directly interact with the victims, a fact which was also reported by practitioners met by Morrison et al., 2019) and that may have represented a bias.

Working as front-line practitioners in a service organization may have led them to construct diverse images of violent partners, which then raises the question of accountability. According to Loseke (2003), to convincingly establish one's construction of a social problem in the public space, it is necessary to propose simple symbolic images of actors that arouse opposing feelings about, on the one hand, a "bad" person who deserves blame and punishment and, on the other, a "good" person who is a victim and deserves sympathy and support. In the presence of such images, attributing accountability rarely poses a problem. Even though the practitioners did not totally escape this construction of IPV perpetrators (i.e., the manipulative partner), others that were less Manichaean ("good guy") accompanied this image. To resolve the question of accountability which then arose, the practitioners turned to rationality, the actors' independence, and their full responsibility for their behavior, which is in line with previous research on the practitioners' views of IPV (Audet, 2002; Lessard, 2004; Morrisonet al., 2017; Pallatino et al., 2019; Virkki, 2015). While sticking to these assumptions generally worked well with the perpetrators of violence and made it possible to avoid the trap of justification, when they were applied to victims, they sometimes opened the door to extremes, as some practitioners pointed out. This conception of the rational actor ignores the effective and relational aspects which are part of the victims' reasons for staying in a relationship (Dunn & Power-Williams,

2007; Pallatino et al., 2019) and which are acknowledged moreover by the participants. The same holds true for social aspects such as isolation.

More broadly, this individualized construction of IPV and its perpetrators and victims may also reflect a broader trend in the construction of social problems. Indeed, according to Loseke (2003), in order to convince people that a condition is problematic, claims-makers must build on "cultural themes" that correspond to a set of values and beliefs which are largely shared about the way the world should work. With the influence of neo-liberalism in the West, individualization and the psychologization of treatment have undoubtedly become dominant themes in the last few decades (Dunn & Power-Williams, 2007). This movement has occurred to the detriment of approaches that examine social problems in a more collective or structural manner. Seeing IPV as an act by individuals who have personal weaknesses (e.g., lack of communication skills) but who are nonetheless accountable for their actions is coherent with the dominant culture theme of our times. Considering the determining role of the feminist movement, it is possible that a more social and structural analysis of the problem would have been put forward if this study had been carried out in the 1970s.

Intimate Partner Violence, a Complex Problem

The participants in this study saw IPV as a complex problem characterized by diverse situations. This construction made it possible to avoid a single reading of the phenomenon and was reflected in the use of the plural to designate IPVs. Nonetheless, even though they generally agreed on their being two main types of IPV (unidirectional and mutual), the practitioners and managers had difficulty in translating this diversity into a typology that simplified the analysis.

This diversity can also be seen in the images of the IPV perpetrators they described. Some images given by the participants of this study were similar to the three typical profiles of Edin

and colleagues (2008). Their "He-Man" would seem to correspond to the profile of "manipulative" men, who were motivated by control and domination and who were the perpetrators of unidirectional violence described by the study participants. The "Pressure Cooker" and "Super Partner" of Edin et al. presented a softer image of violent partners who were closer to the profile of the "good guy" who was struggling with various problems and whose violence was mutual or contextual. Not all the participants agreed however with the simple symbolic nature of these images and criticized some aspects.

According to Loseke (2003), clear images allow claims-makers to attain social recognition for a particular construction of the social problem. These images simplify complex contexts so that the problem can be more easily represented and facilitate the operationalization of the social responses. Based on this theory, the images constructed by the practitioners and directors interviewed for this study could keep them from effectively positioning their construction of IPV as a social problem in public opinion and in that of the most influential audiences. Winstok (2011) made a similar observation, pointing out that the family violence paradigm is difficult to describe since it is not as well defined as the feminist paradigm. The challenge in developing an alternative discourse might be even greater for these stakeholders because, even though they were critical of the feminist paradigm, they did not entirely reject it.

While the viewpoint of practitioners and directors might be more difficult to position in the debate surrounding the construction of social problems, this viewpoint may nevertheless present advantages at the clinical level and ultimately improve BIPs. Indeed, the emphasis the participants put on the diversity and complexity of IPV bore witness to their capacity to step back from simplified images so that they might adapt to the context of the violent partners who came to their organizations. This flexibility is necessary to create a therapeutic alliance with

these violent partners so as to encourage the latter's commitment to the BIPs and, ultimately, to changes in their behavior (Morrison et al., 2017). This is especially true regarding the challenges of holding perpetrators accountable for their behaviors (Pallatino et al., 2019). If confrontations are often seen to be useful and necessary to accomplish this, even from the perspective of the perpetrators, it must be balanced with other clinical tasks and challenges involved in ending violence (McGinn et al., 2017; Morrison et al., 2017; Walker et al., 2018). More broadly, the findings of this study, in particular the many contexts of IPV and the other contextual and social factors that existed in addition to patriarchy, suggest adapting the BIPs to the complexity of IPV and the diversity of the IPV perpetrators. This might include, by way of example, same-sex partners and men from a migrant background or from diverse ethnic and cultural groups (Babcock et al., 2016; Cannon et al., 2016; Morrison et al., 2017). In Quebec, even with the room that BIPs have regarding their orientations, it would open doors to less classical approaches than pro-feminist, cognitive-behavioral, and psycho-educational that are still the main ones used. This would also imply ensuring that practitioners receive training that addresses this complexity and diversity (Morrison et al., 2019).

Limitations

Just as claims-makers must produce simple symbolic images so as to make complex realities more easily accessible, the researchers and participants in this study had to deal with similar constraints. Accordingly, the viewpoints presented could not fully describe the diversity and depth of the viewpoints of each of the participants. Moreover, during the interview, practitioners and program managers talked from their perspective, which was largely based on their clinical experience with violent partners (for practitioners) and on their partnerships with other organizations and their political involvement (for program managers). The participants

likewise recognized and mentioned several times a possible bias due to the fact that they only heard the perpetrators' viewpoints. They consequently spoke less about the victims. Likewise, even though certain organizations provided services for women or for adolescent perpetrators of violence, they were asked to focus more on adult male perpetrators. Even though these possible biases are worth noting, their unique perspective is still of interest given that they work on a daily basis with perpetrators.

Furthermore, the practitioners and program managers we interviewed were from different organizations and we cannot assume that they reflected the point of view of the association itself. It bears repeating that the goal of the present study was to help the ACDH association to update its positions. ACDH was, as a matter of fact, a bit surprised by some of the findings, especially those that emphasized an individualized vision of IPV and the perpetrators. Although the association supported the vision of a multifactorial problem, it did not necessarily see individual factors as being at the forefront and it reaffirmed the importance of taking into consideration social and structural factors such as male-female inequality (ACDH, 2016). This led us to another limitation of the study regarding which BIPs the participants were recruited from. It is likely that practitioners and program managers from BIPs with identical theoretical orientations or those from BIPs who received a higher proportion of court-mandated men would have a different perspective. These limits of the transferability of our findings may reflect moreover how contexts can influence people's conceptions of a social problem (Nichols, 2003).

Research Avenues

The practitioners' and program managers' viewpoints allowed us to identify research avenues likely to shed more light on current debates on IPV. The concept of accountability, which is often used but rarely defined, would seem to be more complex than it at first appears

(Pallatino et al., 2019). Some participants felt the formula, "everyone is responsible for their own behavior," needed to be qualified by taking into account the actors' context and the consequences of the violence for the victims. A study by Dallaire and Brodeur (2016) similarly suggests that the concept of accountability becomes more vague when IPV perpetrators have mental health problems. While these nuances depart from a simple symbolic image of a perpetrator who is always accountable and may present challenges in adopting an effective position for the construction of IPV as a social problem, they are still worth exploring.

The participants also mentioned several times that the violent partners who came to their organization represented, in their opinion, a small proportion of the partners of women in shelters. This observation is consistent with the viewpoint of authors who argue that women who are victims of "intimate terrorism" violence are the most likely to use shelters, while IPV perpetrators who commit this type of violence are the least likely to complete a BIP (Johnson, 1995; Kelly & Johnson, 2008). It would be useful to document whether the people that attend organizations serving IPV perpetrators and victims are from the same couple. This question may possibly give rise to some explanations for the different arguments put forward in the feminist and family violence perspectives.

Conclusion

This study adds the voices of Québec BIP practitioners and program managers to the current debates about the construction of IPV as a social problem. The results suggest that the participants we met with considered that IPV is plural and diverse in terms of risk factors, violence dynamics, and the perpetrators and victims. In the ACDH association, the practitioners and managers are at the front row for observing the evolution of IPV as a social problem, and their viewpoints raise relevant questions (e.g., risk factors, accountability) for updating its

positions about the concept of IPV and the orientation of its programs. Generally speaking, their viewpoints also pointed to new realities and to limitations in our current knowledge that should be considered in future IPV research.

In this regard, the viewpoints of other stakeholders who work in IPV situations (shelter, legal system, and youth protection workers) could provide complementary viewpoints and an interesting contribution to debates about how to better understand this social problem. These other stakeholders, because of their positions in their service organizations and the situations with which they must deal, have relevant and essential viewpoints that should be considered if we want the debate to move forward.

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