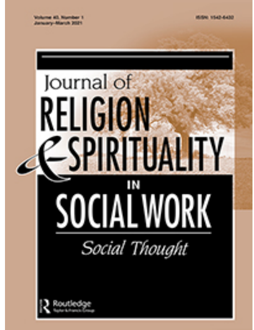

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Developing and testing a Christian-based program to address depression, anxiety, and stress in intimate partner violence

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ABSTRACT
Intimate partner violence is a global social and public health concern with multifaceted biopsychosocial, economic and legal repercussions. Depression, anxiety, and stress are high risk factors in the perpetration of partner abuse. Moreover, there is mounting evidence that an inverse relationship exists between religious commitment and crime or delinquency. Thus, a gender inclusive Christian-based intervention was designed, piloted and evaluated. The pre-posttest and follow-up measurements included administering the shortened Depression, Anxiety and Stress Scale because these states often play a role in abusive behavior. Holistically, all the scores went down. The score for depression proved to be substantially statistically significant pre-posttest. The decrease in stress scores proved to be statistically significant post-follow-up and pre-post-follow-up. The study demonstrated that the Christian-based program succeeded in reducing depression, anxiety and stress and therefore holds promise to intervene in intimate partner violence.

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Intimate partner violence; faith; intervention; depression; stress; anxiety; DASS21

Introduction

Family life is the basic fabric and cornerstone of society and therefore intimate partner violence (IPV) has an immeasurably detrimental effect on the community and society as a whole. In recent years the prevention of family violence has been a priority as reflected in the outpour of national and international directives against partner abuse and the multilateral strategies to find solutions. One such policy or community response to the amelioration of IPV has been the development of batterer intervention programs (BIPs).

The development of intervention programs “that work” and are empirically tested is of paramount importance in the war against IPV. As an outflow from the “what works” debate (cf. Martinson, 1974), it is fundamental to identify causal influences that are applicable to both men and women who perpetrate IPV in order to streamline programs according to the evidence at hand

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(Eisikovits & Bailey, 2011; Goldenson et al., 2009). Early life stressors such as structural violence, insecure attachment, loss of parents, witnessing IPV and/or child abuse are major risk factors for the development of mood and other anxiety disorders. Traumatic events are also conducive to the inability to cope with stressful situations and the use of excessive aggression and violence in adulthood (Atwoli, 2015; Neumann et al., 2010; Roberts et al., 2011). Research indicates that depression, anxiety and stress play an important role in IPV (Ehrensaft & Cohen, 2012; Salari & Sillito, 2016; Sesar et al., 2015; Spencer et al., 2019), for men (Shorey et al., 2012b) and women (Shorey et al., 2012a). Stuart et al. (2006) concur that apart from the self-defense motive, reasons for IPV perpetration among arrested women include negative emotions (e.g., depression and anxiety), stress and anger.

The severity of IPV is highly correlated with an increased risk of depression for both unilateral and bidirectional aggression by a partner (Graham et al., 2012). The link between IPV, depression and suicide is well documented for both sexes (Devries et al., 2013; Heru et al., 2006; Wolford-Clevenger et al., 2018, 2015). In fact, depression may also be the most unifying common denominator for perpetrators of IPV who commit homicide-suicide (Salari & Sillito, 2016). Furthermore, research reveals that the level of depressive symptoms is higher for sole male perpetrators than when they are solely victims, which indicates that IPV perpetration has a significant impact on causing depression (Straus, 2015). Thus, the association between depression and IPV could be threefold, namely, (a) depression causes IPV; (b) IPV perpetration causes depression; and (c) there are common risk factors for both depression and IPV, such as traumatic events which may lead to stress, fear and isolation (Atwoli, 2015; Devries et al., 2013). Hence, it is imperative for a BIP to recognize that depression may play a role in IPV and the risk of future violence.

The synergistic effect of depression and poor impulse control on IPV is not new (Assari, 2017). George et al. (2006) are of the opinion that the depression found in IPV perpetration is exacerbated by the inability to modulate responses to environmental stimuli and isolating behaviors in an attempt to have more control of otherwise unpredictable behavior. Perpetrators are inclined to not only isolate the victim, but also themselves possibly in an attempt to avoid becoming out of control. Isolative behaviors reduce external stimulation, thereby reducing potential triggers of fear and anxiety (George et al., 2006). Neumann et al. (2010) state that psychopathologies such as anxiety and depression related disorders are often characterized by dysfunctional social behaviors such as excessive aggression and violence, which likely develop as a consequence of generally disturbed emotional regulation (e.g., abnormally high or low levels of anxiety). Increased emotion regulation difficulties are related to IPV perpetration for men (Shorey et al., 2012b) and women (Shorey et al., 2012a), as indicated by the fact that the triggers of IPV are usually out of proportion to any psychosocial stressor. Changes in the

central nervous system (e.g., adrenalin glands and serotonin metabolism rates) modulate the processing of sensory stimuli and can contribute to a person being oversensitive to environmental stimuli. Perpetrators of IPV typically overreact to environmental stimuli such as a sound, a look, or a seemingly benign remark, where the amygdala is activated and gives rise to a possible conditioned fear response (George et al., 2006). Thus, it is critical to incorporate strategies in a BIP that reduce impulsive behavior, because self-regulation is an important dynamic (Assari, 2017; Corvo, 2014; Goldenson et al., 2009; Neacsiu et al., 2012; Shorey et al., 2015; Siegel, 2013; Spidel et al., 2013) and often related to attachment issues and personality pathology.

The spirit has been left out of many fields even though the role it plays in the clinical arena is significant (Lee, 2015). The inverse relationship between faith and delinquent or criminal behavior has long been established and supported by many penal systems (i.e., an increase in faith is related to a decrease in crimes such as IPV). An evidence-based assessment of the effectiveness of faith-based programs reveal that they "work" in reducing recidivism (Dodson et al., 2011). One extensive systematic review of 272 faith and crime studies from 1944 to 2010 revealed that in 90% (i.e., 247 of 272) of the studies more God means less crime and delinquency (B. R. Johnson, 2011). Subsequently, a meta-analysis of 62 studies was undertaken confirming that religious involvement reduces felonious and delinquent behaviors (Kelly et al., 2015). Therefore, the current study endeavored to develop, pilot and evaluate a gender inclusive Christian-based intervention program for perpetrators of IPV, that is theoretically sound and constructed on existing evidence. The research approach adopted was that of mixed methods with a focus on applied research to effect change regarding policy and practice, in a bid to curtail or prevent partner abuse (e.g., to lay the groundwork for the possible dissemination of an innovative intervention program).

Review of the current state of research on intervention

The dominant intervention programs for perpetrators of IPV, worldwide and in South Africa, are based on the Duluth model which attributes IPV to male privilege (Krieg Mayer, 2017; De La Harpe & Boonzaier, 2011; Misso et al., 2019) and tend to embrace an ideology of patriarchy rather than being theory driven and evidence-based (Corvo, 2014; Eisikovits et al., 2008). In the United States 95% of BIPs operate under the philosophical framework that IPV stems from patriarchal factors of power and control (J. Babcock et al., 2016). The gender paradigm has dominated BIPs and criminal justice policy for over four decades (Dixon et al., 2012), even though the social science data consistently find that these BIPs seem to be relatively ineffective in reducing recidivism (J. Babcock et al., 2016; Canton & O'Leary, 2014; Chesworth, 2018; Ehrensaft, 2008; Haggård et al., 2017; J. C. Babcock et al., 2004). For instance, Haggård

et al. (2017) conducted a controlled quantitative study of the effectiveness of the Integrated Domestic Abuse Program (IDAP), which is a manual-based group intervention for adult male perpetrators of IPV. The program originates from the Duluth Domestic Abuse Project (DAIP) and takes a pro-feminist, psychoeducational approach to violence that focuses on men's general use of power and control over women. The findings support conclusions from systematic reviews that the IDAP has poor effects on continued violent behavior. In fact, none of the effects in the study of Haggård et al. (2017) could be secured statistically which suggests an urgent need to develop improved interventions for perpetrators of IPV. Corvo (2014, p. 352) concurs and states that the inadequacy of the Duluth model "has been repeatedly and exhaustively documented."

A recent systematic review of 400 studies and a national survey of BIPs across the United States and Canada proposes that the limitation of existing BIPs is largely due to current State standards that regulate program content to include a feminist and gendered ethos as a prerequisite for service providers to receive support and public funding (J. Babcock et al., 2016). Thus, the Duluth model that once pioneered intervention seems to have become an impediment to effective IPV intervention and criminal justice responses to IPV. One reason that has been posed as to why Duluth-type models are still supported, accredited and regulated by governmental standards is due to the lack of other standardized replacement models. The Washington State Institute for Public Policy states the following (Miller et al., 2013, p. 1):

> We found no effect on DV [domestic violence] recidivism with the Duluth model. There may be other reasons for courts to order offenders to participate in these Duluth-like programs, but the evidence to date suggests that DV recidivism will not decrease as a result. . . . We found five rigorous evaluations covering a variety of non-Duluth group-based treatments. On average, this diverse collection of programs reduced DV recidivism by 33%. Unfortunately, these interventions are so varied in their approaches that we cannot identify a particular group-based treatment to replace the Duluth-like model required by Washington State law.

A decade ago, Ross and Babcock (2010) emphasized the need to improve upon current IPV treatments and specifically regarding the disconnect between empirical findings and public policy. Faith as a desistance strategy from deviance (e.g., addictions) and criminal activity has garnered empirical support by numerous researchers (B. R. Johnson, 2011; Howell & Miller-Graff, 2014; Kelly et al., 2015; Kewley et al., 2015; Lund, 2017; Park, 2016). Violence often results from the interaction between biological, psychological and social (e.g., environmental or situational factors) correlates but is not always reducible to the one or the other. The spirit is an emergent property of all the interactions and capable of having an influence at any level of functioning (Lee, 2015). Therefore, any strategy of prevention will be incomplete if spirituality is not taken into cognizance. The deliberation calls for

continued research in the field of IPV intervention and indicates that there is scope to explore the incorporation of faith in a BIP. See Flasch (2020) who includes spirituality as a recovery-facilitating element regarding IPV victimization. This has important implications because partner abuse is often bidirectional (Straus, 2015) where both partners are abusive toward one another.

Methods

The impetus for this action research was to design, develop and evaluate an evidence-based gender inclusive (Corvo, 2014; Dixon et al., 2012) intervention program for perpetrators of IPV, over a series of activities which included a collective case study, piloting, refining, finalizing the preliminary draft intervention and testing (Fraser & Galinsky, 2010). The research approach was that of mixed methods where a sequential transformative research design was utilized which is a two-phased procedure with a theoretical lens (Creswell & Creswell, 2018). The study supported a bio-psycho-socio-spiritual causational and remedial approach to IPV. The sequential transformative strategy consisted of a first phase where qualitative data was collected and analyzed, followed by a second phase which incorporated quantitative data gathering and analysis. The first phase entailed conducting a collective case study where the sample was purposively selected and included perpetrators, victims, the criminal justice system and service providers (Creswell & Creswell, 2018). Only the results of the perpetrators (who were given pseudonyms) are presented due to space limitations. Interpretative phenomenological analysis (Smith et al., 2009) was used to analyze the data which informed the development of the program.

The second phase (i.e., pilot study and evaluation) made use of a single-group pre-posttest and follow-up quasi-experimental design. Observations and face-to-face interviews regarding the participants' experience and feedback were captured throughout piloting to refine and finalize the initial draft of the intervention. The experimental design can be illustrated as follows (Mertler, 2012): Group N (nonrandom assignment) → O (pretest, viz., DASS21) → X_1 (treatment condition, viz., the intervention) → O (posttest, viz., DASS21) → O (follow-up, viz., DASS21). The study population comprised of six court-referred perpetrators of IPV. Data collection included an initial intake and assessment of the participants prior to implementing the intervention because certain criteria had to be met (e.g., being married, cohabiting or dating the victim). All the participants were Christians (male and female) living in Pretoria, South Africa. Five of the six participants came from hostile family backgrounds. Three participants witnessed IPV, two were victims of child abuse and only one participant enjoyed a stable home environment. Their ages ranged from 36 to 47 and the length of their abusive relationships ranged from five to nine years.

The DASS21 pre-posttest and follow-up was statistically analyzed with the Statistical Package for Social Sciences (version 25) (IBM Corp, 2019). The DASS21 is a self-report instrument and necessitates no special skills or professional qualifications to administer it. The DASS21 questionnaire is also in the public domain and therefore permission to use it is not required. The DASS21 questionnaire and scoring key may be downloaded from the Depression Anxiety Stress Scales (DASS) website and copied without restriction (Psychology Foundation of Australia, 2018). Moreover, both the DASS42 and short-form version, namely, DASS21 consistently reflect test-retest reliability (Field, 2018). Hence, both versions can be used in research as a tool to assess typical dysphoria and sadness, physiological arousal and fear, as well as states of tension and stress (Psychology Foundation of Australia, 2018). The Wilcoxon signed-rank test was utilized to a compare what changes took place between the pre-posttest and follow-up data with the same participants or group, while Friedman's ANOVA rendered descriptive statistics to demonstrate possible significant changes across all three measurements (cf. Field, 2018). A triangulation of sources, methods and observers was employed to enhance the credibility of the research. In addition, a careful consideration of research ethics underpinned the trustworthiness and fidelity of the study.

Results

The qualitative data is provided via an ensemble of verbatim extracts from the participants who perpetrated IPV to support the link and assumption that depression, anxiety and stress play an important role in partner abuse. Their biographic background is succinctly presented as follows: (a) Jan is a male aged 62 and has several postgraduate degrees. He was abandoned by his biological father and witnessed IPV between his mother and stepfather. All his intimate relationships were tumultuous. He was physically, verbally and psychologically abusive toward his partners. Acts of aggression were also directed at objects when he admitted that "she came there and I broke everything in my flat;" (b) Jermaine is a male who is 30 years of age and has Grade 11. He was abandoned by his biological father and was verbally and emotionally abused by his mother. Although Jermaine had broken his girlfriend's nose which led to her seeking a protection order against him, his abusive behavior toward her was predominantly psychological and verbal; (c) Grace is a female aged 26 and is an electrical engineer. Although she was raised by both her parents, she witnessed IPV and endured child abuse from her father. Grace's violence was often directed toward her siblings (e.g., she once hit her sister with a brick and severely beat up her brother). She asserted that "if I was in a relationship at the time, I would probably have been as abusive as my father, if not worse;" (d) Mpho is a male aged 60 and has Grade 11. Due to migration he was raised by his relatives and endured child abuse in their care. Mpho

claimed that he no longer perpetrated violence, however, he affirmed that his previous marriage exuded instability where violence and feelings of low self-esteem were the order of the day; and (e) Joshua is a male aged 56 and completed Grade 12. He was a victim of child abuse at the hands of his mother and witnessed over 20 years of IPV inflicted upon his father. Joshua also resorted to aggressive behavior in early adulthood to resolve conflict. He was mostly verbally and psychologically abusive (e.g., he once told a fiancé who was threatening suicide that he would help her to take her own life). However, other acts of aggression included the destruction of property.

Problem identification

As a prelude to presenting the findings the authors want to highlight that although this paper focuses on the role of depression, anxiety and stress as contributing factors in IPV, a multicausal, multidimensional and multiagency approach in addressing IPV is propagated. A myriad of factors may have an impact on IPV as illustrated by the comment below.

> Jan: Each guy has got his own genes, which is very important, has got his own childhood, which is very important, has got his own history, which is also very important. . . . Maybe the guy has got an alcohol problem. Drug or medication abuse plays a major role in aggression, major, major, major role. Maybe the guy is sitting with a tumor in his brain, in his frontal lobes. I think, the physiological problems with people, can add to their aggressive behavior, like brain injury … There can be a huge underlying biological problem. Maybe his adrenal glands are [large]. Now when there is an over secretion of adrenalin, when you just touch the guy like this, he can explode. This is of cardinal importance. The biological factor can be 50%. It can be 70% and it can be a 100%, why people get aggressive. And then there may be pathology, a history of psychiatric diseases. Like schizophrenia, like borderline, paranoia, antisocial. Existing psychiatric problems, psychological problems of the past might have an influence on this guy's aggressive behavior.

The above excerpt is particularly relevant regarding themes of depression, anxiety and stress. For instance, apart from other important functions, the adrenal glands produce adrenaline (e.g., that may trigger a fight, flight or freeze response) and cortisol which influences the way in which individuals respond to stress (Chesworth, 2018; Kim et al., 2015; Siegel, 2013). Symptoms of impaired adrenal functioning includes rapid heart rate, feeling jittery or nervous, moodiness, irritability and depression (George et al., 2006).

Theme 1: depression

There is a correlation between depression and IPV for both men and women who perpetrate violence (Barros-Gomez et al., 2019; Devries et al., 2013; Winstok & Straus, 2014). Psychological challenges such as bipolar disorder

(i.e., a display of both manic and depressive episodes) and self-harm or self-injury behaviors which include cutting (i.e., the deliberate use of a sharp object to cut one's skin) are often linked to bouts of severe depression and self-loathing.

> Grace: I think at the end of my first year [at university] I realized that I could just not carry on the way I was carrying on. Like I was tired. By that time I had tried everything, I, I, the alcohol, the drugs, everything. The cutting, I was tired by the time, you know. . . . I was hurt, I was hurt, it just feels sad, I had like major mood swings. Actually I was diagnosed with bipolar during that time. In my Grade 12 year I went to hospital because I cut myself. . . . The mood swings were super excitement and aggression. . . . I think I was really sad. Really, like it was, it was, literally I was hurt. Like on the inside, like I was hurt. You know, I was so hurt. Like I was really really hurt. It would be painful inside.

Joshua gave a retrospective account of domestic violence (i.e., child abuse is often concomitant to witnessing IPV) perpetrated by his mother. The following description of Joshua's mother's behavior encapsulates a potential mood disorder such as depression, marked impulsivity with little heed to the possible consequences of behavior, as well as the lack of responsibility which is often exhibited by perpetrators of IPV. Joshua commented that "after two weeks of assault and nonsense she [mother] would suddenly cut her wrists and bleed into the bath. Look what you've done to me!" Joshua's mother not only displayed being a master blame-shifter, but also resorted to self-harm behaviors such as cutting her wrists and self-poisoning when she drank pesticide, with the likely intention of committing suicide.

> Joshua: While I was in the army I got the news, my dad phoned me and told me "you know your mother is in Weskoppies" [a mental institution]. That's good news [I thought to myself]. She drank DDT [pesticide which is now banned]. I remember visiting her and the foam coming out of her mouth.

In general, boys are not encouraged to be emotionally expressive and therefore in many cases when depression presents itself it may remain hidden (Winstok & Straus, 2014).

> Mpho: Because even now I can tell you that I am depressed, but you can't see it. Because of my life [abusive childhood], but I took it upon my shoulders I'm going to carry this and I'm going to take it out because I've got a challenge now with my relationship.

Depression can be endogenous (i.e., biological such as an imbalance in serotonin levels) and/or exogenous (i.e., where the environment plays a role such as insecure attachment or the loss of a loved one) in origin (Sadock et al., 2015). Numerous situational factors could have mediated Jermaine's negative affect and the physical altercation that took place between himself and his girlfriend. For example, infidelity, the suicide of his brother and the fact that his mother died six months after his brother's death. Moreover, Jermaine's environment was riddled with absent fatherhood, poverty, addiction, crime

and gangsterism. Jermaine's deceased brother whom he looked up to as a role model was a drug dealer and provided for the family in this manner. Thus, Jermaine suffered the untimely loss of two family members in succession, as well as the loss of his brother's financial support. He could also possibly have lost face so to speak due to his girlfriend being unfaithful.

> Jermaine: So everything that happened was, a, she was hurting me [cheated on him] and, I went through my own things and that's what just escalated everything. Because I lost my brother and my mum. That happened like last year, but that was more like I was depressed. I was in a very dark place. Actually I was mourning.

Theme 2: anxiety

Perpetrators may be victims and often are and victims may also be perpetrators and often are (Straus, 2015). Jan, Jermaine, Grace, Mpho and Joshua all witnessed IPV and/or were victims of child abuse. Thus, an intergenerational transmission of violence was identifiable in the data. Perpetrators may have developed what is termed conditioned fear responses (i.e., fight, flight and freeze) that emanate from traumatic childhood experiences where abusive behavior is triggered by minor or unrelated events (George et al., 2006). Additionally, the violence takes place in front of or in the presence of others, especially the children.

> Grace: Maybe they [mother and father] would just be having a normal conversation, we would all be there and it would be a normal conversation and like three minutes later it would escalate. You know, and either she would say something wrong when she was replying, or there was a misunderstanding, or I don't know, something, just like in that very instant. You know, so he would for example, if he was sitting down, okay, so let's take for example, an ashtray. If there was an ashtray, he would throw it first at her. Now all of us are like there.

Similarly, Grace was triggered by "little things and what not. If somebody speaks to me, if you just say something in the wrong way." Eggshell environments can be a source of immense anxiety for victims as portrayed by the following excerpt. The unpredictable nature of the violence that Grace witnessed instilled fear and anxiety, even into adulthood when she accidently broke something.

> Grace: It could go on a lot, hey. The arguments and stuff like that, you would hear them [mother and father fighting] and we would be tense in the house, nobody dare drop something, literally it is a problem. Nowadays it is much better, I used to be afraid. I myself, if I'm not in the house and I'm at the base [missionary school] for example, and I drop something, it used to be like: O, my goodness I need to make a plan with this! ... There would be severe consequences for breaking a plate or dropping something. There was a lot of fear. The violence was unpredictable. Yo, yo [colloquial expression in South Africa for "extremely"], so unpredictable.

The fear in many abusive homes must at times be insurmountable. As mentioned, conditioned fear responses may elucidate many facets of IPV perpetration (George et al., 2006). Grace portrays the following fear-provoking scenario involving her father. “Okay, he’s a policeman so he had a gun. He was always threatening us with his gun. He always pointed it to our heads, we could always feel it, it shoots in the air, you know.” Thus, memories from childhood may trigger perpetrators to feel apprehensive or rage as adults. Joshua recalled that “when I think back now my memories are very vivid, trauma does that. It is absolutely indelible.” In reference to the 1984 horror film, Joshua described his home environment as “Nightmare on Elm Street Two.” Fear and anxiety are often interrelated as they serve as alerting signals of an external and internal threat (Sadock et al., 2015), whereby perpetrators often experience symptoms of increased automatic arousal such as an exaggerated startle response which is out of context to the stimulus. Joshua relayed that if a dish broke, it could “be the catalyst for two weeks of hell to follow” toward his father.

> Joshua: Now ever since I can remember, my mother has been fighting with my dad as in strife. Very serious, very serious strife. We talk about blood, axes and knives, ever since I can remember. My dad would just back off. A little thing would prompt an attack. For example, I was busy drying dishes and the dish slipped because of the soap and broke. Now that would be the catalyst for two weeks of hell to follow, towards my dad.

Joshua believes that he wet the bed until the age of twelve because of fear and anxiety. Furthermore, he contends that due to his traumatic childhood, although no formal diagnosis was made, he was institutionalized in a mental health facility for nine months at the age of 24. Thus, health and psychological repercussions of IPV surfaced for child abuse victims while growing up, as well as manifested during adulthood where they also perpetrated violence (Callaghan et al., 2018). It is possible that due to the unpredictable and often unreasonable nature of their behavior, perpetrators frequently display high levels of social anxiety which often leads to isolative behaviors typically found in abusive relationships (George et al., 2006). Jan explained that “what she didn’t understand about me, I couldn’t socialize, I still cannot socialize, and that was the biggest problem. I mean, I didn’t like other people around us.” The foregoing discussion seems to substantiate a developmental trajectory toward abusive behavior throughout the lifespan (Corvo, 2014; Ehrensaft, 2008).

Theme 3: stress

To reiterate, situational factors may escalate violence as illustrated in the case study of Jermaine who lost his brother and his mother in a short space of time. His brother was the breadwinner and therefore the financial constraints must

have been weighty. Jermaine never completed his schooling and was unemployed. Many factors could have played a role in contributing to Jermaine's abusive behavior, such as depression due to grief, possible jealousy because of his girlfriend's betrayal, alcohol abuse and the stress related to the disadvantaged and violent community that he was living in. Apart from the inherent stress of contending with a disorganized community where gangsterism seemed to be the order of the day, impoverished communities are conducive to a lack of education and therefore unemployment with its own unique set of stressors (Clark, 2012; Hubbert, 2011; Jefthas & Artz, 2008). For instance, unemployment fosters a lifestyle of deprivation and feelings of low self-esteem, compounded by a lack of self-confidence, vulnerability, sensitivity and a diminished stake in conformity.

> Jermaine: Because I have friends that's doing 25 years and others are doing twelve years who are in prison for murder. Because I used to live a bad lifestyle, that's why God didn't just take me out of a corner, or out of, no. He took me deep, deep, deep out of the devil's hands, so I was lost in the world. I used to walk with a gun every day and yes, one time I actually just almost shot people because I, I was like, I took um acid and it makes you hallucinate, and I was like seeing people coming with guns and I almost shot people unnecessarily. . . . What happened was, we were doing things that I wasn't actually really even supposed to do. First of all because where I come from, I come from a background of drugs. It's like my pastor told me, it's not like we don't believe in drinking or we don't want to drink. It's like, um, it weakens your resistance towards everything. . . . and then those things happened and because I was drunk, I got rude and I handled things, in a bad way.

Mpho stated that what may have contributed to his abusive behavior "was poverty. And no opportunities." The following excerpt illustrates that unemployed may be promote IPV.

> Mpho: I did not realize I was a perpetrator by then. Because I was a bit troubled. It started when I was not working. So life started to be a bit rocky. Because as a father you need to support your children, you got to see your wife gets that and that. I couldn't buy anything you know. . . . and there were those words that you get "you can't provide, but you say that you are a man." Now you don't have to remind me, I know. You can't always get immediate employment. Now that thing dragging to get employment brings stress. And now your self-esteem also goes down. So you know those talks brings out stuff. You don't have shoes, you don't have a shirt, you can't provide for yourself, you can't provide for your kids, you can't provide for your wife, then the whole stress comes upon you. Not to say that I was not trying to get a job. I was having these jobs that weren't paying much. Mockery comes in and you feel angered. But immediately when you get a job that thing [partner abuse] ceases. It goes down, yes. Because now you can afford, once you couldn't afford, even the littlest thing like a sweet. For a man it is very much awkward.

Chronic stress (e.g., as a result of complex trauma) or situational factors (e.g., unemployment and jealousy) can be a source of tremendous conflict. Stressful situations may become so overwhelming that it can put an individual into a constant state of free-floating anxiety, distress and despair (Devries

et al., 2013; Roberts et al., 2011; Salari & Sillito, 2016). However, in contrast to despair, a positive self-appraisal and hope can be associated with faith and prayer because of the confidence that is derived from believing that God is able to do superabundantly above all that one can ask or think (Ephesians 3:20).[1] There is a strong correlation between hope and forgiveness which fosters relational and subjective well-being, for example, conflict resolution and a reduction in depression, anxiety and stress (Jankowski & Sandage, 2011). Joshua drew the following analogue regarding unforgiveness.

> Joshua: Harboring unforgiveness is like burning down your house trying to get rid of a rat. It is a lethal and deceptive way that satan uses for self-destruction. He deserves unforgiveness [feeling], but in the meantime, it destroys you.

Forgiving the people that have hurt one and more importantly, forgiving oneself is critical. A growing number of empirical studies (e.g., in the field of positive psychology) reveal that forgiveness correlates positively with mental, emotional and physical health (Lund, 2017; Park, 2016). Forgiveness is not always natural to human beings, but through faith and grace forgiveness is attainable. Forgiveness is crucial to the healing process and to be set free from resentment, anger and hatred.

Program development

The developed gender inclusive Christian-based program is essentially vested in the following core elements: (a) a focus on trauma which can be instrumental in evoking self-compassion and empathy which is often lacking in perpetrators of IPV; (b) a dialectical-behavioral emphasis that fosters acceptance and change; (c) psychoeducational components (e.g., a discussion on the possible causes or triggers of abusive behavior such as jealousy, depression, stress and alcohol abuse); and (d) cognitive-behavioral components that underscore emotion. A succinct exposition follows regarding the above four facets of the program and specifically how they relate to addressing depression, anxiety and stress.

Firstly, in contrast to the dominant Duluth model, addressing trauma was considered as of cardinal importance. It is argued that trauma does not necessarily give rise to an excuse for the perpetration of violence. Instead, dealing with trauma may enhance self-compassion which is conducive to self-control (Lund, 2017; Morley, 2015), as well as forgiveness which should decrease painful and negative emotional arousal such as depression and anxiety (Park, 2016). It is important to explore early childhood experiences and their possible effect on the experience of the self, as well as the representational model that an individual may have of others due to earlier attachment relations replicated in adulthood. Cross-disciplinary findings constantly reveal that trauma may hijack normal development resulting in neurological

abnormalities (e.g., impaired metacognition), psychological repercussions such as depression and anxiety, as well as the diminished ability to deal constructively with conflict and stress (Atwoli, 2015; Chesworth, 2018; Corvo, 2014; Devries et al., 2013; Flemke et al., 2014; Misso et al., 2019; Neumann et al., 2010; Siegel, 2013). Grace confirmed that her "aggression was a way of expressing the pain. Of not really knowing how to express it, to deal with it in a healthy manner." Perpetrators of IPV need to reconnect with walled-off pain from the past because negative experiences can be reframed when they are understood (Spidel et al., 2013). Otherwise, unrecognized traumatic experiences may continue to be a driving force behind destructive behaviors which often include an element of depression. Although not all perpetrators of IPV come from hostile environments, trauma is nonetheless a universal phenomenon, such as life stresses which subsumes the death of a loved one.

Secondly, the deep realization that nothing can make a person unacceptable to God makes it possible to accept oneself as one is, while desiring to change abusive behavior. In other words, knowing that "all have sinned and fall short of the glory of God," (Romans 3:23) and that there is "no condemnation to those who are in Christ Jesus" (Romans 8:1). The seeming paradox (i.e., using dialectics or opposing ideas in an attempt to find a balance between two extremes, namely, acceptance and change) is at the heart of dialectic behavioral therapy (which was developed by Marsha Linehan) and is one of the strongest contenders in the domain of treatment for perpetrators of IPV (J. C. Babcock et al., 2016; cf. Cavanaugh et al., 2011). The dialectical-behavioral component in the program fosters self-acceptance (i.e., self-compassion) as opposed to shame and self-loathing that may manifest in depression, as well as the acceptance of one's current situation, problems and difficulties with a focus on change. For a Christian, the Holy Spirit does the renewing work. In contrast to "I will never hit you again," the Holy Spirit is operative and does both the willing and the working (Philippians 2:13) to counteract abusive behavior. It is not a matter of "I must change." It is a matter of growth in life, in other words, gaining more of Christ and being constituted with His divine attributes throughout one's being, namely, the spirit and soul and body (1 Thessalonians 5:23).

Contacting and receiving God (i.e., having a relationship or fellowship with Him) via the spirit through, for instance, prayer and reading the Bible activates the conscience.[2] Thus, the human spirit plays a fundamental role in establishing internal control mechanisms such as empathy and self-control which is pivotal to the cessation of IPV (Romero-Martínez et al., 2016; Zosky, 2018). Furthermore, perpetrators of IPV usually have difficulty in affect regulation (e.g., mood swings) which impacts on behavior regulation or self-control (Assari, 2017; Cavanaugh et al., 2011; Goldenson et al., 2009; Neacsiu et al., 2012). Hence, interventions that target emotion regulation may effectively

reduce IPV (Shorey et al., 2015; Stuart et al., 2006). The conceptualization of prayer as an affect-regulation strategy is supported by the evidence. "In an attachment framework, prayer becomes a means of engaging the sacred as a safe haven during times of distress and as a secure base from which to explore" (Jankowski & Sandage, 2011, p. 116). S. M. Johnson (2019) agrees that prayer can be considered as an effective coregulation stratagem as the believer accesses God as a protective attachment figure. Thus, one antidote to the emotion of anxiety is prayer. "And the peace of God, which surpasses every man's understanding, will guard your hearts and your thoughts in Christ Jesus" (Philippians 4:7). It is well established that jealousy may precipitate IPV (Foran & O'Leary, 2008b; Nemeth et al., 2012; Rodriguez et al., 2015; see Utley, 2017). The findings of Arnocky et al. (2015) support that anticipated infidelity in partner abuse may elicit an anxiety response. As a result, the authors contend that it could be of considerable value if a BIP harnessed anxiety management and reduction strategies such as prayer. In addition, prayer facilitates safety, self-value, self-compassion and forgiveness which may mediate self-regulation.

Thirdly, psychoeducational components (cf. Holtrop et al., 2017) included relaxation and stress reduction guidelines, as well as practical suggestions to counteract depression (which are not intended to replace conventional remedies such as antidepressant medication or psychotherapy). Accumulated stress can be considered as a trigger to emotional dysregulation (Siegel, 2013). Apart from witnessing trauma or the unexpected death of a loved one which is particularly common in South Africa, political or criminal violence often occurs in public settings and increases the risk of mood and anxiety disorders (Atwoli, 2015). To illustrate, Jermaine attested to having friends in prison on murder charges and that he "used to walk with a gun every day." To restate, all the participants in the qualitative phase witnessed IPV and/or were victims of child abuse. Another psychoeducation component in the program was to make group members mindful that thoughts are not always facts and that maladaptive thinking patterns could lead to IPV (Kelly & Pransky, 2018; Rodriguez et al., 2015). For example, perpetrators are usually overly sensitive to perceived slights or criticism (as mentioned Grace was triggered by "little things and what not") and are often preoccupied with notions of infidelity (e.g., fear of rejection or abandonment). Jealousy can elicit aggressive behavior by activating automatic responses (e.g., associated with the hypothalamic-pituitary-adrenal axis) that are expressed in the presence of a perceived threat. The activation of this system includes hyperarousal, an increase in the secretion of stress hormones (often linked to reactive aggression) and emotional distress consisting of rage (which is often a masked emotion of pain and fear), depression and anxiety symptoms (Arnocky et al., 2015; Chesworth, 2018; George et al., 2006). Impaired social information processes may result in misunderstandings which can create a fertile breeding ground for conflict.

Aggression is often a manifestation of vulnerability, insecurity, stress, fear and anxiety (George et al., 2006). An exercise was designed and included to assist participants to reflect on fear as a possible trigger of abusive behavior. Additionally, faulty cognitive thought processes are discussed to address, for instance, possible constraints that may hinder change (e.g., not taking responsibility and justifying the abuse). The program endorses a holistic approach to partner abuse and therefore recommends adjunct services such as rehabilitation for substance abuse. Although there is no cause-effect link between alcohol abuse and IPV (Foran & O'Leary, 2008a), the data revealed that alcohol abuse, especially in conjunction with warranted (or unwarranted) jealousy can escalate violence (Foran & O'Leary, 2008b; Rodriguez et al., 2015). Jermaine explained that "it [alcohol] weakens your resistance towards everything" (cf. Corvo, 2014). Nemeth et al. (2012, p. 942) concur and found consistently across couples that "violence was acutely triggered by accusations of infidelity, typically within the context of alcohol or drug use." Jealousy and substance abuse are included as topics for discussion (i.e., as possible situational factors that could trigger violence).

Fourthly, what a person thinks often governs what they say and do (e.g., notions of infidelity can evoke violence). Hence, a cognitive-behavioral component (cf. Holtrop et al., 2017) was crucial to the developed program. Cognitive restructuring also encompassed the principle of validation in an attempt to relay the value and worth of every group member. In addition, the program is emotion-focused (cf. J. C. Babcock et al., 2004) where emotional expression is encouraged (e.g., where the private experience of an individual is sufficiently authenticated such as trauma, shame, feelings of being unworthy, depression, fear, anxiety and stress). A validating milieu assists perpetrators to learn how to understand, label, regulate and tolerate emotional responses instead of oscillating between emotional inhibition and emotional lability. Emotionally focused treatments are recognized as helping to stabilize moods so that there is less emotionally driven reactivity to stress (Siegel, 2013). Moreover, it was expected that by addressing trauma and shedding light on secondary emotions such as anger that may be blocking primary emotions (e.g., pain, shame, depression, fear, anxiety and stress), emotionally charged responses to perceived threats could be disrupted. The focus on emotion which includes an element of mindfulness, was to convey to group members that there is a not a right way or a wrong way to think or to feel at any given moment. Thoughts need to be tuned to the present moment, in contrast to reliving the pain (e.g., of a traumatic childhood), or shame (e.g., emanating from cutting, being unemployed, or the act of IPV itself), or anxiety (e.g., stemming from sensory stimuli that may activate memories such as the serious consequences of a dish breaking or dropping something), that was possibly experienced in the past (Flemke et al., 2014). It is important to engage with feelings and the narrative behind the feelings (i.e., what feelings and emotions

are experienced and how they are connected to thoughts and behaviors). Moreover, learning how to express feelings may be helpful to manage negative emotions such as depression, anger and self-loathing, thereby increasing self-compassion which can be instrumental in alleviating IPV (Morley, 2015).

Program content

Various topics were extrapolated from the findings that were relevant to both sexes. The program consists of eight sessions that are two and a half hours in duration. All sessions open and close with prayer and incorporate the reading of Bible verses. Research supports that prayer and Scripture enhances self-affirmation, well-being and mental health (Park, 2016). In addition to the power of personal prayer, corporate prayer can be utilized in a group or the community to enhance solidarity with one another (Park, 2016). The gospel of Christ (Galatians 1:7), prayer and the Word of God form an integral part of the program.

> All Scripture is God-breathed and profitable for teaching, for conviction, for correction, for instruction in righteousness, That the man of God may be complete, fully equipped for every good work (2 Timothy 3:16-17).

Activities include two slideshows (i.e., visuals), check-in (e.g., feedback from the group members as to how their week fared), group discussions, written exercises, group work evaluation and homework. The program is interactive and embraces the basic principles of active learning.

Session 1 concentrates on positive restructuring which is a cognitive technique and sets out, firstly, for perpetrators to take responsibility which is essential in initiating the process of change. Perpetrators typically deny or justify abusive behavior which is counterproductive and hinders change. Secondly, the session introduces the process of identifying and challenging maladaptive thinking patterns such as "I am bad and unworthy of being loved." This is an important step because it paves the way for group members to be encouraged throughout the program to replace negative shame-based scripts with new self-affirming scripts (Park, 2016). In terms of content, the slideshow on "the mystery of human life" is a hallmark feature which is designed to promote taking responsibility, to bolster self-esteem, to encourage self-compassion and to detoxifying shame. The presentation focuses on the human spirit and that there is no condemnation in Christ Jesus who accepts a person unconditionally (Romans 8:1). Therefore, incorporating faith in a program is conducive to balancing the central dialectic of acceptance and change because it opens a gateway to internalize feelings of worthiness and self-compassion which is often a precursor to empathy and self-control (Morley, 2015). Furthermore, perpetrators usually lack empathy (Romero-Martínez et al., 2016; Zosky, 2018) and fellowship

with God activates the conscience (or empathy), as well as has the potential to foster healthier cognitive thought processes, affect regulation and behavior regulation through the restoration of the soul (i.e., mind, emotion and will), by the indwelling Holy Spirit and the law of the Spirit of life (Psalms 19:7; Romans 8:2).

Session 2 covers three main elements, namely, (a) it deals with elevating feelings of worthiness and self-esteem because human beings are created in the image of God (Genesis 1:26) and "we are His masterpiece," (Ephesians 2:10); (b) it contains a psychoeducational component relating to a discussion on the various types of partner abuse because perpetrators are often not aware that they are being abusive (i.e., they are inclined to "normalize" abuse); and (c) timeout is presented as an effective short-term anger management strategy to avert incidents of violence. The body often responds before the conscious mind because human beings are hardwired to self-protect. Thus, automatic arousal emanating from a fight or flight response such as heart palpitations, increased breathing or nervousness just before an abusive incident (George et al., 2006) could act as a cue for a pending abusive episode and to take timeout. The session includes two written exercises, namely, goals and the coat of arms to cultivate personal strengths (as opposed to shortcomings) as a resource for self-love and resilience.

Session 3 assists perpetrators to recognize (e.g., bodily responses to anger as an early warning signal) and manage anger (e.g., by taking a timeout), as a means to circumvent anger from escalating into abusive behavior. The session also focuses on getting group members to understand the impact of violence, thereby evoking empathy which is crucial if desistance from IPV is to be achieved. Repentance and confession are focal activities because when a person sinks deeper into wrongdoing the feeling of the conscience is set aside (Titus 1:15; 1 Timothy 4:2). The relationship between the conscience and confession is an important one. "If we confess our sins, He is faithful and righteous to forgive our sins and cleanse us from all unrighteousness" (1 John 1:9). Repentance which often involves the act of confession also fosters accountability (e.g., clearing the past through conciliation and putting aside the old manner of living spoken of in Ephesians 4:22–24), forgiveness (1 John 1:9), healing (James 5:16) and fellowship with God (1 John 1:6–8). Repentance generally involves a commitment to change and to be genuinely sorry for misdeeds such as perpetrating IPV. Perpetrators need to change the way they think. For example, take responsibility in contrast to self-deception and blame-shifting, develop self-acceptance and self-compassion in contrast to feelings of worthlessness and self-loathing, forgive in contrast to holding on to unforgiveness and embrace trust in contrast to notions of betrayal and the fear of rejection. It is purported that cognitive transformation is required for long-term behavioral changes. Approximately in 60 A.D. the apostle Paul wrote to the saints in Rome. "And do not be fashioned according to this age,

but be transformed by the renewing of the mind that you may prove what the will of God is, that which is good and well pleasing and perfect" (Romans 12:2).

Session 4 is mainly psychoeducational in nature and comprises of addressing situational factors which cannot be dismissed as possible triggers in instances of IPV. For instance, alcohol and substance abuse is posited to influence IPV by (a) decreasing self-regulation; (b) increasing negative affective states such as depression; (c) intensifying relational conflict which may contribute to anxiety and stress; and (d) eroding relationship quality. By recognizing substance abuse as possibly contributing to IPV does not diminish the perpetrator's accountability for abusive behavior. However, by ignoring issues such problem drinking as a potential risk factor in partner abuse may limit the effectiveness of a BIP (Foran & O'Leary, 2008a). Hence, topics of discussion relate to stress, depression, shame and substance abuse. There is a written exercise on stressful situations, a breathing exercise to reduce anxiety and stress, as well as practical suggestions to alleviate depression. Group members are encouraged to seek professional help if topics such as depression or substance abuse resonate with them as being problematic in their own lives.

Session 5 is dedicated to trauma or storytelling as an integrative tool and to detoxify shame. It is deemed more beneficial to address trauma mid-intervention because trust would in all likelihood have developed between group members themselves and the group member and the facilitator(s). It is purported that addressing core feelings and emotions cannot be detached from acknowledging trauma. Moreover, unaddressed trauma may continue to fuel intense emotions or lead to numbing and possible distorted beliefs about the self may remain confirmed. The situation is compounded by the mere act of IPV that leaves little room for self-love and ample room for more shame. Addressing trauma is not issuing a license to perpetrate violence, but to rather alleviate possible underlying feelings of unresolved issues and hurts that may have metamorphosed into feelings of anger, hatred and resentment. Perpetrators often have anger toward others (e.g., unforgiveness) and themselves (e.g., self-loathing) as a result of traumatic events. Thus, a section on forgiveness is included which may also be conducive to self-regulation. Forgiveness allows a person to achieve greater emotional stability when faced with negative emotions perhaps pertaining to an offense or past hurts (Ephesians 4:31–32). Otherwise stated, a focus on self-compassion and forgiveness should decrease painful negative emotional arousal. Unforgiveness can be a huge hinderance in the recovery process. As noted, not all perpetrators of IPV come from hostile childhoods. Nevertheless, other traumatic experiences that may have impacted on a particular group member can be disclosed in this session (e.g., retrenchment or living with a terminal illness).

Session 6 focuses on communication on both a vertical (i.e., interpersonally) and horizontal level (i.e., with God). No relationship is sustainable without

boundaries and communication helps to establish healthier boundaries. Additionally, communication improves interpersonal skills and enriches a relationship because it carries across a person's needs, expectations, vulnerabilities and imparts how certain behaviors impact on each other. The session also places emphasis on listening skills, which are integral to effective communication and necessary for developing caring relationships with one another that are built on mutual understanding and respect. Listening is the key to knowing, understanding and avoiding misconceptions. Regarding content, the slideshow on "clear skies" centers on maintaining the presence of God through repentance and confession. Confession also ushers in forgiveness. The extent of clearing-up wrongs from the past is "life and peace" (Romans 8:6), in sharp contrast to anxiety. Moreover, the way in which to deal with the conscience is through constant fellowship with God. Cognitive-behavioral components include (a) recognizing and expressing feelings (e.g., pain or shame) other than the emotion of anger which perpetrators of IPV often find difficult to do; (b) identifying negative thoughts (e.g., "I am bad") as potentially conducive to negative emotions (e.g., depression), adverse physical symptoms (e.g., insomnia) and harmful behavioral patterns (e.g., excessive drinking). Validating an individual's experience and emotions provides a structure through which increased empathy may be attained (Cavanaugh et al., 2011); and (c) an elucidation on various control tactics as a form of abuse. Assertive communication is posed as an alternative to controlling or aggressive behavior. J. C. Babcock et al. (2004) claim that interventions which show large effect sizes usually include components of relationship enhancement such as exercises to improve empathy, communication, expressive skills, as well as the identification and management of emotions.

Session 7 stresses the dyadic nature of relationships and presents faulty cognition (e.g., erroneous thinking patterns, unhelpful defense mechanisms, fear and unrealistic expectations of a partner) as a source of stress and anxiety. IPV is profoundly relational as it takes place within an intimate context and therefore interactional. Group members are made aware of how their interactions with one another may elicit IPV. Program content includes a topic on jealousy as a trigger and/or form of IPV (see Utley, 2017). Jealousy (warranted or unwarranted) is often a source of conflict. To illustrate, perpetrators usually lack communication skills and therefore it may be easier to respond with violence because they are not proficient in expressing feelings or suspicions of unfaithfulness. Another scenario is that abusive behavior may be an attempt to cover up an affair (e.g., where a physical altercation transpires in the hope that the victim does not raise the question of infidelity again). Questions or accusations surrounding cheating may also trigger the fear of rejection. Other activities include reflecting on fear, as well as distinguishing various levels of anger in order to direct aggression more effectively. The session

highlights the importance of improved communication skills with a partner to avoid tension and discord.

Session 8 serves almost as an extended check-in. There are quite a few notes for the facilitator to encourage group members to set the goal of moving from Romans 7 (i.e., being under the law of sin and death) to Romans 8 (i.e., being under the law of the Spirit of life). The idea is to encourage group members that it is possible to live without violence. Timeout is recapped because if it is properly utilized it can enhance conflict management skills, as well as interrupt abusive behavior (i.e., it may be an important anger management tool to assist in exerting self-control rather than resorting to controlling or coercive behavior). Prayer requests are revisited. A posttest structured questionnaire is administered to assess whether the participants understood the content of the program.

Determining program outcomes

The DASS21 was administered before and after piloting the program, as well as eight months after intervention (i.e., follow-up), to assess whether there was a shift in the participants' level of depression, anxiety and stress. It was deemed that monitoring negative affective states that specifically relate to IPV, over time (i.e., dysfunction verses wellness), would facilitate an empirical evaluation as to the effect of the program. The hypothesis was to determine if depression, anxiety and stress decreased due to participation in the program.

The results of the pre-posttest and follow-up are reflected in Table 1. The average DASS21 scores attained by the participants are as follows: (a) Depression ranged from moderate (pretest) to mild (posttest) to normal (follow-up); (b) anxiety ranged from severe (pretest) to moderate (posttest) to normal (follow-up); and (c) stress ranged from moderate (pretest) to mild (posttest) to normal (follow-up).

Friedman's ANOVA makes use of the ranks of the data to calculate a test statistic and the corresponding *p*-value in order to detect whether significant differences exist or not (Field, 2018). The results are displayed in Table 2.

Table 1. DASS21 descriptive statistical output.

Score	N	Mean	Std. Deviation	Minimum	Maximum
Pre-depression	6	20.33	8.618	10	34
Post-depression	6	9.67	8.892	0	22
Follow-up depression	5	6.00	9.274	0	22
Pre-anxiety	6	17.33	9.933	8	34
Post-anxiety	6	9.67	8.140	2	20
Follow-up anxiety	5	6.40	8.173	0	18
Pre-stress	6	18.67	7.118	12	30
Post-stress	6	15.00	10.020	2	30
Follow-up stress	5	6.00	6.000	0	12

Table 2. Summary of significance levels*.

	Range	Mean	Pre-post†	Post-follow-up†	Pre-follow-up†	Pre-post-follow-up‡
Depression:						
Pre-test		20.33				
Post-test	0 – ≥ 28	9.67	0.027*	1.000	0.080	0.056
Follow-up		6.00				
Anxiety:						
Pre-test		17.33				
Post-test	0 – ≥ 20	9.67	0.345	0.581	0.066	0.105
Follow-up		6.40				
Stress:						
Pre-test		18.67				
Post-test	0 – ≥ 34	15.00	0.752	0.042*	0.068	0.040*
Follow-up		6.00				

*$p < 0.05$.
†Wilcoxon signed-rank test.
‡Friedman's ANOVA.

Holistically, all the scores decreased (i.e., reflected an improvement in the scores), although the changes were not all statistically significant. The score for depression proved to be statistically significant between pre-posttest. The score for depression continued to decrease and neared statistical significance at follow-up. Although the score for anxiety was not statistically significant across the three measurements, there was a large average reduction in anxiety levels over time (i.e., from 17.33 to 6.40). The score for stress remained fairly constant pre-posttest. However, the score for stress was statistically significant for the post-follow-up measurement. The score for stress continued to decrease and also proved to be statistically significant over the duration of the measurements (i.e., pre-post-follow-up).

Discussion

Numerous researchers point to the fact that the current standard treatment for IPV perpetrators have a limited evidence base and support the development of new and enhanced interventions (J. C. Babcock et al., 2016; Chesworth, 2018; Corvo, 2014; Haggård et al., 2017). Traditional approaches to IPV assume that IPV is deliberate, "a choice" and perceive men as perpetrators and women as victims (Chesworth, 2018). This study highlights the need to investigate and to intervene regarding IPV from a gender inclusive and scientific perspective. Moreover, the study contributes to the body of knowledge by incorporating faith in IPV intervention planning and testing.

Important themes that emerged from the qualitative leg of the study was inter alia an intergenerational transmission of violence (e.g., all the participants witnessed IPV and/or experienced child abuse), mental health issues (e.g., parasuicidal behavior such as cutting), depression (e.g., bipolar disorder and suicide attempts which are highly correlated with depression), anxiety

(e.g., as evidenced in the trivial triggers), stress (e.g., unemployment and poverty) and alcohol abuse. Bowlby's attachment theory has expanded exponentially over the past two decades as far as a biopsychosocial model of healthy human development is concerned (Meyer et al., 2013). In other words, brain development is often experience-dependent which may impact on interpersonal relationships throughout the lifespan. The perspective stresses the importance of subconscious forces that drive human emotion, cognition and behavior within an interpersonal and sociocultural context.

The imperative for a BIP to identify mental health issues and substance abuse has frequently been pointed out. Hence, the inclusion of trauma, psychoeducation, cognitive restructuring and dialectic approaches in program delivery. Psychoeducational discussions included issues relating to various forms and consequences of abusive behavior, as well as possible precipitating factors such as shame, depression, anxiety, stress and alcohol abuse. Cognitive restructuring focused on emotions, erroneous thinking patterns (e.g., unwarranted jealousy and justification for the abuse) and elevating self-esteem. Given that IPV is often associated with antisocial behavior and other personality disorders it is vital that a BIP evokes feelings of empathy. The Holy Spirit can renew the mind, cultivate empathy and therefore more self-control. The issue of self-regulation (i.e., affect and behavioral regulation) is a very important aspect in many incidents of IPV. The study shows promise that incorporating faith in a BIP may function as an emotional comforter, because the test results confer that the developed Christian-based program succeeded in reducing the levels of depression, anxiety and stress experienced by the participants, with some noteworthy significant changes.

Integrating faith in a program for perpetrators of IPV provides a platform to detoxify shame and disconnection. Also, the believer can effectively bond with God whereby a safe haven connection is created which calms the nervous system (e.g., emotional balance) and distress is framed as more manageable (S. M. Johnson, 2019). In this manner God provides an unprecedented secure attachment figure that embodies relational safety which is central to emotional and behavioral regulation (i.e., self-control), as well as self-acceptance. The program emphasizes the dialectic of self-compassion and as remarked on earlier accepting one's current situation, problems and difficulties with a focus on change. It is important to remember that transformation or the receiving of a new identity in Christ is a process (Lund, 2017) and necessitates cooperation (e.g., by praying) and daily salvation. The new identity requires grace and alters the criteria on which a person bases their worth. Self-worth is no longer based on status, success, wealth, education or moral righteousness, but on God's unconditional love for humanity (Park, 2016).

To recapitulate the main findings of the pilot study, (a) the score for depression proved to be statistically significant between pre-posttest and neared statistical significance at follow-up; (b) there was a substantially large

average reduction in anxiety levels over the three measurements; and (c) the score for stress was statistically significant at post-follow-up and over the pre-post-follow-up period. A contributing factor for stress levels remaining fairly constant pre-posttest could be that many issues surrounding court matters were ongoing and/or culminating at the termination of the intervention (e.g., the pending finalization of a protection order or the case being set aside, a maintenance application and a summons for divorce). Holtrop et al. (2017) emphasize the importance of access to ongoing support to maintain progress. It is our contention that fellowship and a church life can support the process of change and act as an unparalleled source of resilience and aftercare. In fact, Howell and Miller-Graff (2014) suggest that the potency of protective factors such as greater spirituality outweighs that of adversity and psychopathology when predicting resilient functioning.

Limitations

The findings should be interpreted within the confines of a pilot study which is usually based on small scale and preliminary results. Although the study adopted a mixed methods approach the sample size in the quantitative phase was small and included one geographic location. Moreover, small sample sizes limit deductions and therefore causal linkages should be done with caution and viewed in conjunction with the evidence at hand. Apart from the tautological dilemma of not being able to assess whether the depression or the IPV came first, biological correlates of IPV were not ascertained.

Future research

The research could be broadened to determine why the changes in anxiety levels did not reach statistical significance. In addition, further testing or retesting over a series of measurements with larger groups could prove to be worthwhile in assessing the efficacy of the developed BIP, as a possible conduit to the cessation of IPV. Longitudinal studies could be particularly helpful and provide unique insights into the long-term effects of the intervention.

Conclusion

Human beings are hardwired for connection, as well as to self-protect in the form of survival mechanisms of fight, flight or freeze, to avoid danger or a perceived threat. Thus, IPV could be activated or spurred on in response to depression, anxiety and stress. In other words, instead of seeing perpetrators as having “a bad attitude” they may have a diminished metacognitive capacity which effects affect and behavior regulation (i.e., self-control). It is unlikely that information per se, such as an exposition on the “power and control

wheel" or the "equality wheel" (which are trademark components of Duluth-type models) will change impaired neuroceptions of the self or others and even less maladaptive behavior. The study endorsed the necessity to move beyond a patriarchal framework in the design and development of alternative evidence-based intervention programs for perpetrators of IPV. The developed gender inclusive program for perpetrators of IPV pursues much more than merely trying to treat the symptom, or to reeducate and provide skills to abusive partners. The program seeks transformation through the renewing work of the Holy Spirit. Transformation is much more than a new year's resolution or reformation. It is a deep inward process that with time can bring about a complete shift in dysfunctional lifestyles, behaviors and attitudes. To reiterate, to overcome IPV may not be a matter of self-effort, but a matter of growth in life.

The program was evaluated eight months after intervention and according to the preliminary findings has the potential to deter partner abuse. Moreover, the program is cost-effective (e.g., the program is faith-based and therefore can be run by volunteer networks), time-effective (e.g., eight sessions) and may foster a support system after intervention due to the emphasis on, for example, faith, intercessory prayer and cell groups. A comprehensive and integrated model of prevention is advocated that necessitates multiple services (e.g., case work to address unemployment, rehabilitation for substance abuse and screening for mental health issues such as depression), in conjunction with a family, community and church response toward the eradication of violence toward women, men and children.

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Notes

1. All the verses quoted throughout the manuscript are taken from the *Holy Bible: Recovery version* (Living Stream Ministry, 2003). When a word is capitalized in a verse after a punctuation mark other than a period, it refers to direct speech in place of quotation marks.
2. The apostle Paul substantiates that the conscience is a function of the human spirit and that the conscience governs or regulates human behavior in the following two verses: "The Spirit Himself witnesses with our spirit that we are children of God" (Romans 8:16) and "I speak the truth in Christ, I do not lie, my conscience bearing witness with me in

the Holy Spirit," (Romans 9:1). In other words, the Holy Spirit witnesses with the spirit and the conscience bears witness with the Holy Spirit.

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