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EVALUATION OF A FAITH-BASED INTERVENTION FOR INTIMATE PARTNER VIOLENCE WITH MEN AND WOMEN REFERRED BY THE COURT IN SOUTH AFRICA UTILISING THE DASS42

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Abstract

Intimate partner violence is a nefarious and major social and public health concern affecting millions of women, men and children globally. The criminal justice system plays a pivotal role in mandating interventions for perpetrators of partner abuse in efforts to eradicate violence and to ensure the safety of victims. The predominant interventions worldwide and in South Africa are based on the Duluth model. However, research indicates that the effectiveness of these programmes are limited, partly due to their theoretical underpinning of patriarchy being seen as the root cause of abusive behaviour. This study used a quantitative research approach to assess the impact of a gender inclusive faith-based intervention for perpetrators of intimate partner violence. It involved administering the full Depression, Anxiety and Stress Scales as a pretest-posttest to measure changes in these negative affective states, which are highly correlated with partner abuse. The sample consisted of a cohort of 19 respondents who were court-referred for assault. The results revealed that holistically, all the scores decreased (i.e., indicated lower levels of depression, anxiety and stress), where the score for stress proved to be statistically significant pretest-posttest. This is a noteworthy finding because stress is implicated in the reoccurrence or continuation of abuse. The findings suggest that the intervention has the potential to deter violence between couples.

Keywords: Intimate partner violence, intervention, faith, gender paradigm, trauma, DASS42

Introduction

Intimate partner violence (IPV) remains a serious social problem globally despite decades of research and public policy efforts. Prevalence studies indicate that 43.6 million women (i.e., 36.4 percent) and 37.2 million men (i.e., 33.3 percent) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime (Smith et al., 2018). IPV has a deep-seated impact on the victim and children that are exposed to domestic violence (DV), as well as on the perpetrator. In addition to the possible intergenerational transmission of violence, the extent and deleterious impact of witnessing violence on children is well-documented (Ehrensaft et al., 2003; Ehrensaft & Cohen, 2012; Miranda et al., 2021; Savage, 2014). Estimates of children affected by IPV can run into the millions. A study conducted in the United Kingdom suggests that approximately 29.5 percent of children under the age of 18 have been exposed to IPV during their lifetime (Callaghan et al., 2018). The negative consequences of IPV include physical injuries, mental health issues, substance abuse and numerous health related problems. The following is a succinct outline of some of the adverse health consequences of IPV which are grouped into five categories (Centers for Disease Control and Prevention, 2017): (a) Fatal: Femicide, mariticide, suicide, abortion, immune deficiency syndrome and stillbirth. (b) Physical: Burns, fractures, chronic pain syndromes, seizures, human immunodeficiency virus, migraine, stomach ulcers, heart disease, hypertension, irritable bowel movement and central nervous system disorders. (c) Reproductive: Unwanted pregnancy, low birth weight and premature labour, sexually transmitted infections and sexual dysfunction. (d) Psychological: Depression, anxiety, posttraumatic stress disorder, borderline traits, antisocial behaviour, low self-esteem, substance abuse, insomnia and eating disorders. (e) Social: Restricted access to services, strained relationships with health providers and employers, isolation from social networks and homelessness.

A comprehensive outline of the causes of IPV is beyond the scope of this article. However, IPV can be influenced by a multitude of interconnected factors. These include neurobiological correlates (Misso et al, 2018), personality disturbances (Ehrensaft et al., 2006), structural violence (Hubbert, 2011; Jefthas & Artz, 2008), situational factors (e.g., unemployment, stress, substance abuse and jealousy), and even spiritual correlates (Istratii & Ali, 2022). Religious doctrines, for example, may discourage victims from leaving their abusive situations and can be used by perpetrators to justify the abuse.

The most influential intervention programmes for perpetrators of IPV, worldwide and in South Africa, are based on the Duluth model which attributes IPV to male privilege (Cluss & Bodea, 2011; De La Harpe & Boonzaier, 2011; Graham-Kevan & Bates, 2020; Krieg Mayer, 2018; Misso et al., 2018). The gender paradigm has dominated intervention

and policy for several decades, even though the social science data consistently find that the predominant Duluth-type models seem to be relatively ineffective as a treatment strategy (Babcock et al., 2016; Canton & O'Leary, 2014; Haggård et al., 2017). Babcock et al. (2016) assert that continuing to mandate men to attend such interventions presents as questionable practice and that it is time to explore different alternatives. Mandating perpetrators of IPV to programmes that have a small effect or poor outcomes may also give victims a false sense of security, for example, when their partners have undergone court-mandated diversion programs that ultimately fail to modify abusive behavioral patterns. Moreover, mandating ineffective programmes will have a minimal effect in countering the intergenerational transmission of violence. It is imperative that intervention programmes demonstrate their efficacy in preventing family violence. Additionally, there is a dearth of empirically supported treatment for IPV perpetrated by women and therefore interventions addressing female-perpetrated violence needs to be developed (Krieg Mayer, 2017).

Faith-based programmes offer similar types of treatment in addressing various social ills as secular programmes, the primary difference being some type of religious component embedded in the intervention (Dodson et al., 2011). Examples of faith-based programmes are Alcoholic Anonymous, Narcotics Anonymous and Kairos Prison Ministry. Faith-based programmes are accredited for reducing recidivism and have international acclaim in their efficacy (Dodson et al., 2011). Research consistently finds that religious commitment is a source for enhancing beneficial outcomes such as well-being, hope, meaning, purpose, self-esteem and educational attainment (Johnson, 2011). Trauma (Ehrensaft et al., 2003; Ehrensaft & Cohen, 2012; Gass et al., 2011; Roberts et al., 2011), low self-esteem, a lack of self-compassion (Morley, 2015) and a lack of empathy (Romero-Martínez, 2016; Zosky, 2016; Zosky, 2018) is often associated with IPV. Therefore, it is vital that interventions for IPV counteract feelings of shame and inadequacy. Integrating faith in a remedial strategy for perpetrators of IPV provides a platform to detoxify shame (Lund, 2017; Park, 2016), which can enhance feelings of self-worth and connection.

Kewley et al. (2015) report that the beneficial effects of religious engagement includes the following: (a) Reduced recidivism; (b) reduced use of substances (Connolly & Granfield, 2017); (c) reduced antisocial behaviour; (d) assists the desistance process; (e) acts as an emotional comforter that improves psychological outcomes such as a reduction in negative emotions, for example, anger, depression, anxiety and stress which are highly correlated with IPV (Lagdon et al., 2023; Sesar et al., 2015; Mngoma et al., 2016); (f) provides access to prosocial peers; (g) strengthens social bonds and social opportunities; (h) assists individuals to form positive identities giving a sense of purpose, meaning and a new way of life; (i) offers moral guidance; and (j) provides a support network which is usually lacking after intervention. In fact, the study of Espelage et al. (2020) found that social support was significantly protective across all forms of teenage dating violence which often evolves into full-blown IPV, even after controlling for known risk factors. Mngoma et al. (2016) confirm that protective factors or resilience towards IPV includes increased self-esteem and social support.

The current study received additional funding as a project for personal growth and dialogue in responding to situations of IPV in South Africa. It is important for funders to be assured that service providers offer interventions that "work". Health care professionals are coming under increased pressure to furnish empirical evidence in support of the quality of assistance that they provide across settings. Moreover, evidence-based practice forms an integral part of a coordinated multiagency and community response to eradicate violence in all its forms. This study utilised a quantitative research approach to assess the impact of a gender inclusive faith-based intervention for perpetrators of IPV. It involved administering the full Depression, Anxiety and Stress Scales (DASS42) pretest-posttest to measure changes in depression, anxiety and stress levels. Robust research reveals that these negative affective states are highly correlated with abusive behavior (Ehrensaft & Cohen, 2012; Lagdon et al., 2023; Salari & Sillito, 2016; Sesar et al., 2015; Spencer et al., 2019), for men (Shorey et al., 2012b) and women (Shorey et al., 2012a), in western and non-western societies (Mngoma et al., 2016). Hence, the premise was that should the scores for depression, anxiety and stress decrease, then abusive behavior will also be less likely to reoccur, or at least decrease in frequency and/or severity after intervention.

Method

The current study adopted a quantitative research approach. Sampling was purposive and consisted of a cohort of 19 heterosexual court-referred respondents for assault. A client intake assessment, consisting of a semi-structured personal interview lasting around an hour and a half, was performed to assess the eligibility of each respondent for participation in the programme. Open and closed-ended questions covered a range of topics, including demographic information, childhood backgrounds, a description of the event that led to the arrest, past instances of abuse, health status (e.g., chronic medication use), and potential stressors that respondents may have been dealing with. Personal or telephonic in-depth interviews were conducted with all the victims to verify the narratives of the respondents. The eight-week programme was implemented on

Saturdays for two and a half hours per session.

Sixteen respondents were male and three were female. Their ages ranged from 23 to 57. The level of education varied from Grade 8 to a postgraduate qualification. Seven respondents were married, one was divorced, six were living together and five respondents were dating. The length of the intimate relationships varied from one year to 20 years. Eight respondents reported substance abuse and eight respondents endured child abuse and/or witnessed IPV. The incidents of assault that were reported were mostly minor in nature (i.e., common assault which included punching, slapping and pushing). Only one respondent was accused of assault with grievous bodily harm where the individual slapped his partner through the face which resulted in a small lesion. In 14 of the 19 cases the abuse was bidirectional.

The self-report method of data collection consisted of the DASS42 which is a self-report instrument and necessitates no special skills or professional qualifications to administer. The DASS42 questionnaire is in the public domain and therefore permission to use the instrument is not required. The DASS42 questionnaire and scoring key may be downloaded from the Depression Anxiety Stress Scales (DASS) website and copied without restriction (Psychology Foundation of Australia, 2018). The instrument consistently reflects test-retest reliability (Field, 2018) and 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 DASS42 pretest-posttest was analysed with the Statistical Package for Social Sciences (version 25) (IBM Corp, 2019). The Wilcoxon signed-rank test was used to assess the changes that occurred between the pretest-posttest measurements.

Ethics

The research project was approved by the University of Pretoria's Research Ethics Committee in South Africa (Reference number: HUM043/1020). A triangulation of sources was employed to enhance the credibility of the research. Additionally, a careful consideration of research ethics underpinned the trustworthiness and fidelity of the study, for example, all the respondents signed an informed consent form.

Programme content

It is contended that cognitive transformation is required for long-term behavioural changes. The programme is essentially vested in the following core elements, namely, it is (a) grounded in the Christian faith; (b) it is trauma focused; (c) it has various psychoeducational components; (d) it has a cognitive-behavioural component that emphasises emotion; and (e) it has a dialectical behavioural component that focuses on validation, acceptance and change. Dialectical behavioural therapy which was developed by the seminal work of Marsha Linehan is one of the strongest contenders in the domain of treatment for perpetrators of IPV (Babcock et al., 2016).

Session 1 concentrates on positive restructuring which is a cognitive technique and sets out, firstly, for clients to take responsibility which is essential in initiating the process of change. Secondly, the session introduces identifying and challenging maladaptive thinking patterns such as "I am unworthy". This is an important step because it paves the way for group members to be encouraged throughout the programme to replace negative shame-based scripts with new self-affirming scripts. The incorporation of faith is conducive to balancing a central dialectic behavioural principle of acceptance and change, because it opens a gateway to internalise feelings of worthiness and self-compassion which is often a precursor to empathy and self-control. The inclusion of faith also sets in motion to reflect on the purpose and meaning of life.

Session 2 covers two main elements, namely, (a) it deals with elevating feelings of worthiness and self-esteem; and (b) it contains a psychoeducational component relating to a general understanding of IPV, such as the various types of abuse because offenders are often not aware that they are being abusive, the causes of IPV and the impact thereof. An understanding of the repercussions of abusive behaviour often evokes empathy which is crucial if desistance from this type of violence is to be achieved.

Session 3 focuses on increasing an awareness of the effects of DV on children which often acts as a catalyst for change. Also, exposing a child to DV now falls within the ambit of the new South African Domestic Violence Amendment Act 14 of 2021 which was implemented on 14 April 2023. Timeout is introduced as an effective short-term anger management strategy to avert incidents of violence. In addition, if timeout is properly utilised it can enhance conflict management skills. In other words, the session assists offenders to recognise and manage anger as a means to circumvent anger from escalating into abusive behaviour.

Session 4 focuses on distinguishing various levels of anger in order to direct aggression more effectively before it spirals into violence. Communication and setting boundaries is discussed to improve interpersonal skills that enrich a relationship because it carries across a person's needs, expectations, thoughts and feelings. Listening skills are underscored as they are fundamental for effective communication and necessary to develop caring relationships that are built on a mutual understanding and respect for one another. Assertive communication is posed as an alternative to controlling, coercive or aggressive behaviour.

Session 5 is dedicated to trauma or storytelling as an integrative tool, as well as to detoxify shame. Addressing trauma is not issuing a licence 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. Offenders often have anger towards others (e.g., unforgiveness) and themselves (e.g., self-loathing) as a result of traumatic events. Thus, there is a section on forgiveness which may also be conducive to self-regulation. While not all individuals who abuse an intimate partner come from hostile childhoods, trauma is a universal phenomenon. Apart from collective trauma, all of us will have experienced trauma by the time we reach adulthood in one way or another. Be it the loss of employment, the loss of a loved one, contending with a life threatening illness, being involved in a serious motor vehicle accident, or falling prey to crimes such as rape, a carjacking, housebreaking and theft.

Session 6 is mainly psychoeducational in nature and comprises of addressing situational factors which cannot be dismissed as possible triggers of violence. For instance, drug or alcohol 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. Although substance abuse does not cause IPV, it can intensify an already volatile situation. The disinhibiting effects of alcohol are well known. Hence, topics of discussion include depression, substance abuse and stress.

Session 7 has several learning objectives, namely, (a) to outline a few practices that will foster well-being such as self-compassion; (b) to give a brief overview of controlling or coercive tactics in order to emphasise that there are many forms of abusive behaviour which includes conduct that intimidates, manipulates, humiliates, isolates, frightens, terrorises, threatens, blames, hurts or injures an intimate partner; (c) to highlight jealousy as a source of conflict; (d) to point out aspects of faulty cognition or erroneous thinking patterns that may hinder change (e.g., defence mechanisms such as the denial or minimisation of abuse); and (e) group members are encouraged to cultivate a sense of gratitude to increase their overall happiness and well-being (see Paquette, 2018). Gratitude is not merely an emotion that feels good, it also holds the key to a number of psychological, physical health and social benefits such as reduced rates of depression and anxiety, higher levels of happiness and more satisfactory romantic relationships.

Session 8 serves as an extended check-in as the programme draws to a close. Faith is encouraged to improve empathic skills, enhance self-control, as well as to foster feelings of worthiness and well-being. The idea is to encourage group members that it is possible to live without violence and that we all have the potential to lead a fulfilled and vital life.

Results

The DASS42 was administered pre- and post-intervention to assess whether there was a shift in intrapsychic dynamics relating to depression, anxiety and stress. As mentioned, vigorous studies suggest a strong correlation between these negative states and IPV, for both men and women, in western and non-western societies. Thus, the underlying assumption was that if the scores for depression, anxiety and stress decrease, the likelihood of partner abuse reoccurring would also be reduced or, at the very least, the frequency and/or severity of such behaviour would decrease following the intervention.

Table 1 reflects the descriptive statistical output of the Wilcoxon Signed Ranks Test where the pre- and post-intervention scores of the respondents were compared. The mean or average DASS42 scores that were attained are as follows: (a) Depression ranged from mild (pretest) to normal (posttest); (b) anxiety ranged from moderate (pretest) to mild (posttest); and (c) stress ranged from mild (pretest) to normal (posttest). Holistically, there was a positive shift on all the scores. In other words, there was an average reduction for depression (i.e., from 10.74 to 7.58), for anxiety (i.e., from 10.11 to 7.58) and for stress (i.e., from 14.84 to 10.11).

Table 1: DASS42 Descriptive Statistical Output

	N	Mean	Standard Deviation
Pre-depression score	19	10.74	8.339
Post-depression score	19	7.58	4.868
Pre-anxiety score	19	10.11	7.233
Post-anxiety score	19	7.58	6.067
Pre-stress score	19	14.84	11.393
Post-stress score	19	10.11	9.683

The score for stress proved to be statistically significant when the pretest-posttest data was compared (i.e., with *r* being equivalent to -0.5). The smaller *p*-value (i.e., with *p* being equivalent to .028) also confirmed that the difference in scores were less likely to be due to chance. The results are displayed in Table 2.

Table 2: Summary of Significance Levels

	Pre-depression score – Post-depression score	Pre-anxiety score – Post-anxiety score	Pre-stress score – Post-stress score
Z	-1.501	-1.549	-2.204
p	.133	.121	.028*
r	-	-	-0.5 (large effect size)

Note. * $p < 0.05$, Wilcoxon signed-rank test

Discussion

As mentioned, the predominant interventions for perpetrators of IPV worldwide and in South Africa are based on the Duluth model. However, research indicates that the effectiveness of these programmes is limited, partly due to their theoretical underpinning of patriarchy being seen as the root cause of abusive behaviour (Voith et al., 2020). Yakeley (2022: 5) concurs and states:

> *Despite 40 years of research in the field, incidence rates of IPV have not significantly declined and treatment services for perpetrators of IPV are scarce. Empirical research has been hindered by ideological disputes, and the most commonly used treatment approaches - the feminist-orientated Duluth approach and cognitive-behavioral treatments - lack evidence for their efficacy.*

A comprehensive understanding of the aetiology of IPV perpetration is critical to developing preventative measures (Roberts et al., 2011). The evidence suggests that a propensity to perpetrate IPV is vested in an aetiology that is both similar and developmental across the lifespan for both sexes (Langhinrichsen-Rohling et al., 2012). IPV has typically been understood as an offence committed by men towards a female partner (Buzawa et al., 2017; Nakalyowa-Luggya et al., 2022; Scott-Storey et al., 2023). Despite the gendered understanding that has dominated the DV landscape, a growing body of both qualitative and quantitative knowledge has found a large number of men being victimised by their intimate partners (Lysova et al., 2020; Nakalyowa-Luggya et al., 2022; Scott-Storey et al., 2023). In addition, bidirectional abuse is not new. Straus (2015) identifies with specific reference to IPV three types of perpetration, namely, male-only, female-only and bidirectional aggression where the perpetrator is also a victim. In 14 of the 19 cases there was mutual abuse where the perpetrator was also victimised or retaliated. This may have important implications for policymakers, practice and the judiciary because many of the respondents felt that they were revictimised by a criminal justice system that failed to understand their circumstances. Law enforcement needs to adopt a context driven approach and not an incident driven approach when it comes to partner abuse.

Johnson and Ferraro (2000) delineated four types of violence against a partner. First, there is common couple violence (CCV), which is not connected to a general pattern of control. It can arise from an argument (i.e., to solve disputes or disagreements), where both partners are abusive towards one another. CCV is also referred to as situational couple violence. It is not likely to escalate over time, nor likely to involve severe violence. Secondly, there is intimate terrorism, which is a distinct pattern of repetitive abuse to coerce and control a partner. Thirdly, there is violent resistance, where a partner retaliates. Lastly, there is mutual violent control, where both parties are controlling and violent. The charges for

assault were mainly for minor incidents, so it would seem that the type of abuse perpetrated by the respondents was mostly what Johnson and Ferraro (2000) refer to as CCV or violent resistance.

Eight respondents reported substance abuse (i.e., alcohol and/or drug abuse). While not all substance users experience IPV, substance use is prevalent among both perpetrators and victims. A recent meta-analytic review on substance use affirms a significant correlation between IPV and substance use for both sexes, with each having costly emotional, physical and psychological effects on individuals, families, communities and society in general (Cafferky et al., 2018). Furthermore, childhood trauma can be regarded as a major causative factor in later adolescent and adult maladaptive functioning which includes partner abuse (Callaghan et al., 2018; Ehrensaft et al., 2003; Ehrensaft & Cohen, 2012; Miranda et al., 2021; Roberts et al., 2011; Savage, 2014). Eight respondents reported child abuse and/or witnessed IPV while growing up. Conservative estimates indicate that at least 40 percent of male perpetrators come from hostile backgrounds (George et al., 2006). The programme that was implemented in this study differs from Duluth-type models in that it is gender inclusive and trauma is acknowledged as a risk factor for perpetration. The deleterious effects of childhood adversity and trauma is well-established and associated with IPV perpetration and victimisation (Roberts et al., 2011). Therefore, trauma is underscored and addressed. Even though the relationship between childhood trauma and later difficulties in life is not an inevitable one, as pointed out, later on in life there may be other traumatic experiences or stressors that may have a negative impact on an individual. For example, regarding the Covid-19 pandemic Yakeley (2022: 6) conveys the following:

> *One of the unexpected consequences of COVID-19 was the rise in reported cases of IPV in many countries around the world … . Government-imposed lockdowns and travel restrictions resulted in victims of IPV being more likely to be trapped with their abusers with less access to safe havens such as shelters or hotels, and the stresses on individuals and families of unemployment, social confinement, job losses, and school closures increased the risks of interpersonal conflict.*

Abusive partners may experience a significant amount of stress, both within their relationships and in their lives in general. There is no doubt that a tumultuous relationship is stressful in itself. 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 and intensify stress levels. Chronic stress can cause a person to worry about anything and everything. In other words, the individual can experience negative and intrusive thoughts such as feelings of worthlessness, anger, apprehension and unwarranted jealousy, causing that individual to lash out with aggression. Chronic stress is also associated with depression with its own set of harmful health and behavioural problems (Farrell & Simpson, 2017). Additionally, accumulated stress can be considered as a trigger to emotional dysregulation. Increased emotion regulation difficulties are related to IPV as indicated by the fact that the triggers of partner abuse are usually out of proportion to any psychosocial stressor. Abusive partners 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). George et al. (2006) assert that conditioned fear responses elucidate many facets of IPV perpetration.

Aggression is often a manifestation of vulnerability, insecurity, stress, fear and anxiety. 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 (George et al., 2006). Apart from other important functions, the adrenal glands produce adrenaline which may trigger a fight, flight or freeze response, and cortisol which influences the way in which individuals respond to stress. Symptoms of impaired adrenal functioning includes rapid heart rate, feeling jittery or nervous, moodiness and irritability for no good reason (Farrell & Simpson, 2017; George et al., 2006). Moreover, Roberts et al. (2011) maintain that individuals with recent stressors and a history of childhood adversity are at a particularly elevated risk to perpetrate IPV. The authors agree that adverse childhood events physiologically and psychologically sensitise individuals to a hyper-reactivity for later stressors in life. In other words, a traumatic childhood may increase an individual's vulnerability to subsequent stress through the sensitisation of the central nervous system which may elicit a fight, flight or freeze response even to trivial triggers.

Apart from the high number of respondents who endured childhood trauma, many relayed life stressors in adulthood such as being hijacked, being shot at, almost losing a limb due to a paraffin burn accident and loss of income due to Covid-19. Accordingly, a critical finding of Voith et al. (2020) is that trauma-focused interventions may improve programme effectiveness and better address the needs of abusive partners. Stressful events normally entail loss or change. Even good or positive events can induce stress when the outcome of change is envisioned in a negative light. Stress often makes the individual feel helpless to do anything about it, especially when their reaction to stress is automatic such as a conditioned fear response. Nevertheless, just as anger is a normal emotion, so is stress part and parcel of life. However, if stress is

understood and dealt with properly, it need not become so overwhelming as to put one in a constant state of free-floating anxiety, distress and despair.

Developments in neural plasticity and epigenetics affirm that the brain is malleable and not limited to genetics (i.e., the environment plays a vital role in the development and functioning of the brain). Meyer et al. (2013) postulate that the integration of neurobiological development, systems theory and attachment theory substantiates the proposition that it is not a matter of nature versus nurture, but usually a combination of both. The authors state that the neurobiological and psychological functioning of any individual can be described as a systematic interaction between genetic composition, as well as social and cultural influences. In other words, the environment plays an important role in the development of the brain which includes thought processes, emotional and behavioural regulation. The trauma of cruel, unresponsive and insensitive parenting can cause the development of faulty cognition and the functional impairment of mentalisation. Mentalisation processes are sometimes used interchangeably with terms such as social cognition, metacognition and theory of the mind (Misso et al., 2018). Healthy mentalisation is the ability to reflect upon one's own mental state and that of others. Therefore, it is vital that interventions for perpetrators of IPV include components to cultivate empathy and to deal with faulty mentalisation processes. An empathic ability is essential for establishing healthy relationships and to enhance self-understanding in order to promote accountability and change (Zosky, 2016; Zosky, 2018).

Likewise, Murphy (2013) denotes faulty social information processes (i.e., sociocognitive impairments), such as the attribution of negative partner intent, or the perceived acceptability of violence as conducive to IPV. Nurture and life events often determine how an individual functions (Meyer et al., 2013) and affects cognition, thinking patterns and beliefs. When core beliefs are self-defeating (e.g., rooted in self-doubt, self-hatred, self-rejection, self-condemnation, self-disapproval, guilt, low self-esteem, anger and shame) it often leads to maladjusted behaviour. Negative beliefs often manifest in IPV (Hubbert, 2011) and may operate on a subconscious and/or neurocognitive level. Dynamic and complex intrapsychic, neurobiological, interpersonal and situational factors that interact across time may impact on behaviour that is considered as controlling and abusive. It is contended that interventions that are trauma-focused can be helpful to evoke self-compassion and empathy which is often lacking in perpetrators of IPV. Moreover, it is argued that stratagems that reduce negative affective states such as depression, anxiety and stress which are highly correlated with abusive behaviour could be effective in bringing about change.

To recapitulate, the levels of depression and anxiety which are risk factors for IPV decreased pretest-posttest. Additionally, IPV victimisation, as well as perpetration is highly correlated with stress and is also implicated in the reoccurrence or continuation of IPV (Arriaga & Schkeryantz, 2015; Yim & Kofman, 2019). The score for stress was statistically significant when the pretest-posttest scores were compared. This is an interesting outcome and may seem counterintuitive because respondents still had to attend their court hearing which often can be overwhelming and elevate stress levels. Nonetheless, it is a noteworthy finding because a reduction in stress or stress reactivity will in all likelihood help to prevent or deter abusive behaviour (Roberts, 2011). Furthermore, stress reduction in turn could predict lower levels of depressive symptoms and anxiety (Wiebe & Johnson, 2017) which is reflected in the findings of this study. In addition, the empirical evidence in the wider stress literature clearly establishes the link between stress and health issues (Farrell & Simpson, 2017; Yim & Kofman, 2019). Therefore, it can be assumed that the intervention had a positive impact on the group members and contributed to their well-being in general. Thus, it can be deduced that the programme has the potential to deter IPV in current and future relationships. It is important to highlight that effective interventions could prevent violence in the home and therefore the intergenerational transmission of violence.

Limitations and strengths

The sampling method was purposive and a limitation of a purposive sampling method is that generalisable claims cannot be made. Also, the posttest results could include a placebo effect that often occurs immediately after an intervention.

Apart from contributing to the body of knowledge, this study boosts the new and exciting developments that are underway both internationally[5] and nationally[6] regarding innovative, tailored and integrative measures to combat abuse against an

[5] See metacognitive interpersonal therapy which is a modality that deals with underlying feelings of inferiority, unworthiness, fear of abandonment, being triggered by unrealistic expectations or notions of infidelity, and overacting to perceived criticism (Pasetto et al., 2021; Yakeley, 2022); see mentalisation-based couple therapy which focuses on mentalisation, affective states, emotional dysregulation, negative attributions and intentions of others. In other words, in contrast to the individual's shortcomings, context and couple dynamics is also viewed as playing an important role in violent outbursts (Nyberg & Hertzmann, 2019; Yakeley, 2022). Both

intimate partner—as alternatives to the predominant Duluth-type models that seem to be relatively ineffective as a treatment strategy.

Recommendation and future directions

An investment strategy mobilising faith-based organisations (FBOs) should not be underestimated. Evidence-based practice can be incorporated in programmes that are delivered by FBOs. Advantages include (a) that a vast number of people can be served by FBO programmes; (b) service delivery is usually longstanding and cost-effective; and (c) FBOs are often the first source of help when individuals encounter stressful life situations. The community can play an important supportive role in condemning violence and reinforcing conscientious efforts to prevent IPV. Prevention and averting recidivism is much more than mere law enforcement, especially with a focus on an advocacy against IPV and the advent of diversion, non-custodial sentencing and other alternative dispute resolution mechanisms. Due to the heterogenous nature of partner abuse interventions may need to interface with various investment strategies to fully address the needs of both the perpetrator and the victim by providing, for instance, case management (e.g., addressing unemployment), rehabilitation for alcohol and drug abuse, as well as medical, legal and mental health services (e.g., counselling for victims and the children who grow up in violent homes). For instance, targeting substance use has been shown to substantially reduce IPV recidivism (Cafferky et al., 2018). Thus, a multidisciplinary and multiagency approach with a coordinated system of services as a response to the prevention of IPV is advocated.

Future research could include, firstly, the role of disordered drinking, for instance, how blackouts and loss of memory influence partner abuse (see Sweeney, 2010). Secondly, IPV and the stress nexus warrants further investigation. Thirdly, perpetrators of IPV exhibit personality traits that are associated with deficits in empathy, emotion recognition and social cognition, which also partially explains the high risk of recidivism or maintenance of IPV (Romero-Martínez et al., 2016; Zosky, 2016; Zosky 2018). Hence, faulty mentalisation and impaired social information processes necessitate greater attention when considering the perpetration of IPV and remedial approaches. Accepting responsibility for abusive behaviour is the first step to committing to change. Programmes aimed at increasing accountability also foster empathy for victims. Fourthly, another important component of faith-based interventions that holds potential for broader IPV prevention programmes, is the incorporation of hope as a resilience factor and a mechanism of change in reducing levels of anxiety. It would be beneficial to understand what specific elements of treatment increase levels of hope. Also, how hope impacts anxiety among populations that often face stressors that are outside their control (Richardson, 2023), such as IPV which is frequently triggered by an automatic conditioned fear response.

Conclusion

The Duluth model ignores individual or psychological aspects (e.g., lack of empathy, low self-esteem, emotional dysregulation, insecure attachment and trauma), sociopolitical considerations (e.g., racism, disorganised neighbourhoods and inadequate policing), situational influences (e.g., jealousy, substance abuse and unemployment), developmental impairments (e.g., neurological defects) and biological factors (e.g., injuries such as head trauma) that may contribute to abusive behaviour. It maintains a one-size-fits-all treatment approach rooted in feminism, regardless of the perpetrator's specific needs, motivations, or history (Yakeley, 2022). Duluth-type models are designed for men only. IPV is often bidirectional and women perpetrate too. It is contended that counterclaims of violence will be on the rise. Also, Duluth-type models are vehemently against addressing trauma lest it gives the perpetrator an excuse for their abusive behaviour. It is essential that interventions address trauma. There is a vigorous association between experiences of childhood adversity or trauma and neurological, cognitive, behavioural, physical and emotional negative sequelae in adulthood (Voith et al., 2020).

The intervention that was evaluated in this study can be considered as an integrative intervention that recognises that IPV arises from a myriad of factors that are intricately intertwined (Gibbs et al., 2020; Yakeley, 2022). An integrated and developmental framework is proposed in the understanding of IPV perpetrated by both men and women in heterosexual and same-sex relationships. In other words, a biopsychosocio-spiritual causational and remedial approach is supported. To reiterate, the mean or average DASS42 scores that were attained are as follows: (a) Depression ranged from mild (pretest) to normal (posttest); (b) anxiety ranged from moderate (pretest) to mild (posttest); and (c) stress ranged from mild (pretest)

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modalities are thought to provide a powerful therapeutic amalgam to effect change.

[6] See Stepping Stones and Creating Futures which is an intervention offered to young people in South Africa faced with challenges such as unemployment and no formal education in urban informal settlements (Gibbs et al., 2020).

to normal (posttest). Holistically, in this quantitative study, all the scores decreased indicating lower levels of depression, anxiety and stress, where the score for stress proved to be statistically significant pretest-posttest. Research indicates that stressed couples also tend to be aggressive couples (Eckhardt & Parrott, 2017). It is important to remember that the intervention that was evaluated in this study is gender inclusive which means that couples could attend where the abuse was bidirectional. Research shows that couple-targeted and stress-targeted interventions empower couples to sustain their relationship and the well-being of their children (Lavner & Bradbury, 2017). Hence, the findings of this study suggests that the intervention holds promise for abusive behaviour to end between intimate partners.

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